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THE

BRITISH MEDICAL JOURNAL:

BEING THE

JOURNAL OF THE BRITISH MEDICAL ASSOCIATION.

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EDITED FOR THE ASSOCIATION BY

ERNEST HART, Esq.,

OPHTHALMIC SURGEON AND LECTURER ON OPHTHALMIC SURGERY AT ST. MARY'S HOSPITAL MEDICAL SCHOOL, LONDON.

VOLUME I FOR 1869.

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EDITED BY ERNEST HART, Esq.

LONDON: SATURDAY, JANUARY 2, 1869.

CLINICAL LECTURES
ON THE DIAGNOSIS OF
EXTRAPELVIC TUMOURS OF THE ABDOMEN.

By SIR W. JENNER, Bart., M.D.Lond., D.C.L.,Oxon, F.R.S.,
PHYSICIAN TO THE QUEEN; PHYSICIAN AND LECTURER ON CLINICAL MEDICINE IN UNIVERSITY COLLEGE HOSPITAL; ETC.

(*Reported by* W. Richardson Gower, Esq.)

Lecture I.

Methods of Clinical Observation—Physical Examination of the Abdomen—Elements of Diagnosis—Illustrative Cases.

THE aim, gentlemen, of clinical teaching is to make the student practically acquainted with medicine. You are elsewhere taught the theory of medicine; here we strive to make you practitioners. In the course of time, every one who practises his profession acquires a certain amount of individual knowledge—personal knowledge; *i. e.*, gains at the bedside a certain knowledge for himself. Knowledge so gained is experience. We say, "A. is a more experienced man than B."—meaning that A. has more knowledge acquired at the bedside than has B. Now, the amount and worth of the knowledge so gained is not dependent on the number of sick people of whom A. or B. has had the charge. There are men who have had a great deal of practice, and are still inexperienced. They have failed to acquire, from the cases they have had under their care, from the practice they have had, any great amount of certain personal knowledge. On the other hand, there are men who have had the care of comparatively few cases, and yet have learned so much practically from those cases as to be, comparatively speaking, experienced men.

There is a great danger in young men having the care of many patients before they have acquired a certain acquaintance with the general doctrines and principles of medicine, and been well trained to observe at the bedside. Because they have treated many people, and comparatively few of their patients have died, they are satisfied with their imperfect knowledge, speaking confidently of the results of their experience, and of the cures they have effected. In truth, such men mistake self-deception for experience.

Now, clinical teaching should enable the student to start from a higher point of experience than he could attain by his unaided powers. The knowledge which the teacher has acquired by the practice of his profession should be, to a considerable extent, imparted to the scholar. The clinical scholar should be taught by his master to see with his eyes, o touch with his hands, to hear with his ears, to reason with his brain; he should, in fact, be put in possession of that practical knowledge which, in long time, the master has acquired for himself; and should be, by his master's aid, possessed of the method by which practical conclusions, from facts observed, are to be drawn. At the end of his pupil areer then, you will see, the clinical scholar should start from a vantage round; and not only should he start from the practical position his eacher has gained, but should also have been trained to use his senses so s to gather real facts for himself, and to use his reason so as to draw sound onclusions, to make every case which he subsequently sees add to his real ractical knowledge; when he attends a case, even though it be of the ommonest disease, he not only sees the case, but he learns something, dds something to his experience, from it. He has learned to see without is master's spectacles, and to draw conclusions without the aid of his aster's brain. Some men have a great store of practical knowledge, ough they cannot impart it to others. They cannot impart it for this ason; namely, they have never analysed the process by which they gained it. They have made the conclusion part of themselves; the steps by which they reached that conclusion have long since escaped them, if ever they were cognisant of the separate steps. A very able physician, from whom I learned much, was going round the hospital when I was here a comparatively young man, in secondary charge of patients; pointing to a woman who lay on a bed very ill, he said, "Take care of that woman; her back will slough". I asked, "Why will her back slough?" "I don't know", was the answer, "but she looks as if it would". Now that man had practical knowledge; but he could not impart to his scholar the grounds for his experience or acquired knowledge. He could not analyse the mental process by which he had arrived at the conclusion that the woman's back would slough. As the woman's back did slough, I was much impressed by his remark; but I still wanted to know why, and I analysed the process, by which I subsequently came to the conclusion, that the backs of such like people were likely to slough. Though the patient was young, she was fat, and therefore heavy; she was flabby and anæmic, and therefore of low vital resisting power; she was ill from an illness of a low type, in which sloughing is common; she was lethargic in habit, phlegmatic in temperament, and therefore little likely to suffer from a little pain; sure to lie long on her back, therefore she was likely to slough. He said to me, such looking people do slough; but could not make clear to me the separate links in the chain of evidence which led him to his conclusion. Now, I desire, as one of your clinical teachers, that you and I should note in every case the separate steps by which we reach the top stone of our conclusions—at least, so often as this is possible, which it is not always.

There are two ways of teaching clinically, and we shall follow both. One at the bedside; one by special lectures, given either in the ward, in the dead-house, or in this theatre.

Clinical instruction must be given at the bedside. There you must note the aspect of the patient; learn to use your ears, your fingers, your eyes, your nose, all the senses, and all the sense that you have. The clinical teacher must tell you what you are to feel, hear, see, and smell; how you are to use your senses that they may convey to you real knowledge; and he must train you at the bedside to note the daily variations in the symptoms, and tell you what those variations signify—how to draw conclusions from the facts you have noted. He tells you what to observe; he teaches you how to observe; and he explains to you the signification of the facts you have observed.

In clinical lectures, we review the observations we have made from time to time at the bedside; we weigh the facts noted in the wards; we consider individual cases at length, and, by the progress of the case, or by the facts revealed to us in the dead-house, we verify our first opinions, or we discover our mistakes; and, in the last case, we learn why we were wrong, and so add to our experience, and avoid like mistakes on future occasions: we group cases of the same disease, and note in what points they agree, and how they differ, and endeavour to ascertain the causes of their differences; or we abstract single symptoms present in a number of different diseases, and consider that special symptom, and endeavour to show why it is common to several pathological lesions—for example, jaundice, convulsions, delirium. Again, in the lecture-room, we bring together remarks made in the course of clinical instruction, arranging them in a more or less systematic manner. And it matters little though one repeats here what has been said at the bedside. It is a good thing for the student if his clinical teacher says the same thing in new words again and again; repetition is the soul of teaching, and especially of clinical teaching. With reference to pathological anatomy, to chemical research, to microscopical observations, I shall keep to such points only as I hold to be of practical importance—such, that is to say, as I myself use in daily practice.

To-day, I shall say a few words about the Diagnosis of Abdominal Tumours.

When engaged in practice you will often be consulted because the patient has a large abdomen. Do not forget that a little child in health should have a big belly. It has often happened to me to have a perfectly healthy child brought to me to be treated because its mother thought its belly large. Those of you who are fond of art may have noticed that the good artist, when painting a little naked child, puts it in such a position as to hide the protuberance of its belly, which is not a pretty object; if necessary to represent it in a position in which the belly is seen, then, as in some of Raffael's pictures, you see that the child has a big belly. When an artist paints a naked child and makes a pretty object of its abdomen, you know that he has made a mistake; he has sketched his ideal of what a child should be, and not a child of nature's making. The little child's abdomen is large because its abdominal and intestinal muscles are weak, its pelvis is shallow and small, its diaphragm flat, and its liver and spleen large; and because much flatus is formed in its small intestines, especially during the digestive process. Again, remember that fat-forming persons, at all advanced in life, have big bellies. The large abdomen here is due to fat upon the parietes, fat in the mesentery, omentum, etc.; and again, people whose abdominal parietes are thickly coated with fat, and who have a large quantity of fat in their abdomen, are very liable to have accumulation of flatus in their intestines. Enlargement of the abdomen, due to flatus, increases and decreases suddenly. The size of the abdomen varies from day to day, and at different times of the day. No other enlargements of the abdomen thus vary in degree.

A word here by way of caution. Persons will consult you, saying—"I have been growing bigger lately," and referring to their increase in size as if they attached little importance to it. Ladies of middle age are especially likely thus to mislead you; though very anxious in mind because of the increase in size, they do not like to admit even to you, their doctor, that they are anxious or care in the least about it. Do not be misled by this seeming indifference into giving an opinion without an opportunity being afforded to you of forming a correct opinion by examination. It is not long since that a lady, consulting me, referred, as if incidentally, to her increase in size, saying—"It is really of no consequence, I suppose. The swelling is sometimes trifling, and then considerable." "It may be, and probably is, of no moment," I replied; "but I cannot say without examining." "Oh! I don't think that is necessary," she said. In a few days, however, she came to me again, and said—"Well, I think I should like to be quite sure." I found a tumour of moderate size rising out of the pelvis. Now this lady would have liked me to give her a favourable opinion without examining. I should have pleased her by such opinion for the moment, but ultimately I should have had great discredit.

Remember that many more mistakes are made from the practitioner not examining, than from his not knowing. The great distension complained of by the patient may be the immediate consequence of accumulation of air in the intestines, and yet the patient be the subject of abdominal tumour. It was so in the lady to whose case I have just referred. A moderately sized tumour in the abdomen may cause great discomfort when the patient has, in addition, an accumulation of flatus. When the flatus disperses, all discomfort ceases. The distension comes and goes quickly, which no other distension than that due to flatus does; and, the great swelling thus coming and going, you may be led to overlook a serious disease. It may be that the patient would not have discomfort; would not notice any increase in size unless she had the solid growth and the accumulation of air. Her trouble is due to the growth *plus* the flatus. Get rid of the flatus, and the patient is free from present suffering; and so for a while, unless you carefully examine the patient, you may be in error as to the disease.

Speaking generally, we may say abnormally large abdomens are due to accumulations of air; to excess of fat; to the presence of fluid; or to solid tumours. Now, supposing that you are afforded an opportunity of examining the abdomen, of passing your hand over it, so as to ascertain whether there is anything there which there ought not to be, in what position do you place the patient while making the necessary examination? I see some of you merely raise the legs; you let the patient be in any way on his back, only you carefully draw up his knees. But consider what is the great obstacle to your examination of the abdomen—supposing the patient to be neither very fat nor very tender. The great obstacle is muscular rigidity. The recti, especially, are the great opponents to a physical examination of the abdomen; and by drawing up the legs, you relax the recti very little indeed. But if you place the patient on his back, with the shoulders somewhat raised, and the back of his head propped up till the chin falls on the top of the sternum, you will find that the abdominal muscles are relaxed considerably; then bend the legs on the abdomen, so as to relax the fasciæ, and perhaps also some of the abdominal muscles a little. It is better when you flex the thighs on the abdomen, to let the feet rest on their soles, and to have the knees supported by the hands of an assistant.

Having made the abdominal wall as lax as possible by position, talk to the patient about some interesting subject, and so engage his attention that he may not, by voluntary action of the muscles, resist your manipulations. And if you cannot divert a patient's attention, make him count, make him count up to a hundred, and then, when he has counted as far as he can without drawing in his breath, having kept his muscles tight all the time, he takes one deep inspiration, and while he is doing that, and the muscles are relaxed, you put your hand well down and keep it down. By giving to the parts under the hand a rolling motion, you often can get deeper than you would by simply forcing the hand downwards. You have thus gained a certain point, and at the next pause your hand will go a little nearer to the spine, and so on till you have thoroughly examined the deeper parts. All these means failing, it may be necessary, but it is very rarely so in practice, to put the patient under chloroform.

Now and then a portion of contracted rectus is mistaken for an abdominal tumour. It is not long since I saw a case of this kind. The patient, an old man, was very ill and greatly emaciated. It was feared that he was suffering from malignant disease, and my attention was directed to what it was supposed might be a tumour in the region of the pylorus. Remembering the possibility of mistaking the upper division of the rectus for an internal tumour, I soon found that this body was exactly in the situation of the upper division of the rectus; that I could not find any other upper division of the rectus on that side; that I could just get my finger under the outer border, and that by making the man raise himself in bed I could feel it contract and grow thicker. I thus satisfied myself that the mass, about which the question of malignant tumour was asked, was really the upper division of the rectus. The progress of the case proved the truth of the opinion. Again, it was this morning only I saw a gentleman who was supposed to be suffering from distension of the gall-bladder. The supposed gall-bladder was proved by such an examination as I have just described to you, to be the upper division of the right rectus, somewhat larger than usual, and larger on the right than on the left side; the difference in the size of the upper portion of the right and left rectus led to the error in both cases. This enlargement is more common on the right than on the left side. Supposing that you have relaxed, by position, etc., the abdominal walls; that you have passed your hand carefully over the whole abdomen, and have felt in it a body which you think should not be there, the first question you ask yourself should be: "Is this tumour due to one of the organs of the abdomen more easily perceptible to touch than usual, one of those organs misplaced, or one of those organs increased in size from disease?" To answer this question, and to determine what organ it is which forms the tumour, you should first endeavour to ascertain whether or not the tumour takes its origin in the pelvis. "Can you pass your hand between the solid body and the brim of the pelvis?" If a person be not very fat and you have relaxed the abdominal muscles, you can very commonly pass your hand back far enough to feel the pulsations of the aorta over the lower part of the spine just where the vessel bifurcates; and this can be done when a tumour, formed by an enlarged extrapelvic viscus, occupies a great part of the abdomen. Thus you can separate, in the great majority of cases with facility, the tumours which arise within the pelvis from those that have their origin above it; for remember, that tumours due to disease of organs placed above the pelvis do not pass down into the pelvis; and, though those that have a pelvic origin come up into the abdomen, they do not lose their pelvic connections; so that, in the one case, you pass your hand well back till you feel the spine and almost the brim of the pelvis, and you satisfy yourself that the tumour is above that; or, on the other hand, you feel that though the bulk is above, yet there is a connection with something intrapelvic. That is the first thing I do in examining a patient with an abdominal tumour. Supposing you are still in doubt, the use of the catheter and a vaginal or rectal examination will rarely leave any doubt as to the pelvic or extrapelvic origin of the tumour. I shall direct your attention to this point again when I am speaking of tumours due to increase in size of the spleen.

We will suppose that you determine, by the manipulations I have mentioned, that the tumour is not pelvic in its origin, *i.e.*, that it is not uterine, not ovarian, not connected with the bladder. These come, you know, into other departments of medicine. But let me remind you that you may be consulted by a patient suffering from what he supposes to be an abdominal tumour, which supposed tumour is merely an over-distended bladder. I have twice been consulted by men whose sole disease was distended bladder. Both came from the country to see me for supposed abdominal tumour, and both were cured, I was informed, by the use of the catheter only. It is especially to the diagnosis of tumours of the abdomen formed by the organs situate above the brim of the pelvis, that I propose to-day and in the next few lectures to direct your attention: to the diagnosis, that is to say, of tumours formed by enlargement of the liver, the spleen, the kidneys, the suprarenal capsules, the pancreas, and the lymphatic glands, and by dilatation of the gall-bladder, and of a circumscribed portion of the aorta.

First, I shall speak of the subject generally, endeavouring merely to make you understand how you are to determine that the tumour is an enlarged liver, spleen, etc.; and subsequently teach you how to distinguish from each other the special diseases of the several organs which cause their enlargement. I shall illustrate this subject by notes of special cases.

In regard of the diagnosis of an abdominal tumour originating above the brim of the pelvis, you first ascertain the position it occupies—*i. e.*, its seat in relation to the normal position of the several abdominal viscera. Be sure to note the influence of the respiratory movements on its position. In the woman with an enlarged spleen now in the ward, you have observed how decidedly the position of the tumour alters with the movements of respiration. The spleen, lying in contact with the diaphragm, descends with each inspiration, and ascends with each expiration. The liver also, in consequence of its relation in position to the diaphragm, rises and falls with each rise and fall of the diaphragm. The position of the kidneys is more changed by respiration than you would expect. When about to ascertain the size of the kidneys by palpation, you make the patient inspire deeply, make him cough two or three times, and then take in a deep breath; and, in a large number of cases, the kidneys will lie lower than they did; not much lower, it is true, but still so much lower as to make a perceptible difference—enough, it may be, to enable you to feel distinctly what you were unable to touch before. The right kidney is more depressed during deep inspiration than is the left, probably from its relation to the liver. The kidney does not rise at once when the diaphragm ascends, as the liver and spleen do. The ascent of the kidney is effected either by the force of your subsequent manipulations, or by the pressure of the surrounding parts, and the resilience of the tissues in which it is embedded; and, when its ascent is due to the latter cause, it rises slowly.

The position of an aneurism of the abdominal aorta, of tumours of the stomach, colon, mesentery, omentum, or the glands, is not affected, or, if at all, in the most trifling degree, by the respiratory movements.

Only yesterday morning, a medical friend brought an obscure case to me for an opinion. The man was supposed to be suffering from malignant disease. A tumour could be just felt in the left hypochondriac region. The question put to me was, "What is that tumour? Is it in stomach, colon, omentum?" etc. Now, the tumour ascended and descended so decidedly with the respiratory movements, that I said to myself, "This cannot be stomach, omentum, or colon. Tumours connected with those organs do not thus rise and fall with the diaphragm. The only part in this situation thus affected by respiration is the spleen." It was a deformed lump, which, by the touch, one could not have felt sure to be the spleen; but, having regard to the situation, and to the degree in which its position was modified by respiration, the diagnosis at which I arrived was, I have no doubt, correct.

As the ascent and descent of the liver, spleen, etc., during respiration, depend on the movements of the diaphragm, you must not forget that any disease which paralyses its action, on the right or left side, will prevent the respiratory ascent and descent of the liver, spleen, etc.: *e. g.*, inflammation of the diaphragmatic peritoneum or pleura; cancerous infiltration of the diaphragm.

We will first consider, with reference to their diagnosis generally, abdominal tumours due to abnormities in position, form, or tissue, of the liver.

In health, the liver extends to from one to two fingers' breadth below the nipple. The upper border is to be made out by percussion; and a little below the nipple is the spot at which you commonly find a certain amount of dulness on deep percussion. The liver being of its natural size, and in its natural position, the dulness on percussion passes downwards in the nipple-line* to the margin of the thorax, and may extend, in health, to a finger's breadth or a finger's breadth and a half below the margin. In the middle line, the liver reaches, it is often said, to halfway between the ensiform cartilage and the umbilicus; but, really, the lower edge of the organ is decidedly nearer to the ensiform cartilage than it is to the umbilicus.

The less the circumference of the lower part of the thorax, the more arched is the diaphragm, and, consequently, the more vertical is the position of the liver; the greater must be the extent of dulness from above downwards; the longer, that is to say, is the line of vertical dulness. About one-third of the liver is overlapped by the lung; for, the lung being healthy, a portion lies between the arch of the diaphragm and the outer wall of the thorax.

It is important to bear in mind that, although there is dulness on percussion over the liver, and that the dulness is greater the nearer you approach to the margin of the thorax, yet that every where, the liver and lungs being healthy, there is a certain amount of resilience of the thoracic parietes covering the liver on percussion, perceptible to the hand of the observer. You must, at the bedside, make yourselves practically acquainted with this perceptible-to-touch resilience, and know, from your own observation, that in health there is, as I now tell you, a certain amount of elasticity elicited by percusssion even over the whole of the liver.

If the liver be enlarged, as in extreme congestion, albuminoid disease, cancer, hydatids, etc., it may, when it projects very little below the margin of the thorax, come too closely into contact with the chest-walls. When it does this, it diminishes the resilience of the parietes, damps their vibrations. On percussion, you feel a sense of resistance, and a want of elastic resilience which is not felt in health. Its projection below the margin of the thorax may be trifling, and still the liver may be so much enlarged as to increase very considerably the sense of resistance, to diminish notably the elastic resilience of those parts of the chest-wall which cover it. Whenever this loss of resilience is perceptible, it is evidence that the liver is too closely in contact with the walls.

In health, the margin of the liver cannot be distinctly felt, even though it be proved by gentle percussion to be a little below the border of the thorax. In some cases, you may perhaps be able just to feel a something which you think is the edge of the liver; but you are conscious that you are not sure of it. Your fingers do not come against a positively resisting substance. If the liver can be distinctly felt, you may be sure there is something wrong; there is disease. This is a point of practical importance. When attempting to ascertain the lower border of the liver by palpation, you press your hand on the hepatic region, and then pass it downwards, depressing the parietes till you reach a spot where there is a marked diminution of resistance. The solid liver gives a sense of resistance to your hand. The air-containing intestines offer very little resistance. When the sense of resistance ceases, your hand is below the margin of the liver. Now pass the hand upwards, with its outer edge toward the liver; at the same time keeping the hand on as low a level, with regard to the abdominal surface, as possible, till you come to something which offers resistance; and then you will feel the border of your hand ride over the margin of the liver. This is the best mode, at least in the majority of cases, of discovering the lower edge of the liver. There is less resistance to your flat hand than there would be to the tips of your fingers; and, by the outer margin of your hand, you come into contact with a large part of the margin of the liver at the same instant.

When the liver is enlarged, you determine by percussion its upper limit; by the sense of resistance on percussion of the chest-walls, how closely it lies in contact with them; by palpation, if the organ be firmer than natural; and by percussion, if its consistence be natural at its lower border. At the same time that you are defining the lower border by palpation, you appreciate the degree of resistance that the liver offers, how hard and how elastic it is; at the same time, you note whether the margin is rounded or sharp, even or nodular; having fixed these points in regard of the margin of the organ, you pass your hand over so much of the upper surface as lies below the margin of the thorax, and note its characters, especially observing its hardness, and if it be smooth or nodular. There is, in reference to this last point, a source of fallacy, against which be on your guard. Some portion of the abdominal muscles lie over the liver, and the little irregularities of the muscles may be mistaken for irregularities of the surface of the liver.

The liver may be of natural size but displaced downwards, depressed so far into the abdomen as to form a veritable abdominal tumour. Displacement to a moderate extent downwards is very common, and considerable displacement downwards is common. Do not forget this. I remember a case illustrating the importance of remembering it, which I saw when first I was physician to the hospital. There was evidently a number of things the matter with the man, but there was a question about this, and a question about that. The only point,—I tell you to warn you from the mistake I made,—the only point about which I felt sure was, that his liver was enlarged. The man died, and the only thing that was not there was enlargement of his liver. The liver was of natural size, but it was displaced by the enlargement of an organ which is not usually mentioned as a cause of displacement of the liver, but is a common cause of its displacement, I mean a dilated heart. There is a man in the ward now whose liver is displaced downwards by a dilated heart. He has no fluid in his pleura, nothing in his lung; the greatly dilated heart pushes his liver downwards. When the liver is considerably displaced, and the patient is at all thin, you may see, especially during an inspiration, as you do in the man now in the ward, the upper rounded border of the liver. This is, I think, decisive evidence of displacement of the liver. Had I known this, and looked for it in the case I have just mentioned, I should not have fallen into the mistake.

The causes of displacement of the liver downwards are various. I will enumerate the commonest. A rickety deformity of the thorax, so common in little children. Large-lunged emphysema is a very common cause of a moderate degree of displacement. Fluid, with or without air, in the pleura, is a common cause of considerable displacement of the liver. Then, also, as a common cause, we have a dilated heart; and, less common, fluid in the pericardium. Tumours of various kinds between the liver and the diaphragm, in the substance of the diaphragm, and between the diaphragm and the lung, are still less common causes of displacement downwards of the liver.

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* By nipple-line is meant a line drawn vertically downward from the nipple.

CLINICAL LECTURE

ON

PLEURISY WITH EFFUSION IN CHILDREN; DISPLACEMENT OF THE HEART; EMPYEMA "NECESSITATIS"; SUPERFICIAL TUMOUR; RECOVERY.

By WILLIAM MOORE, M.D. Dub. Univ.,
King's Professor of the Practice of Medicine; Physician to Sir Patrick Dun's Hospital; etc.

Gentlemen,—The case I am about to bring under your notice on the present occasion is that of the girl Isabella G., aged 10 years, at present in the hospital. It is about three months since this child was first brought to me for advice from a remote part of the country. Her condition at that time was as follows. She was pale, spanæmic, and dejected, having wholly lost that look of vivacity you expect to see in a child of her years. On making the least exertion, her respiration became very hurried; and she had been in this state for at least six weeks before I saw her. Still she never complained of pain in the side, or of acute symptoms of any kind. Now, the aspect of the child and the dyspnœa at once directed my attention to the condition of the chest; and, on stripping the little patient, I found manifest enlargement of the entire left side, from the clavicle in front and scapular ridge behind down to the base. Over this entire side, vocal vibration was absent; and respiration, distinct at the top, was inaudible inferiorly; and the heart was displaced to the right of the sternum. Such, in general terms, was the child's condition about the middle of September last; and, as pleurisy with effusion had not been suspected—no doubt owing to its very insidious advent—the probability is, that the left pleural cavity was filling with fluid for a month or six weeks before the child was brought to me for advice.

The treatment adopted was the syrup of iodide of iron, ten drops three times a day. Repeated blisters were applied over the left side, which was afterwards painted with a strong solution of tincture of iodine. By these means, the fluid gradually and steadily disappeared; the child regained her rosy colour and sprightliness; and she could run and play about without the breathing being affected. Simultaneously, however, with the exhibition of this treatment, a small abscess pointed under the left nipple, between the sixth and seventh ribs, and gave vent to a steady though not very copious discharge.

I then lost sight of the case till the 20th of the present month, when the child was again brought to me, apparently in rude health. Her colour was good; there was no distress of respiration; and she looked, on the whole, fat and well. Certainly, her general condition was incompatible with fluid in the pleural cavity, at least to any extent. On stripping the child, a circumscribed tumour without pulsation, of about the size and shape of a goose-egg, occupied the lateral and posterior portion of the left side. There was still appreciable dulness over the left side, and a manifest dipping under the left clavicle, and flattening of the left anterior half of the chest generally; and the left nipple was on a lower plane than the right. As the tumour, oval in shape, and placed transversely, occupied the lower lateral and posterior portion of the left side, we were not enabled to detect any deformity at the base of this side, if it did exist. Vocal vibration could be felt over the left side till we came upon this circumscribed tumour, where it was lost. Respiration was also audible over the same region, but inaudible over the tumour. The heart remained vertically in the mesian line; and the left half of the præcordial region was more resonant than it would have been had the heart occupied its normal position. The external opening under the left nipple was not pervious. These symptoms and physical signs coexisted with a pulse, temperature, and excreta, all healthy.

I have already told you that the generally improved appearance of this little patient contraindicated the presence of pleural effusion. Still you may say, How is the displacement of the heart, and the appreciable dulness on percussion over the left side, and the presence of this large circumscribed tumour, to be explained? Well, as regards the displacement of the heart, in the early stage of this case this viscus was pushed to the right of the sternum. It has receded, no doubt, but not to its normal position, as the apex-beat and the comparative resonance on percussion over the left half of the inframammary region clearly prove; the latter physical sign demonstrating, at the same time, that it is not to the presence of fluid that the cardiac displacement is due. To what, then, is it due? Most probably to pleuritic adhesions, which may retain it there for life.

We next have to account for the slight dulness on percussion over the superior portions of the left side, and the flattening of the left anterior half of the chest, amounting to concavity under the left clavicle. Now, the most usual agent in causing contraction and depression after pleurisy is the adhesive matter which has been poured out during the attack. This, coupled with the mechanical pressure exerted on the lung from the fluid in the pleura (which, in this case, was probably of some months' duration), has tended to diminish the size of the viscus; and the thickened condition of the pleura, acting as a kind of capsule, is more than a match for the expansive influence of inspiration. Hence we have the lung diminished from pressure, the pulmonary pleura thickened, with costo-pulmonary pleural adhesions, all tending to account for the flattening and concavity of the side, the dulness on percussion, and the diminished vocal vibration. However, as our patient is young, and the tissues relatively more elastic, it is to be hoped—indeed, I have every confidence—that the inspiratory force will eventually gain the day, by dilating the lung, and restoring it, if not wholly, at least to a great extent, to its normal area, more especially as there is no spinal deformity.

How is the presence of this large tumour at the base of the left side to be explained? We have already said that an "empyema necessitatis" was established in this case; by which we mean that an external opening spontaneously formed under the left nipple, giving vent to a continued discharge, which, in a circuitous way, no doubt, materially assisted in draining the pleural cavity. This external opening became impervious from some cause; and the fluid having percolated out of the pleural cavity into the more superficial structures, and its external vent being thus interrupted, and there being no direct opening by which it could recede into the pleural cavity, it has become thus circumscribed and localised, in the comparatively superficial manner which you see, at the base of the left side. Our first object was to establish the external communication, which was done by the application of hot poultices; and the result is, that the tumour is gradually becoming flatter and disappearing; but, should this prove a tardy process, the introduction of a drainage-tube might be advisable. The child is taking ten-drop doses of the syrup of the iodide of iron three times a day; and the tumour is painted with a concentrated solution of iodine.

This case exemplifies the latent manner in which pleurisy with effusion may supervene: no fever, no pain, no cough, no symptom of its occurrence beyond a languid, colourless expression, accompanied with dyspnœa on making the least exertion. Now, of the various modes by which pleuritic effusions are removed, *cæteris paribus*, we must regard the means set up in this case as favourable. It is certainly more to be desired than the establishment of a direct communication between the bronchial tubes and pleural cavity, which occurrence is explained by the inelastic fluid keeping up a continual pressure against pleuritic adhesions; these adhesions being usually more capable of resistance than the lung itself, it gives way, and the fluid is poured directly into the bronchial tubes. Of these two means, you will readily see, the external fistula is to be preferred to the internal, as the occurrence of the latter establishes pneumothorax. But a more salutary means of removing pleural effusions than either of the afore-mentioned, is to be found in the reciprocal action which sets up between the serous and mucous membranes, exemplified in the establishment of profuse expectoration without any symptom or physical sign of a fistulous opening having been established. This reciprocal action, first described by the late Dr. Greene of this city, has now become well established; and even reciprocal action between pulmonary and abdominal membranes is proved by the setting up of diarrhœa, and the simultaneous disappearance of pleural effusions. Further still, the skin and kidneys, in many instances, seem as if they specially took on vicarious action for the removal of pleural and pericardial effusions.

And now, gentlemen, with respect to the treatment of this latent subacute pleurisy, with copious effusion, occurring, as it usually does, in relaxed and spanæmic constitutions, antiphlogistic or heroic measures of any kind are not admissible. If mercury be thought advisable, the red iodide or corrosive sublimate, in doses varying from one-sixteenth to one-thirty-secondth of a grain, according to the age of the patient, combined with bark, may be tried; but, in the great majority of cases, the iodide of potash or soda will be more suitable; and still more suitable (as almost all these patients are manifestly spanæmic) will be found the preparation we have employed in this case, and with such good results; viz., the syrup of the iodide of iron. This, combined with the application of blisters or a strong tincture of iodine, will usually be all the pharmacological means required; good food, pure air, and cleanliness, will do the rest. Unless tuberculosis be in the background, pleurisy with effusion in children is usually a benign disease.

ON TORSION OF ARTERIES;

WITH AN ACCOUNT OF SOME EXPERIMENTS ON THE DEAD SUBJECT AND ON ANIMALS.*

By G. M. HUMPHRY, M.D., F.R.S.,
Professor of Anatomy, and Surgeon to Addenbrooke's Hospital, Cambridge.

On a former occasion, when I had the honour to deliver an address before this Association at the sister University, I expressed my belief that the ligature is the most important addition ever made to surgery. Still, I added that, forasmuch as it does necessitate a slight amount of sloughing and suppuration in the wound, I should be glad to see this good thing superseded by a better. Indeed, the advantages of an early healing of wounds after operations, and under other circumstances, are so incalculably great, that we are bound to try every reasonable expedient to promote it; and, assuredly, we cannot yet feel that this branch of our science is freed from the opprobrium under which, unfortunately, it has always been. How terrible has been the mischief that erroneous theory, with its sure attendant, vicious practice, has contrived to work in the treatment of wounds; and, so long as the question is still asked, and not satisfactorily answered, Do you ever see an amputation-wound heal by first intention? it is a shame to us to rest content. The tendency of recently cut surfaces is to unite at once if they be merely kept in apposition; and, when they do not unite, the cause, in most instances, is to be found in a want of attention to this simple requisite. A reckless disregard of this was the disgrace to the surgeons of old; and we have not altogether lost the tendencies inherited from them.

It was the desire to free the wound still further from obstacles to the union of its surfaces, that induced me last year to try the method of acupressure so ably and energetically advocated by Sir James Simpson and the surgeons of Aberdeen. I found it to answer the purpose of arresting hæmorrhage sufficiently well;† but it had the disadvantages necessarily attendant upon the presence of a number of needles left in the wound, and requiring to be withdrawn a few hours after the operation. I determined, therefore, to make a trial of the practice of torsion recently introduced into more general notice by another of our northern associates, who has done so much for the advancement of surgery; and I trust a few observations upon the subject may not be unworthy the attention of this meeting.

The principle of torsion is much the same as that of the ligature. In both, the thick, musculo-elastic, inner coat first gives way, and its cut or torn edges are pressed together and held in contact by the more resisting outer coat, which is bound upon them by the ligature, or coiled upon them by the torsion, so that they have an opportunity to unite and seal up the end of the vessel. The success of each method depends upon the difference in the physical characters of the two coats: upon the tough resisting quality of the outer coat, and upon the lacerability and the adhesive tendency of the inner coat.‡ When the divided end of an artery is seized with forceps held in the direction of the axis of the vessel, and is twisted, the inner coat soon gives way under the forcible compression, and is torn through more or less abruptly; that is, more or less, as if it had been divided by a ligature or knife. This takes place, usually, just above the grip of the forceps; for, though the twisting affects the vessel higher up, it is sharpest here; and it takes place before the outer coat begins to give way. The fibres of the latter are thus far simply twisted together. As the operation proceeds, these also gradually give way, leaving a pointed end composed of the torn threads of the outer coat, so closely compressed together that they remain in this condition, sealing the vessel, and holding in contact the lacerated edges of its inner coat.

But a further result usually follows from the difference in the resisting quality of the two coats. Not only is the inner coat torn through, as just mentioned; but, during the subsequent twisting and the compression to which it is thereby subjected, it becomes detached from the outer coat, or it does so in the greater part of its thickness, and is turned upwards—that is to say, reflected—so as to form a valve or inverted funnel directed towards the heart and resisting the blood-current. The formation of this funnel, which has been well described by Mr. Bryant,* is especially well seen in some of the lower animals—the bullock, for instance—where the coats of the arteries are strong, and where the inner coat is thick and admits of comparatively easy separation from the outer coat. It may also be often well seen in the artery of man. This reflection of the inner coat affords an additional security; but I do not attach to it so much importance as a barrier to the flow of blood as I do to the twisting of the outer coat; forasmuch as by this the inner coat is not only forced into, but is held in, its new position. Accordingly, if a syringe be attached to an artery thus twisted, and water be injected, considerable resistance to the escape of the water is presented; but, if the twisted portion of the outer coat be cut through or dissected off, the water very soon escapes. It has little difficulty in finding its way through the inner coat, or of separating the surfaces when the support afforded by the outer coat is withdrawn.

When water is thrown from a syringe into a twisted artery, if sufficient force be used, it passes the inner coat, insinuates itself between the two coats, and finally makes its way through the outer coat. I tried also with mercury, making many experiments on the human body and on the bullock, to ascertain the height of the column that would be borne by a twisted artery, and to determine what is the best mode of performing the operation. I found that the well twisted carotid or femoral artery of a man will generally bear a column of from twelve to twenty inches of mercury; but that sometimes, although I performed the torsion, as I thought, in precisely the same manner upon the same vessels, the metal escaped under a lower pressure; that, in short, I could not be sure of so twisting a large artery as to enable it to bear a column of more than a few inches. In arteries above this size—the innominate, common iliac, and, especially, the aorta—the result was less satisfactory, which, I think, might be anticipated, from the greater proportion which the elastic or brittle tissue bears, in those vessels, to the other components of the arterial tube, and still more from the large area which has to be covered and closed, and the great lateral distending or stretching force upon the puckered sides of the vessel, which has to be resisted by the comparatively thin twisted outer coat.

The mercury first distends the end of the vessel just above the twist, and, by its pressure, to some extent, untwists it. It then traverses the funnel-shaped aperture of the inverted inner coat, and passes beneath the twisted outer coat. A comparatively slight pressure sometimes suffices to carry the mercury thus far; and the resistance to the escape of the fluid after this depends entirely, of course, upon the outer coat. The mercury distends it, and, as the pressure increases, either finds its way through some weak point, where it forces a small aperture; or the coat gradually untwists till the mercury escapes through the extremity or point of the twist. Where the outer coat is strong, and has resisted the torsion well, so as to be drawn into a long twisted end, the column sustained is highest. But why, in some instances, the resistance was less than in others, I could not tell. Further observations may explain this, and afford some hints for a better mode of performing the operation. The resistance was evidently almost entirely due to the twisting of the outer coat, being caused partly by the compression which it exerted upon the displaced inner coat, but still more by the direct obstacle which it presented to the escape of the fluid. I found, accordingly, that a complete twist affords the maximum security; that is to say, the artery bears a higher column when its end has been quite twisted off than when this has been only partially done.

The forceps should not be toothed or sharp at the edges, so as to tear or cut the outer coat. They should be broad enough to include the whole, or nearly the whole, of the vessel, when it is flattened out under their grip; and it is a great convenience that they should be easily clamped when the artery is seized, so as to hold it well during the twisting. Beyond this, I do not think it is very important what kind of forceps is used. I have often employed a pair of needle-nippers, with the edges a little blunted and the corners rounded off, and have found that they answer very well.

When the artery was held with a second pair of forceps above the part twisted, so as to limit the extent of the twisting upon the vessel, the result was not so satisfactory. The sealing of the vessel was not so effectual; and the damage done to the coats of the artery by the firm pressure of the forceps requisite to prevent its rotation, was as great as that done by the rotation. This rotation of the artery upon its axis takes place for some distance above the part seized by the twisting forceps when the operation is commenced. Usually, however, the coats immediately above the forceps give way; and the artery above, unfurling itself, tends to complete the twisting and tearing through of the coats near to the forceps. It may happen that the vessel gives way, and undergoes more complete torsion higher up at one or more places. This would, probably, not be attended with any particular disadvantage; neither do I think the rotation of the artery in its sheath likely to cause injurious effects.

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* Presented to the Surgical Section at the Annual Meeting of the British Medical Association in Oxford, August 1868.

† I used acupressure after amputation in the thigh and other operations, and never experienced any secondary hæmorrhage; and I find that a femoral artery divided and carefully secured by this method will bear a column of twenty inches of mercury.

‡ Though more than two layers or coats are described by many anatomists in the wall of an artery, yet, practically, they may be considered as two—an inner thick, brittle, musculo-elastic layer, and an outer tough, resisting, fibrous layer.

* See also drawings of arteries subjected to torsion, in the *Journal of Anatomy*, vol. iii, pl. 1, figs. 2 to 7.

When the ligature is used, a well tied artery bears a column of thirty inches or more of mercury. Experiment, therefore, shows, what we should expect, that the twist offers less resistance to the pressure of mercury in a vessel than does the ligature; very much less, if we take into account, as we must do, the minimum weight of the column sustained in some of the arteries which I tried. The ligature, indeed, offers much more resistance than is necessary; for the pressure of blood in the arteries in their full healthy condition does not amount to more than that of a column of mercury of six inches; and the question is, whether torsion can be relied upon to prevent the escape of the blood under the pressure to which it is subjected in the arteries. The experiments which I have made leave no doubt about this as a general rule, in the case even of vessels as large as the femoral and carotid. If a twisted vessel will bear a column of twelve or more inches of mercury, it will much more than withstand any pressure of the blood to which it can be subjected; and we may assume that most of those vessels which yielded to the mercury under a lower pressure, were sufficiently sealed to have prevented the escape of blood, especially if we take into account the contractile character of the arterial coat, the adhesive coagulating qualities of the blood, and the indirect route which the fluid must usually take to find its way through the twisted end of the artery—a circumstance unfavourable to the escape of blood, but offering no impediment to the passage of mercury. The question, however, can only be satisfactorily answered by experience of torsion in the living subject.

(*To be concluded.*)

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

DISLOCATION OF THE TENDON OF THE PERONEUS LONGUS MUSCLE.

By T. B. Curling, F.R.S., Surgeon to the London Hospital.

A young gentleman, about twenty-one years of age, in May last met with an accident in jumping, by his left foot slipping on a stone and turning outwards. He felt considerable pain in the ankle, became lame, and sensible of something being wrong. On taking off his boot, he found a projecting cord at the outer and front part of the ankle; this he easily pressed back, with instantaneous relief. In the course of the following week, the displacement recurred twice; and the patient sent for Mr. Bailey, a surgeon at Wansford, who at once ascertained the case to be a dislocation of the tendon of the peroneus longus muscle. He applied an angular piece of cork to the margin of the fibula, so as to prevent the tendon from slipping over it; and confined this with a bandage. A few days afterwards, the patient called on me, when I found the tendon in its usual site, rather more prominent than usual. The cork pad was reapplied, and kept in place with strapping and a bandage; and walking exercise forbidden. After a few weeks, I had a laced-up ankle-support, with a pad to fit behind the fibula, made; and he was then allowed to move about, and he shortly returned into the country. He paid me a visit in December, seven months after the accident. He stated that the tendon had kept in place; but he occasionally felt a weakness in the part, and a sensation as if the sinew was not secure, especially in walking on rough ground. He was about to emigrate to Australia. I recommended his continuing to wear the laced-up sock and pad for some years.

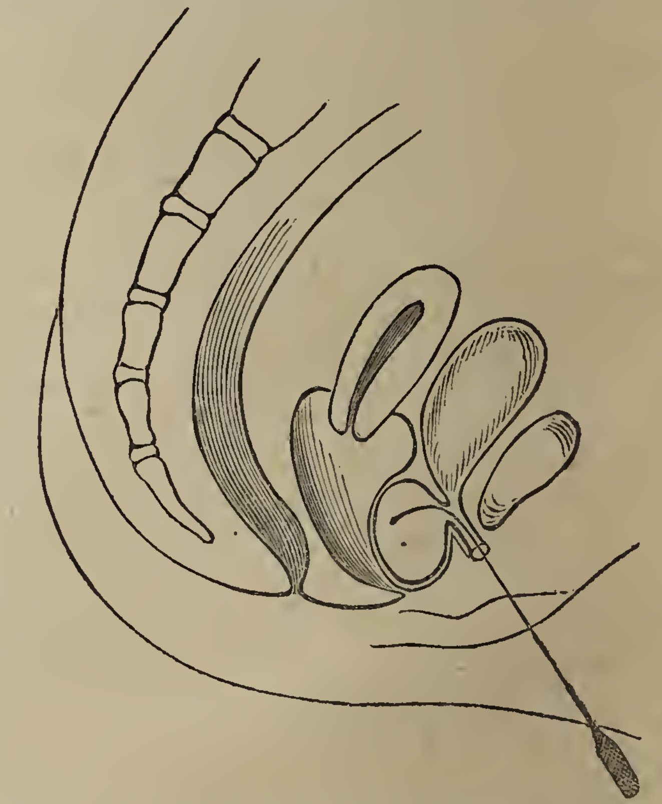
Dislocation of the peroneus longus tendon is so rare an accident, that the particulars of a case are worthy of record. Two or three of my professional friends state that they have met with it, but I have no recollection of having read any account of it in books. The nature of the case can readily be recognised, and the tendon can be easily replaced behind the fibula. The great difficulty is to keep it there after rupture of the sheath, as the tendon so readily slips forward in the movements of the foot, which at once gives rise to lameness. This has caused so much annoyance, that it has been proposed to divide the tendon subcutaneously. In the above case, the tendon had been retained in place many months by great care on the part of the patient, who fully appreciated the difficulty of the treatment, and never moved about without the support of the bandage.

EXAMPLES OF CYST FORMATION IN THE NEIGHBOURHOOD OF THE FEMALE URETHRA.

By WILLIAM O. PRIESTLEY, M.D.,
Professor of Obstetric Medicine in King's College, London.

Case I.—In September 1867, I was consulted by a young married lady who had given birth to her first child six months before. She informed me that, when eight months advanced in pregnancy, a swelling appeared at the orifice of the vagina, which was not very sensitive to touch, but was attended by forcing pain, and a sense of something about to protrude. When labour came on, a soft tumour, like a small egg, was found attached to the neck of the bladder, and projected into the vagina. Although all possible care was exercised in supporting it during the passage of the fœtal head, the pressure to which it was subjected had the effect of bursting it, and a quantity of thick fluid was discharged by the urethra. No further discomfort arose from it at that time, beyond some slight irritation of the bladder; but when she began to go about again, the swelling reappeared as before, and from time to time discharged a quantity of semi-puriform matter.

When I saw the patient, she was suffering much inconvenience from bearing down, with irritation of the bladder, and the urine was frequently mixed with purulent matter. She was conscious of some swelling at the vulva, but it was not very sensitive, and occasionally almost entirely disappeared. She had been wearing a round inflated India-rubber pessary, but found that it did not support or prevent the formation of the tumour. On examination, I found an elastic swelling, of the size of half a hen's egg, lying in the vaginal orifice. It was not unlike a cystocele, but was rounder in form, with a narrower base, and it was attached not to the bladder, but to the posterior part of the urethra. As I squeezed it, a mixture of urine and pus flowed from the orifice of the urethra to the extent of half an ounce, and the swelling collapsed. On passing a probe along the urethra, it passed at first into the bladder, but by a little manipulation it entered a small orifice leading to the cyst, and the point was felt in the cavity of the cyst through the anterior vaginal wall. The tumour did not form again until the next time for emptying the bladder, when a portion of urine always passed into the cavity, which seemed like a diverticulum in the course of the urethra. The cavity of the cyst was evidently kept more or less constantly distended by the flow of urine into it; and it was habitually secreting pus, as proved by its admixture with the contents whenever squeezed out. I recommended that the patient should wear day and night one of Dr. Barnes's fiddle-shaped dilators—one-half being in the vagina, and the other half out—pressure in this way being exercised along the whole course of the urethra. This, I found, entirely prevented the filling of the



pouch, and it greatly lessened the discomforts of the patient. So long as she wears it, she has no irritation of the bladder or bearing down; but if its use be discontinued, the swelling reappears. I saw the patient a few days ago, and then learned that the cavity had ceased to secrete pus, and appeared to be lined by an adventitious mucous membrane, for when the swelling is allowed to form, and its contents are pressed out, unmixed urine flows from the urethra. The patient, being in comparative comfort with her pessary, is indisposed at present to submit to any surgical treatment; but it seems obvious, after such a length of time has elapsed without closure of the cyst-cavity, that some operation will be required for its obliteration. I have suggested that, when any interference is permitted, two or three sutures should be passed through both sides of the cyst, and so tightened as to bring about adhesion of its walls.

Case II.—In February 1868, I was asked to see a patient near the climacteric period of life, who was suffering from great pain and tenderness in the genital passages, with difficult and painful micturition. She was the mother of two children, both grown up, and had generally enjoyed comparatively good health, but had from time to time been under medical care; and there was some obscure history of kidney-disease, from which she was said to have suffered in previous years. For some time before the present illness, she had begun to lose flesh, and have other indications of delicacy, but there was no general œdema. The development of the local symptoms mentioned had been recent and gradual. Before she began to suffer pain, she had observed that the urine was habitually cloudy and threw down a large quantity of opaque deposit immediately after it was passed. Then she had noticed a certain amount of obstruction to the flow of urine, with occasional pain of a spasmodic character about the neck of the bladder. These symptoms gradually increased, until eventually her condition became very distressing. At the time when I saw her, she was flushed and feverish from suffering and want of sleep. The tenderness about the vulva was such that she could only walk with difficulty, and she could not sit without a great increase of pain. She was disturbed day and night by a frequent desire to empty the bladder, but micturition was performed with much difficulty and straining, and a very imperfect sense of relief followed. I was shown two or three recent specimens of urine, which were very turbid, and alkaline in reaction. Almost a third part was formed of an opaque sediment, which proved to be mucous, with a large admixture of pus and a little blood. The clearer part was highly albuminous. On making an examination, the vagina was found to be very hot and tender, and a swelling, half the size of a hen's egg, obstructed its orifice. This tumour was attached by a broad base to the posterior half of the urethra, and was covered by the mucous membrane forming the anterior wall of the vagina. It was semi-fluctuating, but at the same time very tense and smooth, and any amount of pressure which the patient could bear did not lessen its bulk. A sound passed along the urethra encountered obstruction opposite to the swelling, and produced much pain there, but the instrument passed eventually into the bladder. Warm fomentations with sedatives, and the maintenance of the recumbent posture, relieved the more immediate suffering; but no substantial improvement occurred until two or three days later, when I was informed that sudden remission of the pain had followed the passing of some fatty matter in the urine, which on cooling had become solidified. On examining this, I found that it very closely resembled buttons of yellow beeswax floating on the urine, and the quantity collected was nearly a tablespoonful. It consisted of molecular fatty particles mixed with epithelial débris, such as is commonly found in sebaceous cysts, but closer and harder than I have seen this material elsewhere in the body. Vaginal exploration proved that the swelling had diminished to less than half its original size; and, instead of being tense as before, it was now flaccid, and the vaginal rugæ were apparent on its surface. The sebaceous matter continued to pass in less abundant quantity for two or three days, and subsequently the patient suffered much less, and the febrile condition entirely disappeared. In the course of ten days she was able to take a carriage drive, but did not perfectly recover, some local tenderness always remaining.

From time to time the cyst again filled, and its contents were discharged by the urethra. The irritation of the bladder, notwithstanding treatment, still continued, but in a less degree, and the urine habitually contained pus and triple phosphates. Whenever the cyst was most distended there was much increase of suffering, but after its discharge comparative ease followed. Attempts were made on several occasions to introduce a probe through the urethra into the aperture of the cyst, but they failed, and eventually I was led to believe that the aperture was valvular in form and opened backwards towards the bladder. My reason for this supposition was, that I could sometimes almost empty the cyst by pressure, and yet the contents did not immediately escape by the urethra, but evidently passed into the bladder—sebaceous matter appearing with the next flow of urine. The condition found on vaginal examination was very variable. At one time, more than a month after the first discharge of contents, Mr. Paget was consulted as to the propriety of some surgical treatment for its permanent cure, but it was then scarcely noticeable, and it was deemed best not to interfere until it should again become prominent. A week or two later, when it became again distended, she desired another surgical opinion, and she saw Mr. Spencer Wells. It was then proposed that some threads or a seton should be passed through the cyst for its obliteration, or, if this proved ineffectual, that it should be laid open by the vagina. The patient, however, shrank from any form of surgical interference, and eventually left town without any operation being performed. The early history of this case was obscure; but my impression is that the patient had suffered primarily from chronic inflammation of the bladder, and that the formation of the sebaceous cyst of the urethra, with all its attendant discomforts, had been superadded to this—perhaps, indeed, had been provoked by it.

Case III I saw, some years ago, in the maternity department of the Middlesex Hospital. The woman, expecting her confinement, sought advice about a swelling on the neck of the bladder. It was not bigger than a large marble; attached to the posterior third of the urethra; and evidently contained fluid, but was not painful to touch. The patient had borne children before, and there was much relaxation of the pelvic tissues. When labour came on it was rapid in its progress, and the cyst entirely escaped injury. When puerperal convalescence was completed, it seemed somewhat smaller than when first examined, but was still tense and hard. The patient eventually removed from the locality, and was lost sight of.

Cysts of the female urethra are probably not common, for few cases are recorded. Two cases of cyst of the anterior wall of the vagina are mentioned by Dr. West, in his *Lectures on the Diseases of Women*, as having been observed in his own practice. Another is to be found described in Scanzoni's *Beiträge*, etc.* These are, probably, examples of the same pathological condition, but in none were the contents of the cysts sebaceous as in Case II. I infer that my own cases were cysts, taking their origin in the structures of the urethra rather than of the vagina; because, in the first place two of them discharged their contents into the urethra, *not* into the vagina; and, in the second place, in all the three cases the cysts were developed towards the posterior part of the urethra, the mucous membrane of which is largely supplied with glandular structures. As pointed out in Sir James Simpson's article "Hermaphroditism," the follicular glands and structures exist abundantly in the course of the female urethra; and the canal, throughout its length, is truly a morphological anologue of the prostatic and membraneous portions of the male urethra. It may, therefore, reasonably be assumed that cysts, above described, take their origin in the follicular structures of the urethra, just as cysts of the labia are formed by obliteration of the duct of the glands of Bartholin, and accumulation of the secretion in the gland structure.

THERAPEUTICAL MEMORANDA.

TREATMENT OF TYPHOID FEVER.

By E. Shedd, Esq., Surgeon to the Ardwick and Ancoats Dispensary, Manchester.

Great success having this year attended my treatment of cases of typhoid fever, I have thought that possibly a few remarks on my mode of treatment may be not without interest.

My treatment is as follows. As soon as there is any tenderness in the abdomen upon pressure, I prescribe drachm doses of glycerine (in the case of an adult), to be repeated three times a day. Under this treatment, the temperature gradually subsides, becoming normal towards morning, and rising to 99° Fahr. towards evening. The secretions soon improve; a profuse perspiration frequently prevails; diarrhœa is quickly checked; and the patient becomes convalescent.

Of the numerous cases which have come before me in my practice, I have treated twenty-seven in the manner described, and with complete success, as not a single death from typhoid fever has occurred—a fact which, as it seems to be, is the more remarkable, as I have much reason to believe that the disease has been of a more virulent type than usual, because I find, from my own observations and the information of others, that fevers of the typhoid class have been this year more than usually prevalent, at least in Liverpool, Manchester, and Salford.

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* For further information concerning cysts of the vagina and urethra, see Huguier's Essay (*Mem. de la Soc. de Chir.*, 1847).

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE TREATMENT OF ACUTE RHEUMATISM.

THE treatment of acute rheumatism is a subject which has received, perhaps, of late years, greater attention from the profession than any other disease. The numerous remedies which have been enthusiastically brought forward as specifics, have received a fair and very extensive trial, and as a result have all sunk to a level far below the expectations of their advocates. They received a severe blow after the experience of Dr. Gull, Dr. A. P. Stewart and others had been made known, in treating the disease by the expectant method. It was then shown that acute rheumatism tended to recovery without medicinal treatment of any kind, and that not a few cases recovered under circumstances almost as favourable as those treated by the received alkaline remedies. The aggregate results of expectant treatment are generally recognised to be less favourable than the remedial, both as to the length of the acute stage and the tendency to recurrence and chronic affection of the joints; yet, after reading the following notes from men of large experience and of acknowledged authority, in which the marked difference of opinion as to the remedy or remedies, and even the doses of these to be employed, is so apparent, one cannot but feel how uncertain our therapeutical knowledge is on the subject, and ask the question, What should be the treatment of acute rheumatism? Of the various remedies which are in use at present, the alkaline seems to have gained the greatest share of confidence at the hands of the profession; still the different success which has attended the practice of one physician with another, is a matter which requires solution. That acute rheumatism varies in severity from year to year, and in different localities, is most likely, and perhaps much may be explained in this way as to the various opinions arrived at by leading authorities on the subject, but it is palpable that much has still to be learnt before we can speak dogmatically, as men have been apt hitherto to do, in the treatment of this painful and mischievous malady.

GUY'S HOSPITAL.—Dr. Wilks considers rheumatic fever one of the most difficult diseases for study, the principal questions for elucidation being its natural progress; the most usual time for heart-implication; whether any remedies will cut short the disease; and, if so, whether its curtailment prevents the cardiac affection. Dr. Wilks says that individual practitioners will answer such questions most positively, but the profession is by no means agreed about their solution. Although he entertains a doubt as to the best method of treatment, he can fully endorse the statements made by the enthusiastic supporters of each particular remedy. He has fully tried them all, and has seen patients rapidly recover under the use of lemon-juice with a diminution of the pulse; he has had several cases where the blister treatment has been followed by the most marked success; he has given salines in large doses, and with a speedy good result; and he has adopted the eliminative plan of wrapping the patient in a blanket with the most marked benefit. His difficulty is, not that these plans always fail, for they then might for ever be put aside, but they appear to be eminently successful. This is the good side of the case; the other picture is, that they all sometimes fail; the patient lingers on week after week, sometimes with the articular affection alone, and sometimes with the chest-complication. He had endeavoured, also, by the most careful analysis of symptoms, to discover the connection between the time of the occurrence of the alkalinity of the urine and the abatement of the symptoms; but without success, although very often the doctrine usually taught that the symptoms depart when the urine becomes alkaline, is found to be true. It was owing to this uncertainty as to the best mode of treatment, that the physicians at Guy's determined to study the disease uncomplicated by remedies; for it was assuredly true that no one knew what course rheumatic fever might take if left alone, or at least no one was supposed to know. Dr. Wilks believes that the treatment almost universally adopted until quite lately was equivalent to the "do nothing" system; that the few grains of saline three or four times a-day could have had no influence in checking the disease. The medical man was well satisfied with himself because the patient did not die, forgetting that rheumatism, with its complications, is rarely a fatal disease. If a patient with this disease took the usual saline, and then had endocarditis, pericarditis, and pleurisy, and, after weeks in bed, escaped with his life, friends, patient, and doctor congratulated one another on the favourable termination. The only correct view which can be taken would be that by a medical patient himself; he would consider that his case had ended well if he escaped without cardiac disease, and ended badly if he rose from his bed with an affection of the heart. He would say to his adviser, cut the disease short if this will arrest its progress to my heart, but by all means let it run its course if by this means my heart will escape. Dr. Wilks thinks that it is by no means yet determined that absence of articular symptoms implies the less liability to cardiac disease, or that, after the administration of those remedies which are supposed to shorten the disease, the heart has more readily escaped. He has had lately two patients who were taking half a drachm of bicarbonate of potash every three hours, and very soon the urine became alkaline; after about two days the pains in the joints were lessened, but on the third day acute pericarditis appeared in both patients. In three other cases, now in the clinical ward, one is on quinine, another in blankets, and a third on the blister treatment; although the disease has been protracted, no cardiac affection has appeared in any of them. He thinks, however, that the two cases on the alkaline treatment were unusual, not on account of any antidotal influence excited by the medicine, but from the fact of the pericarditis occurring after the patient had been admitted. He thinks, that in most hospital cases the patient is never taken in until very ill, and then the cardiac inflammation already exists if about to occur at all; if not then present, it is not likely to happen under any treatment. He would not speak dogmatically on this subject, but believes it to be in the main true; and, if so, it is only in private cases, where the patient is seen early, that the definite action of the remedies can be discovered. He would also insist on a fact, too often overlooked, that, whilst lymph on a pericardial surface at once makes itself known by the *frottement*, an equivalent inflammation of the endocardial surface might present no altered sound, and it would be only by the gradual thickening which subsequently takes place, that the fact would be known. This was the case of a man who had acute pericarditis, and it was a question whether there was also an endocardial sound synchronous with the rub; when the latter passed off, however, no murmur referrible to the valves could be heard, nor at any subsequent period whilst the patient was in bed. After two or three weeks he was discharged; but before his leaving the stethoscope was placed over the heart, when a distinct systolic murmur was heard; this had been more than eight weeks developing.

Dr. Wilks considers that the main point for consideration is the discovery of that treatment which will bring the patient through without implication of the heart; that the profession has not yet arrived at this, is certain from the fact of the thousands who die annually of cardiac disease having its origin in rheumatism. If treating a private patient, and having sufficient faith in orthodox remedies until they can be superseded, he prescribes the saline of acetate and nitrate of potash with an opiate at night, occasional blisters to the joints to relieve pain, with flannel next to the skin, etc. Since these notes were written Dr. Wilks has published an interesting paper in the *Practitioner*, recommending the use of tincture of aconite, which he has found of marked benefit, given in frequently repeated small doses, in several cases of acute rheumatism.

ST. GEORGE'S HOSPITAL.—The treatment of rheumatic fever adopted by Dr. Fuller is essentially alkaline, and consists not only in administering salines and small doses of alkalies, but in pushing alkalies as rapidly as possible to the point of producing alkalinity of the secretions. When a patient is admitted into the hospital, Dr. Fuller's first care is to determine that the disease under which he is suffering is really rheumatic fever; for Dr. Fuller maintains, and acts upon the belief, that cases of rheumatic gout in its acute stage simulate, and are often mistaken for, rheumatic fever. He asserts, indeed, that a want of discrimination as to the true nature of the disease is one of the causes of the failure which some persons experience in their treatment of so-called rheumatic fever by alkalies—true rheumatic fever yielding readily to these remedies, which exercise little control over acute rheumatic gout. The points of distinction on which Dr. Fuller mostly relies as indicating rheumatic gout are: 1, the complexion of the patient, which is seldom so pallid as in rheumatic fever; 2, the state of the skin, which is more inelastic and doughy than in rheumatic fever; 3, the existence of perspiration devoid of a strongly marked rheumatic odour; 4, tendency to swelling in the small joints of the hands; 5, the comparative absence of redness and coating of the tongue; 6, the absence of a copious deposit of lithates in the urine. When those conditions coexist, Dr. Fuller disregards the heat, pain, redness, and swelling of the joints, orders the patient out of bed, prescribes a cold shower-bath, and gives a generous diet, including meat and porter. At the same time, he administers bark and the mineral acids with cod-liver oil, or the mineral acids with tincture of iodine and cod-liver oil; or, if the urine be high-coloured, acid and somewhat turbid, quinine or strychnine dissolved in citric acid, and given in effervescence with a dose of the bicarbonate of potash or soda, the secretions being regulated by an occasional alterative or a dose of some mild aperient. When, on the other hand, the case is manifestly true rheumatic fever, the alkalies—whether potash or soda, appears immaterial, and Dr. Fuller often combines the two—are given to the extent of two drachms every three or four hours until the urine is rendered alkaline. Dr. Fuller usually prescribes two ounces of the haustus ammoniæ acetatis of the Hospital Pharmacopœia with one drachm and a half of bicarbonate of soda and half a drachm of acetate of potash, and this he orders to be taken in a state of effervescence in combination with half a drachm of citric acid dissolved in two ounces of water. The quantity of the fluid not only takes off from the nauseous quality of the medicine, but promotes its absorption, and thereby facilitates its action. As soon as the urine manifests an alkaline reaction, the dose is repeated three times only in the twenty-four hours; and on the following day, if the urine still remain alkaline, twice only. After three days, two doses only of this mixture in twenty-four hours usually suffice to keep the urine alkaline; and then Dr. Fuller adds two grains of quinine to each dose, or, if quinine be not well borne, he substitutes a mixture consisting of the haustus cinchonæ of the Hospital Pharmacopœia, with the addition of half a drachm of bicarbonate of soda and half a drachm of acetate of potash. Day by day, as the tongue cleans and the other symptoms subside, the quantity of alkali is cautiously diminished until a simple quinine draught is taken; but the condition of the urine is constantly watched with a view to the immediate administration of a small quantity of alkali, should the least acidity call for its use. The diet is another point on which Dr. Fuller lays particular stress; he insists that strict abstinence from solid food is of far more importance than in gout. He gives beef-tea or broth throughout, and, if stimulants appear to be needed, does not object to their being administered cautiously; but he withholds solid food until the tongue is quite clean, and has often proved to his class in the wards that a too early recourse to meat will induce a relapse, and prevent convalescence. Under this treatment, Dr. Fuller says, the pains commonly subside in five or six days, and the patients are seldom ten days in bed. Moreover, the heart may be regarded as safe from attack; for in two instances only, in the whole course of his hospital experience, has inflammation either of the endocardium or pericardium arisen after the patient has been twenty-four hours under treatment, and in one of these cases the alkalies had been imprudently abandoned under the belief that the patient was convalescent.

The treatment employed by Dr. Barclay is also alkaline. He follows out this plan after a long experience, believing that alkalies diminish the duration and the pain of the acute stage, and that by maintaining the alkalescence of the secretions the disease is less liable to become chronic. It prevents, almost invariably he believes, inflammation of the heart after the system has been fully brought under the influence of the alkali. Dr. Barclay also gives mercury to improve and correct the excretions, and opium in modified doses to afford when necessary desired rest.

EDINBURGH ROYAL INFIRMARY.—In the clinical wards of this infirmary the following treatment is adopted by Dr. Laycock. The details have been carefully condensed from the note books by Dr. David Ferrier, clinical assistant to his ward. The patient is put to bed with flannel next the skin, in order to favour and absorb perspiration and prevent sudden chill. When there is great pain and sleeplessness, a full dose of Dover's powder is administered. If the skin be hot and dry, a hot vapour-bath is resorted to with advantage. In cases of biliary derangement and constipation, the patient is freely purged. Calomel is generally given. The principal treatment consists in the administration of carbonate or nitrate of potash in drachm doses, every three or four hours, which Dr. Laycock finds greatly to alleviate the suffering, and considers beneficial in promoting the elimination of irritating substances from the economy. The treatment is the usual diathetic treatment of rheumatic affections in whatever form they occur. When the rheumatic affection is of the bursal form, colchicum is combined with the alkaline remedies. Quinine is given in those cases characterised by great irritability and restlessness, with marked benefit. Opiate, alkaline, or nitrate of potash epithems, are applied to the affected joints. Blisters are not generally employed, except in cases of long continued pain in particular joints. In such cases, they seem to produce marked relief in a short time. Lung-complications, such as pleurisy, pneumonia, etc., are treated diathetically by alkalies and by the local application of opiate or alkaline epithems over, or a blister near, the seat of pain. If a heart-affection be established, the treatment consists in giving a quarter of a grain of opium and a quarter of a grain of calomel in a pill, every two or three hours. Heart-affections are not so liable to come on when the treatment by alkalies and the wrapping-up in blankets has been adopted at the commencement of the disease. The cases of heart-complications are chiefly those where the affection was established before admission into the hospital. In cases of head-complications, with delirium, opium is given only in those characterised by muttering delirium; and is avoided if there be any signs of cerebral irritation or excitement. When convalescence is established, quinine, iron, bitter tonics, and good diet, is the rule of treatment. The average duration of acute uncomplicated cases treated in Dr. Laycock's cases is three to four weeks.

LEEDS GENERAL INFIRMARY.—Dr. Chadwick, after much experience and a vast variety of changes in the course of thirty years, now relies upon bicarbonate of potash, in twenty-grain doses, every four hours, and keeping the patient in blankets. The only difficulty he finds, is some symptom or rule when to cease the administration of the remedy. The change from the sour perspiration and the alkaline condition of the urine may point to a less frequent administration, but does not warrant him in changing it altogether. Since he adopted the "sleeping in blankets", he believes he has had less endocardial and pericardial complication. His colleagues pursue a practice almost analogous.

NETLEY HOSPITAL.—At Netley Hospital, there are few admissions from acute rheumatism, most of the patients being men invalided from foreign stations. The disease is treated at Netley by Dr. MacLean chiefly by alkalies; bicarbonate of potash, in combination with nitre, being given in full doses until the urine is made alkaline, when the doses are diminished so as merely to maintain the alkaline conditions of the urine. Rest is obtained by sedatives, in combination with the wine of ipecacuanha. Joints that are particularly affected are enveloped in pads of lint soaked in a hot alkaline solution. If there be much pain, the hypodermic injection of morphia is resorted to. The plan of Dr. Chambers, of making the patients lie between blankets, is also invariably followed.

[*To be continued.*]

DUBLIN HOSPITAL REPORTS.

ST. MARK'S OPHTHALMIC HOSPITAL, DUBLIN.

SYMBLEPHARON AND LESION OF IRIS.

(Under the care of Sir WILLIAM WILDE.)

THE following case, now in hospital, is remarkable chiefly for the absence of history or cause. W. H., upwards of 60 years of age, presents in the left eye fully formed senile cataract, which has been three years growing. The right was, he says, always his best eye, until the summer of the present year, when it, too, began to fail, and his vision is now very much impaired; but he can still make his way about, and can recognise large objects. His right eye presents adhesion of the lower lid to the eyeball. The inner margin and the ocular side of the lower lid to the extent of about one-fourth of the entire length of the lid are attached to the globe by white, tendinous structure, which extends into the cornea for about one line. The structure is composed of bands and masses which appear now almost like the conjunctiva, and is capable of considerable amount of movement. It is not possible to pass even the finest probe beneath it, or between the eyeball and eyelid. The motions of the globe are almost normally perfect; the superior rectus would seem to have acquired additional power and force from the increased amount of work it has been called upon to perform. The natural results of the adhesion would have been at least to prevent upward motion of the eye; but there is no visible difference in the extent of excursion of this and the second eye. When the eye is turned up, the adhesion tissue is put upon the stretch, and next the lower eyelid itself is raised upwards—in fact, the lower eyelid participates in and follows each and every motion of the eyeball, and without the slightest inconvenience to the patient. Both irides are of a hazel-brown colour, spotted over with several large very dark brown patches of pigment, which almost look like apertures in the iris. At the upper and outer border, on the right side, the iris is detached from its ciliary attachment to the extent of about one-sixth of its entire circumference, and the corresponding portion of iris has fallen downwards, leaving a new pupil about one-eighth of an inch in diameter. Through this opening the equator or margin of the partially cataractous lens is seen particularly by focal illumination. The normal pupil is irregular—obliquely oval; its inner inferior margin is still to a certain extent circular, but the upper and outer border is straight, owing to the hanging of the iris at this position. The lens is too opaque to allow of the fundus being examined. The man has not the slightest recollection of having received any injury, nor can he assign any cause for this state of matters; he is indeed unaware of anything peculiar about his eye, and states that until recently the right eye was always his best.

SIR PATRICK DUN'S HOSPITAL.

CASE OF FRACTURE OF THE SPINE.

(Under the care of Dr. BENNETT.)

A LABOURER, 45 years of age, was admitted on July 9th in the middle of the night, having been wounded by a broom-handle fixed in a steam-engine used to feed the furnaces of a gas-manufactory. The engine was moving along a tramway in a narrow passage when the broom-handle, which projected from it, struck the man above the crest of the right ilium, and fixed him against the wall of the passage; he grasped the handle, but was unable to arrest its progress, or to escape from it. As soon as possible, the engine was stopped by his fellow-workmen, who found that the broom-handle had entered fully four and a half inches into his body; they lifted him off, and carried him at once to the hospital.

The resident pupil at the hospital (Mr. Brady) being confident that he saw the intestine protruding into the wound, sent for the surgeon on duty, as he was unwilling to undertake the responsibility of treating the case until the next visit hour. Dr. Bennett, on arrival, examined the wound, and noticed that externally it had all the appearances of a clear incised wound, while the tissues beneath the skin were so lacerated that it was difficult to distinguish them; the skin-wound was placed obliquely over the anterior part of the crest of the ilium, and was about two inches long, its edges being in perfect apposition. Air could be felt amongst the muscles and beneath the skin, and the course of the deep portions of the wound could be traced by it to the junction of the last rib with the spine. It was possible to see that the transversalis muscle was the only one of the abdominal muscles not torn through close to the skin wound. From the depth of the wound and the narrowness of its orifice, it was very difficult to be certain about the condition of the parts which the direction of the wound indicated as likely to have suffered. The patient complained of intense pain in the back, and of this alone no vertebral displacement or irregularity could be detected; and there was no paralysis of either sensation or motion; the pulse was such that, in spite of the fact that the intestine was thought to have been recognised in the wound, Dr. Bennett concluded that there was no wound of the abdominal cavity, nor of the liver or kidney. The urine was free from blood. Opium in large and repeated doses was given, and partial relief to the pain procured by it. The external wound united in almost the entire length on the first day after the injury. On the third day, it was necessary to reopen part of this union to give exit to pus; the patient now suffered from violent fever, which, with profuse suppuration from the wound, seemed likely to prove fatal. There were no symptoms of any peritoneal inflammation throughout. While the fever was at its worst, the patient became delirious, and passed urine involuntarily, not, however, from any paralysis of the bladder; from this state he rallied, and hopes of his recovery were entertained. He suffered much from the pain in the back, and from the irritation of a bed-sore which had formed over the sacrum in spite of close watching. He recovered so far as to be able to take food, to turn in bed, and even to get up with assistance to the close stool. In the middle of September, he had several violent rigors, and his pulse became rapid again, and complete hectic fever was established. He lingered on until November 21st, and then died of exhaustion.

At the *post mortem* examination, a large suppurating cavity was found extending from the wound backwards to the transverse processes of the lumbar vertebræ in the space between the ilium and last rib. This cavity was limited on its abdominal side by the transverse muscle and its tendon. On opening the abdomen, there was no trace of any peritonitis, past or recent, found; the ascending colon was adherent abnormally by the portion of it which is uncovered by peritoneum to the wall of the suppurating cavity, but its serous coat was in no part engaged. This explains the fact of Mr. Brady having seen the intestine at the first examination of the wound. An abscess was discovered behind the peritoneum in the psoas muscle, not communicating with the suppurating wound. The right side of the third lumbar vertebra was apparently ulcerated where in contact with the abscess, and a shred of dead intervertebral substance hung into the cavity of the abscess. A probe could be passed across the spine through the body of the third lumbar vertebra, and it was found to enter a small abscess in the left psoas muscle; the anterior part of the body of the vertebra, though yielding to pressure, was not separated from the ligaments. The kidney and liver had no trace of having been wounded in any part. The third lumbar and the adjoining vertebræ were removed, and a section was made vertically through them in the middle line. This section made it evident that the body of the third lumbar vertebra had been fractured, and that suppuration had taken place between the fragments; the fracture ran from above downwards and backwards through the body; being very close to the front above, it terminated near the centre below. The piece so detached was slightly displaced upwards and forwards in front of the next body above it. The posterior division of the body of the fractured vertebra was not separated from its connections in any way. There was no pressure on the spinal canal. There was a small amount of lymph in the sheath of the spinal cord, and it lay amongst the nerves of the cauda equina.

The case is of interest as an instance of fracture of a vertebral body from direct violence, from its occurring in the lumbar region without wound of the abdominal cavity or of any of the abdominal viscera, and as an instance of a fracture of the spine occurring without paralysis of the limbs or sphincters.

REVIEWS AND NOTICES.

THE SCIENCE AND ART OF SURGERY; being a Treatise on Surgical Injuries, Diseases, and Operations. By JOHN ERIC ERICHSEN, Senior Surgeon to University College Hospital, and Holme Professor of Clinical Surgery in University College, London. Fifth Edition, enlarged and carefully revised. Illustrated by 100 Engravings on Wood. Two Volumes. London: James Walton, 1869.

THE high position which Mr. ERICHSEN'S Science and Art of Surgery has for some time attained, not only in this country, but on the continent and in America, almost limits the task of the reviewer, on the appearance of a new edition, to the mere duty of announcement. Elaborate analysis and criticism would be out of place; and nothing remains to be done, except to state in general terms that the author has bestowed on it that labour which such a work required in order to be made a representative of the existing state of surgical science and practice, and to point out some of its principal novelties.

In comparing this edition with its predecessor, we find, at pages 187-9 of the first volume, a statement of the author's views on the comparative merits of the Ligature and Acupressure in the arrest of arterial hæmorrhage. He acknowledges the soundness of the argument that the ligature impedes the treating of wounds by the first intention, while the evils arising from the ligature are obviated by the use of acupressure; and observes that "the principle on which acupressure is founded is in accordance with the fundamental doctrines of surgical pathology, and must commend itself to every practical surgeon who dispassionately considers this important question." At the same time, he thinks that the ligature has been too much blamed and acupressure over praised; inasmuch as there are certain conditions—impaired constitution, want of homogeneity of tissue, etc.—as well as various circumstances of mechanical arrangement in amputations, which will either prevent union by the first intention, or will leave little room for acupressure to aid in accomplishing it. He sums up the matter by saying "that, sound as may be the principle on which acupressure is based, it cannot and need not be substituted for the ligature, but may be employed advantageously in conjunction with it, each method being applied to those vessels or in those cases in which it seems most useful." He advises the surgeon to be eclectic rather than dogmatic in the adoption of the means which he uses for arresting hæmorrhage; using styptics, compression, torsion, the cautery, acupressure, or the ligature, according to circumstances. "Because one method is good, the others are not necessary bad; because one is peculiarly applicable in one case, it does not follow that it is equally so in all."

While the subject of arrest of hæmorrhage is before us, we may state that Mr. Erichsen does not alter the opinion of torsion which he expressed in his former edition. He says that it may be employed sometimes in operations where the bleeding from small vessels requires to be arrested; but, when performed in larger arteries, the end of the artery, if not twisted off, acts as a foreign body as much as the ligature; while, whether the end is removed or not, the operation is less safe and less easy than the ligature.

In the chapter on Injury of the Spine, Mr. Erichsen introduces a full account of the symptoms and pathology of concussion from direct and from indirect violence; describing the phenomena of those injuries which are mostly known as the result of railway collisions. In introducing the subject, he refers to the descrepancies of opinion that have arisen among surgeons in medico-legal inquiries into such cases; and remarks: "I cannot too strongly urge the fact, that there is in reality nothing special in the symptoms of concussion of the spine produced by railway collisions, except in the severity of the accident by which the concussion was occasioned; and that it is consequently an error to look on a certain class of symptoms as special to railway accidents. Injuries received on railways may differ in their severity, but do not do so in their nature, from injuries received in the other accidents of civil life." The description which he gives of the symptoms, pathology, diagnosis, prognosis, and treatment of such injuries, is at once complete and concise, and must be read by all who desire to have a fair knowledge of the subject.

While Mr. Erichsen has done his share in improving the specially practical portions of the work, he has availed himself of the assistance of some of his friends and colleagues in preparing several of the chapters on Surgical Diseases. Thus, to Mr. Alexander Bruce has been entrusted the revision of the chapters on Pyæmia, Tumours, and Scrofula; while Mr. Berkeley Hill has remodeled the chapter on Venereal Disease. The pathology of Pyæmia, and the classification of Tumours, are brought up to the modern level; while Mr. Berkeley Hill has introduced the dualistic doctrine of the Venereal Poison in a very clear and instructive manner.

The chapter on Excision of Joints and Bones is introduced with some historical remarks on the antiquity of the operation, which, Mr. Erichsen observes, is referred to by Hippocrates, Celsus, Paulus Ægineta, and the Arabian writers. The words of Paulus Ægineta, as quoted by Mr. Erichsen, are interesting: "The extremity of a bone near a joint, if diseased, is to be sawn off; and often, if the whole of a bone, such as the ulna, radius, or the like, be diseased, it is to be taken out entire." He then gives the history of the operation after its revival in England in the last century, and gives the necessary direction for its performance in general, and on each joint in particular. In referring to the question of repair, he says that his "own experiments, and those of Ollier and Maisonneuve, prove the importance of the periosteum as an organ of repair" of bone. He is, therefore, decidedly in favour of endeavouring to preserve the periosteum wherever this can be done, which is often the case in necrosis. At the same time, in a subsequent chapter, he does not approve of the plans recommended by Ollier and Langenbeck, for utilising the frontal pericranium in rhinoplastic operations.

A valuable addition has been made to the book, in the form of a chapter on Ophthalmic Surgery. The want of this, the author says, had been frequently pointed out to him; and, considering that the work would be better done by some one specially engaged in ophthalmic practice, he entrusted the preparation of the chapter to his colleague, Mr. Streatfeild, who has produced an account of the principal operations on the eye and its appendages, which, while necessarily wanting the elaborate completeness of a treatise specially devoted to the subject, will give the student a very sufficient insight into the character and mode of performance of operations on the eye and its appendages.

Such are a few of the improvements which Mr. Erichsen has made in his works; every chapter and page of which have evidently undergone revision. The book is now, for the first time, published in two volumes, and is thereby rendered much more convenient. A full table of contents to each volume, and a copious index, in which the derivations of the surgical and pathological terms have been inserted, add to its utility.

Of the merits of the book as a guide to the "Science and Art of Surgery," it is not necessary for us to say much. Mr. Erichsen is one of those enlightened surgeons of the present day, who regard an acquaintance with the manual part of surgery as only a portion of that knowledge which a surgeon should possess. With the quotation of a sentence or two from the first chapter, which may be regarded as the keystone of the whole work, we will close this notice.

"Manual dexterity is necessarily of the first advantage in the performance of any operation, and the surgeon should diligently endeavour to acquire the art of using his instruments with neatness, with rapidity, and with certainty. In many cases of minor moment, no other requisite is needed by the surgeon than this. But it would, indeed, be a fatal error to suppose that, in the majority of cases requiring surgical interference, this is the only or indeed the chief requirement on the part of the operator. Manual dexterity must not be mistaken for surgical skill; and, desirable as it doubtless may be to be able to remove a limb, or to cut out a stone, in so many seconds—important, in a word, as it is to become a dexterous operator—it is of far greater importance to become a successful surgeon. The object of every operation is the removal of disease that either threatens life, or interferes with the comfort and utility of existence; and the more certainly a surgeon can accomplish this object, the better will he do his duty to his patients, and the more successful will he be in his practice. Success then, in the result of an operation, whether that result be the preservation of life or the removal of a source of discomfort, is the thing to aim at. To this, dexterity and rapidity in operating are in a high degree conducive; but there are various other considerations equally or still more necessary, the solution of which can only be afforded by an intimate general acquaintance with the Science of Surgery and of Medicine. . . . It may truly be said that a great surgical operation, in its conception, its performance, and its completion, tests the operator's medical knowledge as much and in as varied a manner as it taxes his manual skill; and that, taken as a whole, it is the highest development of the medical art."

A Manual of Elementary Chemistry. By George Fownes, F.R.S. Tenth Edition. Edited by H. Bence Jones, M.D., F.R.S., and Henry Watts, B.A., F.R.S. London: Churchill and Sons, 1868.

Fownes's Chemistry is deservedly highly esteemed. The present edition (the tenth) is, to a great extent, the work of Mr. Watts, and is quite a new book. The former editions treated organic chemistry much as it was treated twenty or thirty years ago; viz., on the basis of a natural history classification. Thus, in the ninth edition, descriptive organic chemistry was made to begin with an account of "sugar, starch, gum, lignin, and allied substances"—substances whose claim to be taken together, and to be taken first, rested on their being important vegetable products widely spread through the vegetable world. In the tenth edition of Fownes, Mr. Watts is governed by chemical considerations. He begins with the Hydrides of Carbon, not even with the alcohols, which, up to the present time, have been placed at the head of descriptive organic chemistry by almost all chemists who have aspired to a thoroughly rational classification. This innovation is of the utmost importance. It is a practical enforcement of the great doctrine, that all organic compounds are hydrocarbons; either hydrocarbons which have, or which have not, suffered replacement of hydrogen. The book will certainly mark an era in the chemical education of the country. The isomerism among the alcohols and the fatty acids is, of course, duly explained in its proper place.

But, with its very great merits—merits which ought to excuse a great deal—we are bound to add, that the book has evidently been written in too great a hurry; and that, although admirably adapted for giving a general view of the state of the science, it cannot be said to be an accurate book of reference.

In illustration of this defect, we cite the following.

Butylic alcohol "dissolves in $1\frac{1}{2}$ times its weight of water". (P. 621.) It should be $10\frac{1}{2}$.

Acetate of amyl "boils at 133 deg." (P. 717.) It should be 140 deg.

On page 723, it is stated that propione yields propionic, acetic, and carbonic acids, on oxidation with aqueous chromic acid. It should be that dilute chromic acid oxidises propione quite precisely into propionic and acetic acids, and evolves no carbonic acid.

Iodide of ethyl boils at 70 deg. (p. 607). It should be 72 deg.

Page 624: "Amyl alcohol, heated to 22 deg. with a mixture of potassium hydrate and lime, is converted into valeric acid." It should be at least 220.

Page 625: "Amyl iodide boils at 146 deg."; which is contradicted on page 627, where amyl iodide boils at 155 deg.

At page 549, it is said that iodide of methyl does not yield marsh gas on being decomposed with zinc. Marsh gas is produced.

At page 878, under the preparation of aniline, there is given that very questionable reaction between phenol and ammonia; and, a little further on, the production of magenta is badly described. It would be easy to multiply instances.

NEW INVENTIONS, &c.,

IN

MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

SIR JAMES MURRAY'S FLUID MAGNESIA.

According to an analysis which we have made of this medicine, it consists of a solution of pure bicarbonate of magnesia in water containing carbonic acid. The strength is about twelve grains of the bicarbonate of magnesia in a fluid ounce, and sulphuric and hydrochloric acid are entirely absent. Very great care is evidently bestowed on the preparation of this medicine, which is an exceedingly elegant preparation of magnesia. Sir Robert Kane analysed this medicine many years ago: his results were essentially the same as ours. This preparation possesses over the so-called citrates of magnesia, which are largely sold, the obvious advantage that it is, while they are not, what they pretend to be. It has been shown that, as a rule, they contain but a small proportion of magnesia, and that commonly in the shape of sulphate.

We shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, medical appointments and trials, hospital and society meetings, important inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 2ND, 1869.

1868—1869.

Crossing the threshold of a new year, we are all wont to pause and ponder a little over the past; we are all tempted to peer earnestly into the future. In the annals of this Association, the year has been neither unhonoured nor unmarked by useful activity. The great meeting at Oxford, following upon the international reception of the Association at Dublin, gave the seal of the highest sanctions to our professional objects and our mode of pursuing them. The greatness of the gatherings, the marked ability of the addresses and papers, and the admirable influence of the Presidents, made these meetings in every way memorable. The work of the Association is expressed in various ways. Not the least valuable is the influence which such great gatherings exercise in elevating the tone, increasing the solidarity, and promoting the scientific advancement, of the profession. Another kind of activity is seen in its successful exertions to bring the urgent questions of sanitary organisation and education in state medicine under the direct notice of the Government. This work has been eminently successful—thanks to the long, able exertions of Acland, Rumsey, Stewart, Stokes, George Hastings, and others, whose names are recorded in our reports of the proceedings of the joint State Medicine Committee of this and the Social Science Association. The deputation which waited upon Ministers from our Association included the most eminent sanitarians from all parts of the country. The memorandum presented was one of the ablest documents extant in this department of literature. It has had the desired effect; and the Government have appointed a Commission in the terms of the prayer of the memorial, including a selected number of the members of our Committee, to whom ample powers have been given to investigate and report upon the laws and offices of health, the registration of births, deaths, and disease, and cognate subjects. The inquiry will be one of high national importance; and to have obtained it is to have rendered a national and professional service, of which our Association may be proud, and for which thanks are due to many, and especially, we think, to those whose names we have recited.

The movement initiated by our Birmingham and Midland Counties Branch, upon the impulse of Dr. Heslop, to obtain an increased remuneration for medical services to sick-clubs, was one of material importance to a large and important body of practitioners. It has not been uniformly successful, but it has had a very great and wide-spread effect. Here and there it has been marred by a want of unanimity; and in some places the clubs have succeeded in "importing" a stranger, who has consented to be used as a means of defeating the claims of his brethren to adequate remuneration. But the rate has risen over large districts, and will continue to rise; and the good effect has spread beyond the bounds of the Association.

The resolutions of the Dublin meeting of 1867, adopting the report of the Committee of Council in favour of a direct representation of the profession in the General Medical Council, were acted upon in an impressive manner by the Committee of Council. A deputation, headed by Dr. Sibson, the President of Council, and Dr. Waters of Chester, President of the Committee, laid before the Council the grounds upon which the Association urges the right of the profession, who contribute the whole funds which maintain the Council, to a direct representation in it. Dr. Andrew Wood ably supported the arguments addressed to the Council, but its members were indisposed to accept these views, and seemed to be pretty generally of opinion that, as long as the corporations and the Government were represented, professional interests would be safe in their hands. This resistance has only served to cause the matter to be more strongly debated; and the Committee was reappointed, with the addition of Dr. Heslop, Mr. Gamgee, and Dr. Davey. They have since drawn up a document forcibly expressing the claims of the profession; and this has received, quite recently, endorsement from a number of the Branches. No Medical Amendment Bill can now be brought forward without this subject being carefully discussed; and, by refusing to consider it, the Medical Council has but compelled the profession to a direct resort to the Home Secretary. This course the Association will not fail to adopt. We published, in the middle of the year, a complete analysis of the expenditure of the Council, which has attracted the attention and public comment of Mr. Lowe and Mr. Bruce, two members of the present Cabinet. Lord Lyttelton's remarks we publish to-day in another column.

The most valuable work which the Medical Council is doing is in the improvement of medical education; but here, after the labour of years, it has still left things in a very unsatisfactory and unsettled state. Examinations are unequal; corporations and titles are numerous and bewildering. The requirements of medical education are unsettled; and the best modes of acquiring it are only beginning to be investigated, after the metropolitan teachers had taken the matter in hand, and voluntarily formed an Association for the purpose. The work of this Association and of the Committee on Education of the Medical Council will be mutually helpful. Our readers are aware how much importance we attach to the memorandum of the Association, as laying down true principles of education. For this it is largely indebted to Mr. Simon.

The efforts of our associates are constantly directed towards the elucidation of medical science and the improvement of practice, the amelioration of the health and the advancement of the physical welfare of the people. In this respect, the last year has been one of remarkable activity. It would be hard to find any collection of medical writing so full of original value, and adorned by so many eminent names, as the volume now closed of the Journal of the Association. It will be a pleasant memory for our readers, and a just tribute to our contributors, that we should recal some; and we must be permitted to signalise the papers and lectures of Sir Thomas Watson, Dr. Stokes, Dr. Acland, Sir Dominic Corrigan, Sir James Simpson, Drs. Laycock, Symonds, Rolleston, Gull, Hughes Bennett, Haughton, Rumsey, Bence Jones, Wilson Fox, John Harley, Sieveking, Wilks, Fleming, Ogston, Herapath, Fuller, Andrew Clark, Von Luschka, George Johnson, Grimshaw (Dublin), Gairdner (Glasgow), Murchison, Shapter, Copeman, Simpson (Manchester), Wardell, Handfield Jones, Foster, Nelson (Birmingham), Fox (Bristol), Bastian, Cheadle, Murray (Newcastle), Hall (Sheffield), Aquilla Smith (Dublin), Payne Cotton, Hyde Salter, Tuckwell (Oxford), Russell Reynolds, and Bullar (Southampton). Amongst surgeons, we must recal the papers and lectures of Syme, Paget, Lister, Le Gros Clark; Butcher, Collis, Tufnell, William Stokes (Dublin); Watson, Annandale, Bell (Edinburgh); Buchanan and Eben Watson (Glasgow); Coote, Birkett, Bryant, James Lane, Berkeley Hill, Holmes, Hutchinson, Spencer Wells, Heath, Thomas Smith, Erichsen, Henry Lee, Humphry (Cambridge), Cadge (Norwich), Nunneley and Wheelhouse (Leeds), Southam (Manchester); Solomon, Gamgee, and Langston Parker (Birmingham); Prichard (Bristol), May (Reading), and many others. Among obstetric writers are Fleetwood Churchill, Hall Davis, Barnes, Radford, Graily Hewitt, Dyce (Aberdeen), Marion Sims, Swayne (Bristol), Protheroe Smith, Steele (Liverpool), Brodie, and others. In this hasty list, we make, of necessity, very numerous omissions. This Journal now offers to professional writers not only the largest, but in all respects the most influential and important, body of medical readers that can be addressed; and the increasing pressure of valuable matter has made the duty of selection a very onerous one during the past year. It can hardly be less so during the ensuing year; and we may take this opportunity of appealing to the indulgence of our contributors in respect to unavoidable delays, when such occur; while we may venture to point out how much the interests of both writers and readers are consulted by the utmost conciseness of which the nature of the case will admit. The departments for brief memoranda, therapeutic, clinical, and obstetric, are, we are glad to find, much appreciated; and we shall be glad to find them constantly supplied.

In aid of the immediate objects of the Association, we have carried on in the JOURNAL the investigation of medico-social abuses, such as those of baby-farming, adulterations of food and medicine, the management of workhouse infirmaries and of metropolitan hospitals, and other subjects. In the three former subjects, public and parliamentary acknowledgment has been made of the value of these investigations. The management of hospitals is a deeply interesting question, to which we shall continue to direct careful attention, and in which our labours have already produced a marked impression.

Anxious to aid the public services, we have had the satisfaction of bringing about a reform of the system of nursing at the Herbert Hospital, which will, we believe, be extended to others; and of stimulating the army authorities to a sense of the importance of listening to medical representations as to the improvement of the soldier's pack. A correspondence in this JOURNAL was followed by the formation of the Volunteer Medical Officers' Association.

The series of scientific articles which we have presented have been so much appreciated, that we are considering the propriety of republishing them, especially the able articles furnished to our pages by an eminent authority on Electro-Therapeutics. Dr. Harley's, Dr. Wilson Fox's, and Dr. Bence Jones's lectures, printed in our pages, have been separately republished; and so also, in great part, Mr. Berkeley Hill's valuable illustrations of the working of the Contagious Diseases Act.

We had the satisfaction of first calling the attention of the profession to the value of the protoxide of nitrogen as an anæsthetic agent; and, through the influence of our reports, its use has been generalised, in spite of a singularly unhappy opposition.

The growth of the Association during the last year has exceeded seven hundred—by far the largest number of new members who have ever joined in one year. We trust the next year may be at least as prosperous. We have made an effort to amply represent Irish, as well as English and Scottish interests, in the JOURNAL. The interests of the profession in the three kingdoms are indissolubly united. The cultivation of free intercourse on scientific, ethical, and therapeutic subjects, can but be mutually useful and agreeable. It has been our pleasure to see the ablest pens in the three kingdoms constantly engaged during the year in elucidating medical, social, and therapeutic problems in these columns; and we shall endeavour to continue to render them, in every way that can be suggested to us, useful to all the members of the Association, to all the branches of the profession, and to all the localities of these islands.

MORTALITY FROM SCURVY.

THE *Australian and New Zealand Gazette* of Saturday last states that the captain of a vessel, named the *Dayspring*, has been committed for trial on a charge of manslaughter, arising out of carelessness he is alleged to have evinced in regard to the lives and health of his passengers and crew during a voyage from Hong Kong to Melbourne. The vessel, a barque, had cleared out from the former port on May 20th, with ninety-nine Chinese and two European passengers on board. Between that date and September 5th, twenty-one Chinamen had died of scurvy and been thrown overboard.

THE SIAMESE TWINS.

THE two brothers who have recently arrived in Europe, with a view to taking the opinion of eminent surgeons as to the probable success of any operation which could be performed with a view to their detachment one from the other, have, in the first instance, consulted Professor Syme of Edinburgh. Professor Syme informs us that he finds there is distinctly a communication between the two trunks, and is of opinion that separation would be almost certainly fatal to both of the twins. Sir James Simpson has arrived at a similar opinion.

DEATH IN A POLICE CELL.

THE particulars of the case in which a poor woman, who had been immersed in the water and half drowned, was thrust half naked into a police-cell, and left there to die untended, are of a peculiarly scandalous and inhuman character. The Police Order is that, in any case of illness or danger, the divisional surgeon is to be sent for immediately, or, if he be inaccessible, then, to prevent delay or injury, the nearest qualified medical man. This order is too often disregarded by the police; and this case is one in point. There is no reason why this woman's life should not have been saved; and the neglect of duty seems to us to come very near to manslaughter.

BARON LIEBIG "ON A NEW METHOD OF BREAD-MAKING."

BARON LIEBIG has just made some important researches on a New Method of Bread-Making. He remarks on the stationary character of this art, which remains to the present day much in the state in which it was thousands of years ago. He dwells upon the sanitary importance of the mineral constituents of grain, and the necessity of a sufficiently abundant supply of them in bread. These are best found in certain kinds of black and brown bread, which are, therefore, more wholesome than the white bread that is nevertheless preferred by most people (especially by the lower orders) on account of its better appearance and superior palatableness. The problem has hence arisen, how to provide a beautiful white bread which shall contain all the essential mineral constituents of black bread. These mineral constituents (phosphate of potash, lime, magnesia, and iron) are introduced into the bread by the use of the baking powder invented by Professor Horsford, of Cambridge, in North America. This baking powder consists of two powders—the one acid, the other alkaline. The acid powder is phosphoric acid in combination with lime and magnesia; the alkaline powder is bicarbonate of soda. Two measures made of tinned iron, the larger one for the acid powder and the smaller one for the alkali, are employed. When bread is required to be made, every pound of flour is mixed with a measure of the acid powder and a measure of the alkali powder, and sufficient water added to make dough, which is presently made into loaves and baked. In one and a half to two hours bread may be made by this process. The chemical change which takes place will be easily intelligible; carbonic acid is generated and phosphate of the alkali is formed at the same time. The essential feature in Horsford's invention is the economical getting of phosphoric acid in the shape of a dry white powder. This is done by taking bones, burning them, and then treating the well-burnt bone-earth (which consists of phosphate of lime and magnesia) with a certain quantity of sulphuric acid so as to remove two-thirds of the lime and leave a soluble superphosphate of lime. The sulphate of lime which results from the action of the sulphuric acid is separated from the rest by filtration and the solution subsequently concentrated by evaporation, and when it becomes very concentrated mixed with a certain quantity of flour and dried up. The mixture of flour with the superphosphate admits of being reduced to the finest powder, and constitutes the acid powder just referred to. It will be observed that the alkali-powder contains soda, whereas potash is required in order to furnish the right kind of mineral salts. Liebig proposes to rectify this defect by using a certain quantity of chloride of potassium along with the alkali. Chloride of potassium is now tolerably cheap, owing to the finding of immense quantities of it at Strassfurt. Baron Liebig, in order, as he says, to avoid being bothered, has appointed Herr Zimmer, of Mannheim, and Herr Marquart, of Bonn, his agents for his new baking powder, and those interested may, if they like, get it from them.

THE SOLDIER'S KNAPSACK.

THE Pack Committee, consisting of Generals Eyre, Rumsey, and Horsford, and Drs. Logan and Parkes, have now made their fourth report to the Secretary for War. During the last five years, they have been unremitting in their endeavours to determine upon a form of accoutrement which should do the least possible damage to the heart and lungs of the infantry soldier, and should also meet the necessary military requirements. After persevering, extensive, and lengthened trials of every conceivable form, they now once more report that the principle of the "brace system" will entirely remove the evils now complained of. They, therefore, express the hope that it will be considered the time has now arrived for coming to a final decision on this important question; more especially as it appears that several regiments require to be supplied with the least possible delay with fresh equipment. The military authorities have shown great interest in this matter; and it may be hoped that the foot soldier will soon be relieved.

THE ROYAL FREE HOSPITAL.

THE authorities of the Royal Free Hospital have, we are glad to find, undertaken energetic economical and administrative reforms, such as our recent report indicated to be imperatively necessary. Mr. Owen has publicly acknowledged the justice of many of the strictures, which he endeavoured to show to be unfounded. We earnestly hope that the reforms now prosecuted may not have come too late. The available number of beds is now reduced to thirty. We regret to see recriminatory letters in the daily press from Mr. Marsden, throwing the blame of bad management upon all but himself. Such intestine warfare must prove dangerous to the hospital, especially in its present critical condition. We earnestly advise the Board to take the medical staff into their counsels, and to effect such a reorganisation as shall restore to this institution the confidence of the public and the profession.

PATHOLOGICAL SOCIETY OF LONDON.

THE following Officers and Council are proposed for election for the year 1869. *President*—R. Quain, M.D. *Vice-Presidents*—J. S. Bristowe, M.D.; T. B. Peacock, M.D.; F. Sibson, M.D., F.R.S.; S. Wilks, M.D.; W. Adams, Esq.; T. Holmes, Esq.; J. Simon, Esq., D.C.L., F.R.S.; Sir H. Thompson. *Treasurer*—C. Murchison, M.D., F.R.S. *Council*—J. Andrew, M.D.; F. E. Anstie, M.D.; H. Charlton Bastian, M.D., F.R.S.; T. Buzzard, M.D.; Wilson Fox, M.D.; E. H. Greenhow, M.D.; W. Marcet, M.D., F.R.S.; W. Moxon, M.D.; J. R. Reynolds, M.D.; H. Weber, M.D.; H. Bullock, Esq.; G. W. Callender, Esq.; J. Lockhart Clarke, Esq., F.R.S.; Campbell De Morgan, Esq., F.R.S.; A. E. Durham, Esq.; Ernest Hart, Esq.; J. Hinton, Esq.; C. F. Maunder, Esq.; Thomas Smith, Esq.; J. W. Trotter, Esq. *Honorary Secretaries*—W. H. Dickinson, M.D.; J. W. Hulke, Esq., F.R.S. The following eminent foreigners are proposed for election as Honorary Members: Claude Bernard, M.D., Professor of Physiology in the Faculty of Medicine, Paris; Theodor Billroth, M.D., Professor of Surgery in the University of Vienna; Ernst Bruecke, M.D., Professor of Physiology in the University of Vienna; H. Helmholtz, M.D., Professor of Physiology in the University of Heidelberg; P. C. A. Louis, M.D., Honorary Physician to the Hôtel-Dieu, Paris; C. Ludwig, M.D., Professor of Physiology in the University of Leipzic; Rudolf Virchow, M.D., Professor of Pathological Anatomy in the University of Berlin. The Council intend to propose, at the General Meeting on January 5th, the following alterations in the bye-laws. "XIV. Every non-resident member shall pay a life subscription of two guineas, and shall be entitled to purchase the *Transactions* at cost price. XIX. Resident members may pay a composition fee of fifteen guineas in lieu of their admission fee and annual subscriptions."

CHRISTMAS-DAY IN THE LONDON HOSPITALS.

CHRISTMAS-DAY dawned more brightly in the wards of the hospitals of the metropolis than, we believe, it has ever previously done. We have several times advocated a more cheerful day than it has hitherto been the custom to allow the patients; and, a fortnight ago, we noticed the unusually liberal preparations going on in the wards for the great holiday of the year. Many hospitals, which had before looked coldly on good cheer, we are happy to see, now bid fair, ere long, to join the party of gaiety. The wards of all the hospitals were this year more or less decorated with flowers, natural and artificial; with evergreens, and scrolls bearing appropriate inscriptions. A keen interest was shown in this work by the sisters and nurses, and by their patients, one ward emulating the other in the taste and profusion of the decorations. Some hospitals were unusually well decorated, more especially the wards of King's College, St. Mary's, and Middlesex Hospitals. On Christmas morning, chapel-service was conducted in all the hospitals; and in several an opportunity was afforded those patients who felt disposed to attend also in the evening. The Christmas dinner of roast beef and plum-pudding followed about one o'clock, to which were added little luxuries, as oranges and raisins, sent by friends of the hospital, or subscribed for by the resident medical staff or pupils, as at Guy's Hospital, where £10 were raised by voluntary contributions. But we must not forget another luxury, of far greater importance in the eyes of the male patients of Guy's Hospital than trifling oranges and raisins—we mean the pipe; for on Christmas-day, and only on Christmas-day, the men were allowed to smoke in the wards. In the evening, tea and light cakes were also supplied in several of the hospitals. The Christmas-trees, which were to be found in all the children's wards and in many others, loaded with useful gifts and *bonbons* from charitable friends, were then lit up, and their tortured branches soon relieved of their burdens. Christmas carols were then sung until a late hour. Such was, more or less, Christmas-day in our great London hospitals; but, of course, some of the smaller special hospitals had made arrangements beyond the reach of their larger brothers; and, of these, none shone forth so resplendently as the East London Children's Hospital, "The Small Star in the East," where over one hundred children, the old and present in-patients of the hospital, collected from the dens of Ratcliffe and Stepney, were invited, on the condition of perfect cleanliness, to spend their Christmas-eve. The tea and cake, spread *ad libitum* on tables in the out-patient rooms, which were almost smothered in flags and evergreens; the Punch and Judy, sent by a kindly disciple of that ancient drama; and the magic lantern,—afforded a fund of amusement to the little patients. The handsome Christmas-tree, heavily laden with appropriate gifts for every one; the little choral party, drilled with a wonderful success by the kind lady of the hospital; and the romp and dance to the music of the recognised hospital organ-grinder in the neighbouring room,—were crowned by the parting gift of fruit and cake, and, kindest of all, an article of warm clothing.

THE MEDICAL DEPARTMENT OF THE INDIAN ARMY.

AMONG the rumours in official quarters regarding the changes likely to take place in the Medical Department during the ensuing year, or on the retirement of the present Inspector-General of Hospitals, is one that, in case the proposal for abolishing the office of the Inspector-General of Hospitals of the North-Western Provinces, and of retaining only one Inspector-Generalship, is carried out, the duties attached to that post will be considerably reduced and lightened. It is reported that the supervision and control of the gaol hospital will be transferred to the several local Governments, and that in that case a separate Secretariat will be formed under those Governments. It is also said that the number of Deputy Inspectors-General of Hospitals is to be reduced; and that the Secretaries to the local Governments in the Medical Departments are to be selected from the Deputy Inspectors-General. The regimental hospitals of the native army, and all the Government charitable dispensaries, will remain, as heretofore, under the Inspector-General of Hospitals of the Indian Medical Service.

POISONED WATER.

AN extraordinary account of the use of poisoned water is given in the *Birmingham Gazette.* A large number of men, women, and children, were assembled in Wolverhampton, in connection with the close of some revival services, which was to be celebrated by a tea meeting. On taking the tea, a most unpleasant taste was discovered by the drinkers, and great excitement was caused; the idea being that some one had poisoned the water with which the tea was made. It was thought that some one had put into the water a lump of green copperas. But there appears to be another source of contamination, which may perhaps more satisfactorily account for the occurrence. Immediately adjoining the hall where the meeting took place are some extensive works for galvanising iron, in which a large quantity of vitriol is used, and the infusion flows away over the ground; and, as the water used for making the tea was drawn from a well in the locality, it seems not at all improbable that some of the diluted vitriol had found its way into the well; and so poisoned the water. It would be desirable, we think, if the local authority were to make inquiry into this matter; and, if the well referred to is a public well, to take steps under sec. 8 of the 23rd and 24th Vic., c. 77, for preventing the fouling of the water.

ATROPHY AND DEBILITY.

THE Medical Officer of Health for Marylebone, in his annual report, points out that, in the class of developmental diseases, those which are included under the terms "atrophy and debility" merit a passing remark.

> "To me these terms are always suggestive of infant suffering and gross parental neglect. Two hundred and fourteen infants died during the year from what we are to understand as some defective or abnormal state of the nutritive functions, and which, perhaps, is well expressed by the term 'atrophy'; but which, if each particular case were fairly and fully investigated would, I fear, in many instances, be found to have been caused by insufficient nutriment—in fact, gradual starvation. The revelations made to us in the articles on Baby-Farming, which appeared recently in the BRITISH MEDICAL JOURNAL, fully confirm the impressions which I have long entertained—that a vast amount of infant life in this metropolis is, to use the mildest term, wantonly sacrificed."

ROYAL COMMISSION ON PUBLIC MEDICINE.

ONE of the most memorable events in the parliamentary and social history of the year which has just closed, is the appointment of the Royal Commission of Inquiry into the subjects included under the phrase State or Public Medicine. The importance consists, not so much in what it secures, as in the recognition of duty, and the promise of eventual amendment, which are implied in it. It is the first public acknowledgment by the Government of the propriety of ascertaining whether the laws relating to the public health—in framing which the legislature has expended so much time and anxious thought during the last twenty years—are obeyed, evaded, or treated with silent contempt; the first hopeful sign of a wish—may we venture to say an intention?—to exchange present complexity and chaos for simplicity and order. When the Commission, by the examination of well-informed witnesses, the issuing of schedules, and the employment of competent assistant commissioners to conduct local inquiries, shall have ascertained and made known a state of things, both in country districts and in towns, as little dreamed of by the many as was the sanitary condition of towns and of the labouring population revealed by the inquiries of 1842 and 1843, we shall have in our hands a mass of authentic evidence which will enable our earnest reformer to judge for himself of the adequacy of the recommendations of the Commission, and of the legislative measures based upon them. For all this present and prospective good, we are indebted to the energetic and judicious action of the Joint-Committee of the British Medical and Social Science Associations, and specially to the unwearied efforts of Dr. Acland and Dr. Rumsey. The recent proceedings of this influential body have been such as fully to justify the confidence hitherto reposed in them. Few are probably aware that, up to a very recent date, the leaning of official men was decidedly towards a piecemeal inquiry, which should embrace only a portion of the United Kingdom. The possibility of so fatal a restriction of the scope of the inquiry was viewed with great apprehension from an early period by the Committee, which exerted its utmost influence to prevent it, and their efforts were at length crowned with success. Finding, at their meeting in October at Birmingham, that this most important question was still undecided, they entrusted to Dr. Acland, for transmission to the Home Secretary, a resolution which was proposed by Dr. Gairdner, seconded by Dr. Mapother, and carried unanimously, in favour of a general inquiry, and were gratified to learn a few days thereafter that the Government had at length resolved to grant their request. We are happy to learn that the appointment of the Commission has not led the Committee to relax their watchfulness. They are now, in accordance with a resolution adopted at their last meeting held a fortnight ago, preparing schedules, which will be submitted for the consideration of the Royal Commission. That body is expected to hold its first meeting in about a fortnight. In the absence of any trustworthy information as to the probable successors of Lord Northbrook, Mr. Austin Bruce, and Mr. Ayrton, we can only express our earnest hope, in which we feel sure all our readers will heartily concur, that there is truth in the rumour that Lord Salisbury's objections to serve have been overcome, and that the country will have the benefit of his rare abilities in conducting, as its chairman, the business of this national Commission.

THE PREVENTION OF CONTAGIOUS DISEASE.

MR. JOSEPH BANCROFT, Resident Medical Officer of the Brisbane Hospital, writes to us:

> "It may be of interest to the profession to know that there has been passed in Queensland a measure called 'An Act for the Prevention of Contagious Diseases.' In Brisbane, prostitutes are now under the eye of the police; and for the past three months their diseases have been treated in a building adjoining the hospital. The severity of the venereal cases among the soldiers stationed here is said to be on the decrease. For the women themselves, it is a great boon to be so taken care of, and many are very thankful."

HARVEIAN SOCIETY OF LONDON.

THE following is a list of the names of Gentlemen proposed by the Council, as Officers of the Society for the year 1869.—*President*—E. H. Greenhow, M.D. *Vice-Presidents*—F. Cock, M.D.; E. S. Haviland, M.D.; J. Z. Laurence, Esq.; H. G. Times, Esq. *Treasurer*—H. W. Fuller, M.D. *Hon. Secretaries*—J. B. Curgenven, Esq.; W. Hickman, M.B. *Council*—H. F. Bate, M.D.; W. Tilbury Fox, M.D.; R. Greenhalgh, M.D.; M. Berkeley Hill, Esq.; J. H. Jephson, M.D.; R. S. Jeffs, Esq.; N. B. C. Lee, Esq.; D. Menzies, M.R.C.P.; E. Metcalf, Esq.; H. Gueneau de Mussy, M.D.; J. Rushforth, Esq.; R. S. Sisson, M.D. The Election will take place at the Society's Rooms, on Thursday, January 7th, 1869, at Eight o'clock P.M., when the annual *conversazione* will be held, and the retiring President will deliver an address.

THE MIDLAND MEDICAL SOCIETY.

WE regret to hear that the proposed amalgamation of the Midland Medical Society with the Birmingham and Midland Counties Branch of this Association will not be carried out. It was thought by many, who are members of both societies, that time and expense would be saved by having only one society, and that it would be an advantage to the medical profession in the district to concentrate the scientific and practical work. Moreover, it was hoped that the money saved might be turned to a better account, in the establishment of a medical library and reading-room. We trust that this may still be carried out, as the necessity for a medical library must be very great in Birmingham and the surrounding district. We learn that it is proposed to lower the subscription of the Midland Medical Society from a guinea to five shillings per annum; to change its name to the Midland Clinical and Pathological Society; and to hold its meetings in the Queen's College. While there is no doubt the new Society will do much good work, we still think it would have been better if organised as a section of the Birmingham and Midland Counties Branch.

AFRICAN "LETHARGUS", OR "SLEEPING SICKNESS".

DR. A. A. GORE, Staff-Surgeon, West Coast of Africa, has published an interesting case of this anomalous affection. He attributes the somnolency and other symptoms to organic change in the brain-substance.

MICRO-CHEMISTRY: METALS IN DRINKING-WATER.

THE new number of the *Philosophical Magazine* contains an announcement of a new method of measuring minute traces of lead and other metals in drinking-water. It is capable of measuring units of metal in 100,000,000 parts of water, and is the work of Professor Wanklyn and Mr. Chapman.

GAS EXAMINERSHIP.

THE competition for the Gas Examinership of the City of London, to which we have already referred, has been reopened, and the salary raised to £500, with the avowed object of bringing forward new candidates, whereby, we think, a great injustice was done to Dr. Gibbon, who had been selected by a majority of the Gas Committee. Some able candidates have been brought into the field, including Professor Redwood; Dr. Paul, F.C.S.; and Dr. Whitmore, Medical Officer of Health and Chemical Examiner of Gas for the parish of St. Marylebone. Dr. Whitmore has for five years made daily examinations, and monthly tabular returns, of the illuminating power, pressure, and quality of the coal-gas supplied in this great parish, and has shown great efficiency in the duties, of which he is a thorough master, and of which he has long practical experience.

OBSTETRICAL SOCIETY OF LONDON.

THE meeting for the election of officers for 1869 will be held on Wednesday, January 6th, at 8 P.M. The following is the list recommended by the Council:—*Honorary President*—Sir C. Locock, Bart., M.D. *President*—Graily Hewitt, M.D. *Vice-Presidents*—J. C. Langmore, M.B., F.R.C.S.; W. Leishman, M.D., Glasgow; W. O. Priestley, M.D.; E. J. Tilt, M.D.; T. Spencer Wells, F.R.C.S.; J. Whitehead, M.D., Manchester. *Treasurer*—A. Meadows, M.D. *Honorary Secretaries*—G. C. P. Murray, M.D.; H. Gervis, M.D. *Honorary Librarian*—W. Playfair, M.D. *Honorary Members of Council*—W. Tyler Smith, M.D.; H. Oldham, M.D.; R. Barnes, M.D.; J. Hall Davis, M.D. *Other Members of Council*—W. Braithwaite, M.D., Leeds; J. M. Burton, F.R.C.S.; John Clay, M.R.C.S., Birmingham; E. Copeman, M.D., Norwich; F. C. Cory, M.D.; L. T. Cumberbatch, M.D.; R. Ellis, M.R.C.S.; R. Greenhalgh, M.D.; F. S. Haden, F.R.C.S.; J. Braxton Hicks, M.D., F.R.S.; C. Holman, M.D., Reigate; Jonathan Hutchinson, F.R.C.S.; T. W. Nunn, F.R.C.S.; E. Parson, M.D.; D. Lloyd Roberts, M.D., Manchester; John Scott, F.R.C.S.; W. J. Smith, M.D., Weymouth; C. Taylor, M.D.

COMPULSORY VACCINATION.

NO fact is better established than that careful and complete vaccination is an effectual prophylactic against small-pox. Compulsory vaccination is a boon to the individual, no less than a duty to the state. Northampton, one of the places where anti-vaccinators circulate their pestiferous nonsense, is one of the towns where vaccination has been most neglected by the people, and where mortality and sickness from small-pox are proportionally high. We see with pleasure that the Guardians have been moved to do their duty by enforcing the law. The magistrates shewed a dangerous and cruel tendency to leniency; but the Act was enforced in a number of cases. It is only by a rigid enforcement of vaccination that the health of the people can be protected, and small-pox reduced to its smallest proportions, and ultimately exterminated.

THE Medical Report of the Plymouth Public Dispensary, by Dr. A. Hingston, describes a decrease in zymotic, or preventable, diseases, during the last four years, from 32.86 per cent. to 14.37 per cent.

SCOTLAND.

THE annual Aberdeen medical students' supper—an institution of no little importance, and by no means devoid of a history of its own—came off on Wednesday evening of last week, at Macdonald's Hotel, Market Street. The honoured student elected as chairman this year was Mr. G. Morrison, who, with Messrs. Crole and Walker, secured in great measure the unprecedented success of the meeting.

THE ABERDEEN MEDICAL STUDENTS AND THE VACANCY IN THE INFIRMARY.

THE following petition has been signed by all the students resident in town, with scarcely a single exception.

"*Unto the Managers of the Royal Infirmary of Aberdeen.*—We, the undersigned students of the University of Aberdeen, understanding that Dr. Beveridge is an applicant for the vacant physicianship in the Infirmary, having frequently come in contact with him while pathologist there, and highly appreciating his lectures and demonstrations on morbid anatomy, as well as the amiable and friendly manner in which he communicated his information, and also considering his long connexion with the institution, and the status he holds as a teacher and physician among his professional brethren, do hereby petition you in favour of his election to the vacant office."

THE CHAIR OF CHEMISTRY IN THE UNIVERSITY OF EDINBURGH.

FOR the vacant Chair of Chemistry in the University of Edinburgh, Dr. Anderson of Glasgow, Drs. Crum Brown and Macadam of Edinburgh, and Mr. Perkin of London, are spoken of as candidates. It is thought that Dr. Anderson's claims will preponderate.

THE NEW ROYAL INFIRMARY, EDINBURGH.

THIS subject is still engaging the attention of the public and profession in Edinburgh. Letter after letter appears in the daily papers, and every society which can legitimately do so is warmly taking up the matter. At the Architectural Institute of Scotland, on December 23, Mr. James Gowan read a paper, in which he suggested the extension of the present site, and advocated the raising of the level, and the building of the new infirmary on this artificial platform. On Dec. 24th, the discussion on Dr. Andrew Wood's paper, which was adjourned on the previous Wednesday, was resumed. The majority of the speakers were in favour of removing the infirmary to the grounds of Watson's Hospital, and building upon them a complete medical and surgical hospital. Mr. Syme stated that the governors had power and were willing to sell that property at a reasonable price. He also read a document, signed by seven out of the eight surgeons connected with the infirmary, giving it as their opinion that "the accommodation at present afforded for the treatment of surgical cases is not satisfactory or creditable to the hospital."

GLASGOW MEDICAL MISSIONARY SOCIETY.

THE first annual meeting of this society was held last week, Dr. Andrew Anderson presiding. The directors' report stated that during the past year a dispensary has been commenced, in which advice and medicine are given gratis, and in connection therewith religious services have been conducted.

IRELAND.

CONCERT FOR SIR PATRICK DUN'S HOSPITAL.

ON the 22nd December, this concert, which we have previously noticed, was held in the Exhibition Palace, with great success in every respect. The music consisted of Mrs. Joseph Robinson's new cantata "God is Love", together with other sacred music of a miscellaneous character; it was well got up, well performed; and as the conductor was Mr. Joseph Robinson himself, the new cantata was rendered according to the intention of the talented composer. The words of this composition (or, to speak technically, "the *libretto*") are selected from Keble, Heber, Bonar, Schenck, Monsell, Bakewall, and Waller; and the music is believed, by adequate judges, to be a full adaptation of sound to sense. The second part of the concert consisted of selections from Farrant, Haydn, and others. Dr. Robert Prescott Stewart presided at the organ; and the receipts for the charity are believed to be considerable.

EDUCATION OF IMBECILE CHILDREN.

THE Committee of the Institution for the Protection, Training, and Education of Idiotic and Imbecile Children, recently established in the vicinity of Dublin, are making vigorous preparations for the opening of this most useful institution in April next. Some time ago, Dr. Henry Stewart, of Lucan, made a munificent offer, which was accepted, to hand over to the Committee for their purposes his asylum, and his interest therein; the value of the gift being estimated at £5000. By the close of March it is hoped that pupils may be received, and already, the subcommittee have selected for the onerous post of resident Medical Superintendent, Dr. Frederick Pinn, Licentiate of the King and Queen's College of Physicians. Previously to entering on his duties, it is understood that Dr. Pinn will spend a short time at Earlswood. It is proposed to have three classes of pupils in this institution: 1. Free pupils to be chosen by the subscribers; 2, pupils able to pay the cost of their care and maintenance; and 3, pupils whose friends are willing to pay for separate accommodation and special attendance. The first election will be held in March. The Committee desire increased support; and we are happy to announce that Mrs. Joseph Robinson has kindly consented to have her cantata, recently performed for the benefit of Sir Patrick Dun's Hospital, repeated at the end of February for the benefit of this institution. She has already placed the music for the orchestra and chorus at the disposal of the Committee.

THE COLLEGE OF PHYSICIANS OF IRELAND.

AT a recent meeting of the College of Physicians, Sir Dominic Corrigan drew attention to the fact that, in a document advertised in various Dublin papers, and in our own JOURNAL, relating to his candidature for the City of Dublin, the signature of the President of the College and many of its Fellows was associated "with the names of persons under reprobation and censure of the College for unworthy professional conduct—not qualified as physicians or surgeons—not registered—with falsely assumed titles; and that this was a proceeding not calculated to maintain the dignity of the College, and the position the College should uphold before the profession and the public." Dr. Beatty moved, by way of amendment, "That the declaration alluded to in Sir D. Corrigan's motion was not a collegiate act, but one in which members of this College and of other medical bodies took part in their individual capacities; that it in no way affected the position and dignity of this College; that this College has no power to interfere with the right of its Fellows to express their political opinions in any lawful manner outside the walls of the College." The amendment was carried.

BEQUESTS.—Mr. John Bairstow has bequeathed £20,000 to the Preston and Lancashire Royal Infirmary; £5,000 to the Northern Counties Asylum for Idiots; £5,000 to the Deaf and Dumb Asylum, Manchester; and £500 to the Medical Benevolent College, and large sums to other charitable instittuions. Mr. John Clark, of Mile End, has bequeathed £10,000 to the Glasgow Royal Infirmary on the death of his widow.

EAST LONDON HOSPITAL FOR CHILDREN.—On December 29th, an amputation at the hip-joint for medullary cancer of the lower third of the femur, was performed by Mr. Heckford. The patient is progressing favourably. The use of the abdominal tourniquet proved most satisfactory, not more than three ounces of blood being lost during the operation.

THE affairs of the British Lying-in Hospital do not appear to be proceeding with complete harmony. On December 30th, Dr. James Edmunds, who had been appointed Physician to the Hospital, summoned Dr. Beck for a violent assault. The magistrate declined to go into the cause of quarrel and fined the defendant £5, and ordered him to give security for the peace for six months.

THE ROYAL COLLEGE OF PHYSICIANS, LONDON.

WE are enabled to state that the Lumleian Lectures for 1869 will be delivered by Dr. Barker; the Croonian Lectures by Dr. J. W. Ogle; the Gulstonian Lectures by Dr. Hughlings Jackson. The Harveian Orator for the year will be Dr. Owen Rees.

THE CLIMATAL CHARACTERS OF HEALTH RESORTS.

WE have to thank Dr. Harris, Worthing, Dr. Mackenzie, Sidmouth, Dr. Spencer Thomson, Torquay, Dr. Barter, Bath, for promises to contribute regularly to the comparative weekly returns which we propose at once to institute showing the temperature, wind, rainfall, etc., of each of the stations to which our profession are accustomed to advise patients to resort. We should like to have reports from Bournemouth, Hastings, Ventnor, Tunbridge Wells, Bute, and other popular places. Dr. Treutler, of Kew, will kindly assist in collating them. Such a comparative weekly return will have great professional interest, and a permanent scientific value.

THE PROPOSED AMALGAMATION OF THE METROPOLITAN MEDICAL SOCIETIES.

WE have reason to believe that the Committee of the Royal Medico-Chirurgical Society has nearly completed its appointed task of drawing up a scheme which may provide the basis for such an amalgamation upon a footing likely to be acceptable to the societies, as it will certainly be eminently desirable and serviceable to the general interests of the profession. This scheme, which will be presented at an early date to the Council of the Society, is of a liberal character, and offers to share with all the societies advantages which the Medico-Chirurgical Society has slowly acquired by accumulation of years and income, and will not interfere with the independence and autonomy of the various sections which it is proposed should constitute the Royal Academy of Medicine, which should replace the existing scattered organisations.

THE RIGHTS OF MEDICAL PRACTITIONERS TO DISPENSE POISONS.

WE gave last week the substance of the opinion of Counsel as taken by the Executive Committee of the General Medical Council on the questions raised as to the probable interference of the Pharmacy Act with the rights of medical practitioners. The following is the text.

Opinion.—1. Though the Act is so drawn as to make it impossible to advise upon this question with perfect confidence, I am, upon the whole, of opinion that the Act would be held in no way to interfere with the pre-existing privileges of persons duly registered, or entitled to be registered, under the Medical Act of 1868. In construing the Act of 1688, I think that a court, having regard to the recitals in the preamble, and to the whole scope of the enactments, would come to the conclusion that its operation is confined to persons dealing in poisons, for whose competency provision was not already made by the Medical Act. 2. If any registered medical practitioner should wish to be struck off the Register in order to be registered under the new Act, I am of opinion that the Medical Council have power to strike him off. But I think it would be right to inform any person applying to be struck off, that he would thereby lose all the privileges of the Act of 1858, and that his rights would in future depend wholly upon the Acts relating to chemists and druggists, including the Act of 1868.

Temple, Dec. 14th, 1868. G. DENMAN,

VOLUNTEER MEDICAL SERVICE: THE CONVEYANCE OF THE WOUNDED.

PROFESSOR LONGMORE has furnished to the last volume of the *Army Medical Reports*, a very careful and valuable series of rules for carrying disabled persons on stretchers, with the appropriate epigraph from Percy, that to move a wounded man, and to place and carry him on a stretcher, requires a certain skill and training. Some separate copies of this paper have been kindly placed at our disposal; and we shall be happy to put them in the hands of volunteer surgeons. There are always some field accidents on occasions of large volunteer reviews; and a good deal of unnecessary increase of pain may easily be inflicted on the sufferers, if they be removed by the stretcher-bearers without reference to the precautions recommended here. Stretchers can only be properly carried after a certain amount of instruction; and it may be suggested that, if two or four volunteers per company would take the trouble of practising the duties of bearers, so as to be ready to act in the field in case of need, a very desirable object, of practical utility, would be attained. In the Austrian service, the bearers of wounded are obtained on the plan indicated, and a very similar plan is adopted in Prussia. The men of the British Army Hospital Corps, who pass through Netley, are now instructed in carrying stretchers according to the rules laid down in this little pamphlet, and it is found that the men acquire the instruction without much difficulty; intelligent volunteers would acquire them still more readily.

STATE MEDICINE.

The following is an extract from an address by Lord Lyttelton on the opening of Queen's College, Birmingham, October 1st, 1868, from a report in a local newspaper. It is a fair comment, by a distinguished layman, on an important professional document—one of the most valuable issues of the work of members of the British Medical Association. It is also a very fair challenge to the General Medical Council to do its duty. The Royal Commission, which our Association so powerfully urged upon the Government, has been issued; and on it sit Dr. Acland, Dr. Stokes, Dr. Rumsey, Mr. Paget, and other of the members of the Committee of the Association who issued this Memorandum; and we can have little doubt that the important suggestions, to which Lord Lyttelton justly attaches so much importance, will be thoroughly considered. Meantime, the Medical Council will have the opportunity of taking up one of the propositions, for education in State Medicine, which it has strangely slighted.

On the subject of the direct training and education of medical students, as such, or on the general question of the condition and the needs of the medical or the surgical faculty in this country, I have no knowledge, and have no observation to offer.

From time to time, indeed, as I presume is the case with many others, I happen to come across indications that, in the judgment of some active-minded members of the profession, there are great imperfections in their condition, and large measures of improvement are called for. Very lately, I received a paper from a gentleman, I believe, of much distinction, and of whom, especially at this time and in this place, we would speak with due respect; for he is President of one of the Sections of the Social Science Association. The paper which I have here (*Memorandum on State Medicine*) was submitted some months ago, with what result I do not know, to the Government, by a joint deputation from the British Medical and Social Science Associations. It dealt with what is therein termed State Medicine, which appears to mean the public exercise of the business of physicians and surgeons, in connexion with Government departments and organised bodies of all sorts, as distinguished from private practice among families and individuals. Under eighteen heads, Dr. Rumsey enumerates the various functions of this kind which are now performed. Under nine further heads, he classifies similar functions which are not performed, but which ought to be so; and he then proceeds as follows.

"III. We believe that abundant evidence can be adduced to show:

"1. That the laws and regulations, which relate to the appointment and action of medical men in the statistical, medico-legal, supervisory, and sanitary departments of the public service, are, for the most part, defective, complicated, and incoherent; that they differ considerably in different places and parts of the kingdom; that they are often inefficient and fallacious in operation, and sometimes even found to be subversive of their professed objects.

"2. That there is no sufficient guarantee for the general competency or the special qualifications of the medical men appointed; no recognised plan of education for officers of health and medical jurists; nor any examining body for directing the standard of their requirements, and for testing them." Etc.

It must be admitted that these allegations, coming so long after a Medical Council has been established by Act of Parliament for the very purpose, as I apprehend, of watching over and promoting these very objects among others, are rather startling. I trust that there are no corresponding shortcomings as relates to the other branch of the question, the private practice of the profession.

[Lord Lyttelton proceeded to make some striking comments on the very important evidence of Mr. Paget, Dr. Gull, and Dr. Acland, before the Schools Inquiry Commission.]

ASSOCIATION INTELLIGENCE.

GLOUCESTERSHIRE BRANCH.

The first Meeting of this Branch will be held on Thursday, Jan. 7th, 1869, at the Bell Hotel, Gloucester, at 3.30 P.M., when Dr. Evans will deliver an Inaugural Address.

The business of the Meeting will be to consider and determine the Rules of the Branch and the Election of the Officers and Council of the Branch for the calendar year 1869; to elect Members of the Branch as Members of Council of the Parent Association; to propose new Members of the Association and Branch; to transact other necessary business; and to discuss such subjects connected with the interests of the Branch and of the profession as may be brought before the meeting.

Members having communications for the meeting, are requested to give immediate notice to the Honorary Secretary.

The Dinner will be held at the Bell Hotel at 5.30 punctually. Dinner tickets, 7s. 6d. each. It is particularly requested that the prepaid notification sent to each member of the Branch be returned, without delay, to the Secretary, in order that the necessary arrangements for the comfort and convenience of the members may be ensured.

Alfred Fleischmann, *Honorary Secretary*, Cheltenham.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

The next meeting of the above Branch will be held at the Council Room of the Midland Institute, on Thursday, January 14th. The chair to be taken at 3 o'clock precisely.

T. H. Bartleet, *Honorary Secretary.*

CORRESPONDENCE.

HOMŒOPATHY IN THE ABERDEEN INFIRMARY.

Sir,—Your readers must bear in mind, and Dr. Reith must not forget, that the sole cause of his colleagues' protest was the introduction of homœopathic preparations into the Aberdeen Infirmary, and that this protest has never been abandoned by them.

To define Dr. Reith's views would be rather difficult. I have already shown the contradictory nature of some of them, and similar contradictions are to be met with in his defence of homœopathy. According to Dr. Reith's vaso-motor theory, phthisis is merely a neurosis of the cerebro-ganglionic circle, and Bright's disease, diarrhœa, etc., paralyses of the vaso-motor nerves. I object to such a limited view, as I believe changes in the tissues and cell-elements play a much more important part in these diseases than the sympathetic nerve. And in the treatment of these diseases Dr. Reith has not yet given us the tests to which he first subjected the small doses he employs, or the "provings" of the appreciable effects produced by his minute medication.

I am, etc., Henry Smith, M.D.,
Physician Aberdeen Infirmary.

DUBLIN COUNTY MILITIA.

Sir,—I have just read in the Journal of the 26th ult., your observations under the heading Dublin "County Militia"; and, while my close connection with him in the regiment, for nearly thirteen years, makes me feel that you have only done justice to the strenuous labours of my late friend Dr. Grattan-Guinness, on behalf of militia medical officers, I must take objection to your remark that "the appointment of Mr. William Stokes will meet with the general approval of the profession." I know there are several who, influenced by regard for a professional brother, would have shrunk from seeking the appointment, believing it to be the just reward of one who has been Assistant-Surgeon since January 1856, the regiment being then embodied, and since disembodiment has attended all the trainings, besides examining recruits and taking medical charge of the staff whenever, from illness or other cause, the surgeon was absent. I may add that the appointment lay with the Lieutenant of the County, and not with the Colonel of the regiment under whom I have served, I trust with approbation. I am, etc.,

Richard N. Willis, M.B.T.C.D., M.R.C.S.Eng.
Dublin, December 1868.

James Jeffries has been committed to the Thames Police Court for seven days for refusing to comply with the provisions of the Vaccination Act.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

THE IRISH AND ENGLISH POOR-LAW ASSOCIATIONS.

WE learn with great pleasure that the officers of the Irish and English Poor-law Medical Associations have recently been in communication, with a view to mutual aid and assistance in public affairs. We have urged more than once the desirability of this *entente cordiale*; and at Oxford the Poor-law Committee of the Association which was formed included as large proportion of Irish as of English members interested in this question. It will be desirable that this Committee should now meet to communicate with the English and Irish Associations, and to organise a Parliamentary assistance in the coming session for their joint wishes.

G. H. S.—1. Under exceptional circumstances, a medical officer may hold an appointment under the Poor-law Board, although he possesses only one qualification, and does not reside in the district. His removal cannot be insisted upon by the board of guardians, though a memorial to the Poor-law Board might be attended with success, provided a candidate for the office, with a double qualification, and resident in the district, can be found. But, if such an officer has done, and is doing, his duty, such a proceeding would, in our opinion, involve hardship. 2. The double qualification is not absolutely necessary for a surgeoncy under the Factories Act.

WE had prepared, but are compelled by pressure to omit, an historical retrospect of the position, and a review of the prospects, of the Poor-law Medical Service. We shall publish a series of articles on this subject.

OBITUARY.

DR. J. M. O'FERALL, OF DUBLIN.

THIS most distiguished pathologist, who for thirty-five years had been the chief officer of St. Vincent's Hospital, died somewhat unexpectedly on Wednesday, 23rd ult. After having served a prolonged apprenticeship to Mr. Carmichael, which gave him unusual opportunities in the Richmond Hospital, he rapidly gained an extensive practice in both medicine and surgery. He frequently advocated the advantage of both these branches of the healing art being followed by the same individual, and it would be difficult to tell from his numerous writings in which of them he most excelled. The titles of a few of the more remarkable of his essays are as follows. On Obscure Abdominal Tumours constituted by Diseased Kidney; on Ileo-cæcal Abscess; the Pathology and Treatment of Varicose Veins; on Abscess, with Fistulæ, of the Female Breast; the Treatment of Anthrax; the Structure and Diseases of the Apparatus surrounding the Globe of the Eye, with an account of a new operation for Extirpation of the Eye-ball; a Case of Enormous Scrotal Tumour—new plan of operation (viz., elevating the mass for some hours before removal so as to drain away the blood); on the Pneumonic Inflammation succeeding Extensive Burns. Dr. O'Ferall was for many years one of the Vice-Presidents of the Dublin Pathological Society, and had made very many valuable contributions to its Transactions. His remains were removed from his late residence, 15, Merrion Square North, on Monday last, a large number of his professional brethren having been in attendance.

MEDICAL NEWS.

RESULTS OF METEOROLOGICAL OBSERVATIONS

for the week from Dec. 23rd to Dec. 29th (both inclusive).

Taken at Kew, by Dr. TREUTLER, F.L.S., Fellow of the Meteorological Societies of England and Scotland.

Mean height of barometer corrected and reduced to 32° F. and mean sea-level	29.218
Highest reading of do. (corrected and reduced), on 26th, 10 A.M.	29.603
Lowest ditto Ditto on 24th, 2 P.M.	28.704
Range of pressure during the week	00.899
Mean temperature of the air in the shade	44.4
Mean temperature of evaporation	42.1
Mean temperature of dew-point	39.4
Mean degree of humidity (saturation=100)	82.0
Maximum temperature of air in shade, on 27th	54.9
Minimum temperature (protected), on 25th	34.9
Minimum temperature (exposed on grass), on 24th	26.3
Highest reading of black bulb, solar radiation, thermometer *in vacuo*, on 25th	79.2
Lowest ditto ditto on 29th	50.5
Mean amount of clouds (0—10)	5.1
Total rainfall (which fell on 23rd, 24th, 26th, 27th, 28th, 29th)	1.78 inch
Mean amount of ozone (0—10)	3.0

WIND.

	N	NE	E	SE	S	SW	W	NW	Calm.	Mean Force (0—12)
10 A.M.	0	0	0	0	1	3	3	0	0	3.4
2 P.M.	0	0	0	0	0	2	4	1	0	4.8
10 P.M.	0	0	0	0	0	0	5	0	2	2.0

Mean force of wind (0—12) 3.4

The weather of the week has been variable and unsettled. Atmospheric pressure has been considerably below the average, very unsteady, and with a considerable range. Temperature still continues above the average. Winds have been chiefly westerly and of variable force; the greatest force attained was on the 28th=9. The rainfall has been considerable. The evenings and nights have been generally fair, while the early mornings and the greater part of the days have been wet and gloomy. The general health continues satisfactory.

Kew, December 30th, 1868.

UNIVERSITY OF LONDON.—B.S. Examination. 1868. Pass Examination.

Anderson, Tempest, B.Sc., University College
Langmore, John Wreford, University College
Poore, George Vivian, University College
Ridge, John James, B.A., B.Sc., St. Thomas's Hospital

Examination for Honours.

First Class.

Ridge, John James (Scholarship and Gold Medal), St. Thomas's Hospital
Poore, George Vivian (Gold Medal), University College
Anderson, Tempest, University College
Langmore, John Wreford, University College

M.D. Examination. 1868.

Cole, Thomas, St. Bartholomew's Hospital
Edis, Arthur Wellesley, Westminster Hospital
Legg, John Wickham, University College
Michell, Thomas, London Hospital
Philpot, Charles William, B.Sc., King's College
Smith, Robert Shingleton, B.Sc. (Gold Medal), King's College
Spender, John Kent, King's College

M.S. Examination. 1868.

Beck, Marcus (Gold Medal), University College
Fox, Edward Lloyd Harries, M.D. (worthy of Medal), University College
Howse, Henry Greenway (worthy of Medal), Guy's Hospital

*** The above lists have been delayed in transmission to the office.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 24th, 1868.

Adams, William Prideaux, Canterbury
Bowen, Josiah Archer, Bretherton, near Preston
Brooks, Richard William Tomlinson, Fleet Street, E.C.
Case, Henry, Boxmoor, Hertfordshire
Courtenay, Henry Bisshopp, Maidstone
Kenyon, John Kilshaw, Ditton, Warrington
Lambert, Frederick William, Farsley, near Leeds
Rouch, James Ryall, Clement's Inn, Strand
Wallis, Frederic Michael, Bexhill, Hastings
Wigin, George William, Methley, near Leeds

At the same Court, the following passed the first examination.

Ekens, Joseph William, Guy's Hospital
Joy, Frederick William, University College
Shaw, Ollive Sims, Guy's Hospital
Smith, Frederick, London Hospital
Steele, Edward Harry, Guy's Hospital
Tobin, George, St. Bartholomew's Hospital
Wilkinson, Thomas Marshall, St. Thomas's Hospital

MEDICAL VACANCIES.

THE following vacancies are declared:—

ABERDEEN ROYAL INFIRMARY—Physician.
AUCKLAND UNION, Durham—Medical Officer for the Whitworth (a new) District.
AYRSHIRE DISTRICT LUNATIC ASYLUM—Medical Superintendent.
BIRKENHEAD BOROUGH HOSPITAL—Assistant House-Surgeon.
CAISTOR UNION, Lincolnshire—Medical Officer for the Waddingham District.
CANNON STREET MALE ADULT PROVIDENT INSTITUTION, Birmingham—Seven Medical Officers.
CITY DISPENSARY, Watling Street—Physician.
CITY OF LONDON—Examiner of Gas.
CORK UNION—Apothecary for the North District Branch Dispensary.
DULVERTON UNION, Somerset—Medical Officers for Districts Nos. 1 and 2.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Physician-Accoucheur.
GLASGOW EYE INFIRMARY—Surgeon.
GLASGOW ROYAL INFIRMARY—Physician to the Dispensary Department.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Physician.

HUDDERSFIELD AND UPPER AGBRIGG INFIRMARY—House-Surgeon.

KENNOWAY, Fifeshire—Parochial Medical Officer.

KENSINGTON DISPENSARY—Resident Medical Officer.

KILDALTON and OA—Parochial Medical Officer.

LONGFORD UNION, co. Longford—Medical Officer for the Drumlish Dispensary District.

MIDDLESEX HOSPITAL—Medical Registrar; Resident Medical Officer.

NOTTINGHAM DISPENSARY—Resident Surgeon; Assistant Resident Surgeon.

PONTEFRACT UNION, Yorkshire—Medical Officer to the Workhouse.

ROYAL BERKSHIRE HOSPITAL, Reading—Physician.

ROYAL GENERAL DISPENSARY, Bartholomew Close—Physician; Assistant-Physician.

ST. BARTHOLOMEW'S HOSPITAL—Physician and Lecturer on Forensic Medicine.

ST. PANCRAS WORKHOUSE—Surgeon to the Female Department.

ST. STEPHEN'S HOSPITAL, Dublin—Physician.

TORBAY INFIRMARY AND DISPENSARY, Torquay—Physician and Two Surgeons.

TREDEGAR IRONWORKS, Monmouthshire—Assistant-Surgeon: Junior Assistant-Surgeon.

TULLAMORE UNION, King's County—Medical Officer for the Killoughey Dispensary District.

WEST LONDON HOSPITAL, Hammersmith—Physician; Assistant House-Surgeon.

WEST OF ENGLAND EYE INFIRMARY, Exeter—Surgeon.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*MACKENZIE, Morell, M.D., appointed Physician to the Royal Society of Musicians of Great Britain.

MILLAR, John, M.D., appointed extra Physician to the Royal Edinburgh Hospital for Sick Children, *vice* R. Peel Ritchie, M.D., resigned.

BIRTHS.

ADAMS.—On December 19th, 1868, at Croydon, the wife of *T. Rutherford Adams, M.D., of a son.

FENTEM.—At Bakewell, on December 18th, 1868, the wife of Philip S. Fentem, M.D., of a daughter.

MARRIAGES.

*CROSSBY, J. Parker, Esq., Leeds, to Emily Alice, daughter of Benjamin STEAD, Esq., Horsforth, near Leeds, on December 23rd, 1868.

*STEPHEN, Andrew, M.D., of 44, Victoria Road, Kensington, to Eleanor Sophia, second daughter of W. STUART, M.D., Woolwich, on December 23rd, 1868.

THOMSON, J. Roberts, M.D., to Ellen Jane Douglas, daughter of the late Alexander CRUICKSHANK, Esq., of Edinburgh, at Bournemouth, on December 23rd, 1868.

DEATHS.

METCALFE.—On November 25th, 1868, at Dera Ismail Khan, Punjab, India, of diarrhœa, Katherine Ada, only child of Assistant-Surgeon Fenwick Metcalfe, Bengal Army, aged 10 months.

MORRIS.—On December 28th, 1868, at Spalding, aged 26, T. H. Morris, Esq., Surgeon, eldest son of *Edwin Morris, M.D., F.R.C.S.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. Barter, Bath; Dr. Willis, Dublin; Dr. Sutton, London; Dr. Beddoe, Clifton; Mr. May, Birmingham: Dr. Fegan, Charlton; Captain F. Davies, Pershore; Dr. Robertson, Cockermouth; Mr. Jukes Styrap, Shrewsbury; Dr. Sloane, Leicester; Mr. Wright, Derby; Dr. Giles, Hastings; Mr. J. B. Pitt, Norwich; Dr. G. H. Philipson, Newcastle-upon-Tyne; Dr. Mackenzie, Sidmouth; Dr. Chadwick, Leeds; Mr. A. Myers, Windsor; A Junior Member, North Wilts; Dr. Harrison, Lincoln; Mrs. Cox, London; Dr. Procter, York; Mr. C. Steele, Clifton; Mr. G. F. Hodgson, Brighton; Messrs. Meredith, Dublin; Dr. J. Braxton Hicks, London; Mr. Johnson, Lancaster; Dr. J. Rae, Edinburgh; Mr. D. Kent Jones, Beaumaris; Dr. H. W. Mahon, Westport; Dr. Palfrey, London; Dr. Hughes Bennett, Edinburgh; Mr. Syme, Edinburgh; Dr. Miller, Edinburgh; Mr. Solomon, Birmingham; Mr. Salt, Birmingham; Mr. Swift, London Hospital; Mr. Curling, London; Dr. Morris, Spalding; Dr. P. S. Fentem, Bakewell; Mr. S. Wood, Shrewsbury; Mr. W. J. Harris, Worthing; Mr. Vise, Holbeach; Mrs. Troughton, Coventry; Dr. Elam, London; Dr. J. Shea, Dublin; Dr. Davies, Stockwood; Mr. Robarts, Derby; Mr. J. White, Nottingham; Mr. J. W. Jones, Bangor; Mr. I. B. Brown, London; Mr. J. P. Crossley, Leeds; Mr. C. Hayward, Manchester; Capt. Kemp, Cavalry Staff, Canterbury; Mr. Newnham, Wolverhampton; Mr. Kimpton, Oxford.

LETTERS, ETC. (with enclosures) from:—

Sir William Jenner, Bart., London; Dr. Priestley, London; Dr. G. M. Humphry, Cambridge; Dr. Gascoyen, London; Dr. Elliston, Ipswich; Dr. Bowen, Birkenhead; Dr. Davey, Northwoods, Bristol; Dr. Coales, London; Messrs. A. & C. Black, Edinburgh; Dr. Adams, Croydon; Dr. H. Simpson, Manchester; Dr. W. Moore, Dublin; Dr. Spencer Thomson, Torquay; Dr. Lanchester, Croydon; Dr. Kelly, Taunton; Dr. Bryan, Northampton; Dr. J. W. F. Smith, Aberdeen; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; The Honorary Secretary of the Obstetrical Society; Dr. Wm. Budd, Clifton; Dr. A. Ransome, Manchester; Dr. Morell Mackenzie, London; Mr. T. H. Bartleet, Birmingham; Dr. Orton, Royal Artillery, Malta; Dr. Ogle, Derby.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY ....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Mr. Henry Hancock, F.R.C.S., "On Perforating Ulcer of the Foot."

WEDNESDAY.—Obstetrical Society of London. Annual Meeting. 8 P.M., Dr. Greenhalgh, "On a Case of Rupture of the Uterus", and other papers; 9 P.M., President's Address.

FRIDAY.—Clinical Society, 8 P.M. Mr. Moore, "Acupressure for Acute Suppuration"; Mr. Thomas Smith, "Distended Bowel: Puncture of Intestine"; Mr. Holmes, "Case of Lithotomy in which the Stone was not found"; Dr. Greenhow, "Bromide of Potassium in Chorea."

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each.

IN the following numbers of the JOURNAL will appear Sir William Jenner's Lectures on Abdominal Tumours; Dr. Humphry on Torsion of Arteries; Dr. William Budd on Scarlet Fever and its Prevention; Dr. Heslop on Infantile Therapeutics; Dr. Beddoe on Dietary in Disease; Dr. W. Keith on the Statistics of Lithotomy; Mr. Gamgee on Surgery; Mr. Dunn on Language; Mr. Higginbottom on Ipecacuanha; etc.; as well as sundry Letters, Branch Reports, and Reports of Societies.

NEW MEMBERS.

DR. GILES (Hastings); Dr. Washbourne (Gloucester); Dr. Clapton (Cheapside); Dr. Fegan (Charlton); Mr. Kent Jones (Llangefni); Dr. Latham (Cambridge); Dr. Philipson (Newcastle-on-Tyne); Dr. H. Barnes (Carlisle); Mr. C. Johnson (Lancaster); Dr. Waters (Liverpool); Dr. Simpson (Manchester); Dr. Procter (York); Dr. Harrison (Lincoln); Dr. Sloane (Leicester); Mr. White (Nottingham); Dr. Bryan (Northampton); Mr. G. May (Reading); Mr. Hodgson (Brighton); Mr. Steele (Clifton); and Dr. MacConchy (Downpatrick); are thanked for their communications. Forms of application and proposal have been forwarded wherever desired.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

THE NEW LABOUR LAW.

SIR,—Will you afford me space to call attention through your columns to the great alteration which must be made in the hours of labour after the 31st instant. After that day, the Saturday half-holiday will be compulsory as regards children, young persons, and women, in all factories, workshops, and places in which any manual labour is performed. With the exception of a very few trades, and of those cases in which the Secretary of State has authorised either the substitution of another half-holiday instead of Saturday, or that the hours of work may be taken between 7 A.M. and 7 P.M., or between 8 A.M. and 8 P.M., their labour must cease at Saturdays at 2 P.M. The assistant and sub-inspectors of my district and myself are anxious to give every information; and we rely upon the continuance of that cordial cooperation which we have hitherto experienced from every one to give effect to the new regulations, which are thoroughly appreciated wherever their blessings have reached.

I am, etc.,

ALEX. REDGRAVE, Her Majesty's Inspector of Factories.

Factory Inspector's Office, 10, Whitehall, December 28th, 1868.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Dec. 23rd; The Lincolnshire Gazette, Dec. 26th; The Western Morning News, Dec. 24th; The Aberdeen Journal, Dec. 23rd; The Aberdeen Herald, Dec. 26th; The Aberdeen Free Press, Dec. 29th; The Northampton Herald, Dec. 19th; The Japan Times' Overland Mail, Nov. 4th.

SIR CHARLES BELL AND M. MAGENDIE

ON THE

FUNCTIONS OF THE SPINAL NERVES.

BY
CÆSAR H. HAWKINS, F.R.S.,
SERJEANT-SURGEON TO THE QUEEN.

DURING the meeting of the British Medical Association at Oxford in August last, a paper was read by Dr. Robert McDonnell, an abstract of which appeared in the medical journals (see BRITISH MEDICAL JOURNAL, August 8th and 15th, and September 19th, 1868; and *Lancet*, Aug. 8th, etc.), in which the author said that, "after carefully analysing Bell's writings, he had come to the conclusion that, previously to 1822 (when Magendie made his experiments, and published the results), Bell's written works contained no evidence that he conceived the idea that the posterior roots (*i.e.*, of the spinal nerves) were sensitive, and the anterior motor. He (Dr. McDonnell) assigned to Magendie, and to experimental physiology, the credit of having discovered this fundamental fact in physiology."

Having assisted my teachers and friends, Sir C. Bell and Mr. John Shaw, in many of their experiments on the spinal and facial nerves, and having seen and revised many of the papers of the latter (in some of which my name is mentioned) before their publication, my personal regard for these gentlemen induced me, as soon as I saw this statement, to write the following letter to Dr. McDonnell.

26, Grosvenor Street, London, August 15th, 1868.

Dear Sir,—I do not know whether the report of your paper relative to Sir Charles Bell's and Magendie's claims to the discovery of the functions of the spinal nerves, contained in the *Lancet* and BRITISH MEDICAL JOURNAL of last week, is correct and complete; but, if it be so, I will venture, from personal knowledge, to say, that I do not think that you have done that justice to Bell's share in these discoveries which you desire, when you assign the whole merit to Magendie.

It is not sufficient to look at Bell's opinions in 1811, when his original essay was printed; but close attention must also be paid to the result of his experiments and investigations when he again took up the subject, and especially in 1821, when I myself assisted him, and his brother-in-law Mr. John Shaw, in almost all that they were then engaged in relative to the functions of the nerves.

It is not even sufficient to study, by themselves, Sir Charles Bell's own papers in the *Philosophical Transactions* of 1821 and 1822; but it is equally, if not more, necessary to look for an exposition of Bell's opinions in a rapid succession of papers by John Shaw, in his *Manual of Anatomy* published in September 1821; in his papers in January and April 1822 in the *Journal of Science and Art*—all published before Magendie's experiments; in his paper in the twelfth volume of the *Medico-Chirurgical Transactions*, read in April 1822, before Magendie's experiments, but perhaps not published quite so soon, as one of the papers contained in the volume was not read at the Society till June 11th; and in his papers in October and December 1822, in the *Medical and Physical Journal*, just after Magendie's first brief account of his experiments published in the July number of his *Journal de Physiologie*, t. xi, p. 279.

A considerable part of Bell's and Shaw's papers was published in Magendie's *Quarterly Journal*, before Magendie's experiments were published; and Mr. John Shaw was in Paris in 1821, and there performed Bell's experiments on the fifth and seventh nerves for Magendie's satisfaction, who gives his own account of them, and of his conversations with Shaw on the subject, not only of these nerves themselves, but of their relations with the whole system of nerves, including the spinal nerves, and the great fact, so much insisted on by Bell, that different endowments are joined together by different nerves being included in one sheath.

In July or August 1822, appeared Magendie's first paper, in which he repeats Bell's previously expressed opinion, that the anterior and posterior roots of the spinal nerves have different functions; and adds, "les postérieures paraissent *plus particulièrement* destinées à la sensibilité, tandis que les antérieures semblent *plus spécialement* liées avec le mouvement." He was too cautious a physiologist to express himself with perfect confidence as to this division of their functions.

In the next number of his *Journal*, October 1822, Magendie says he supposed he had been the first to think of cutting the roots of the spinal nerves; but that he had been undeceived by a paper (that of the preceding April, read at the Medico-Chirurgical Society, vol. xii, p. 146, *et seq.*), which Mr. Shaw had sent him, and also a copy of Bell's original essay; but he still claimed to have established, in a more positive manner, the motor and sentient qualities of the two roots. If, however, like yourself, he found Bell's own expressions, which he quotes, ambiguous, so that Bell was only "bien près de découvrir les fonctions des racines spinales", he might have gathered from Shaw's paper, that Bell had clearly ascertained that *the anterior roots conveyed the power of motion to the muscles*; although it is doubtless true, as Shaw acknowledges in this, the latest paper before Magendie performed his experiments, that the functions of the posterior roots were still uncertain, in Bell's opinion; "from the violence necessarily used, it has been difficult to ascertain which of the filaments bestows sensibility on the part." (P. 148.)

One experiment was performed by Sir Charles Bell and Shaw, in which I assisted, in March 1821, at least fifteen months before Magendie's paper was printed; and I naturally prefer my own account of the result, written for Mr. Shaw, which was contained in his paper of October 1822, in the *Medical and Physical Journal*, vol. xlviii, p. 346.

"The spinal marrow was exposed immediately after death, while some of the muscles still had a slight convulsive motion. Upon irritating the posterior root of the spinal nerves in three or four places, no effect was produced on the neighbouring muscles; but when the anterior root singly, or the whole nerve, was pinched by the forceps, or pricked by the scissors, an evident motion was produced in the muscles, not only perceptible to the eye, but, when the third or fourth nerve was touched, the whole scapula was moved in the hands of an assistant. The motion was not communicated to the muscles, when the ganglion, which is formed on the posterior root within the sheath, was touched; neither did it follow on injury of the posterior column of the spinal marrow. Whether an injury of the anterior column of the spinal marrow would produce convulsions was not ascertained, as it was not cut upon till the irritability of the muscles appeared to be exhausted. The motion given to the muscles was not the slight tremulous motion arising from the natural irritability still remaining; but it was convulsive and spasmodic, and followed each successive prick of the scissors."

In 1856, as President of the Royal Medical and Chirurgical Society, it was my duty to notice Magendie's death within the preceding year; and I beg to refer you to my address, which was published in the *Lancet* of March 15th, 1856, p. 282, for a brief but impartial account of the respective portions of credit due to each of these distinguished physiologists. In this address, I shewed the reasons why Bell, having distinctly and clearly localised the source of motor power, had failed to ascertain with certainty the seat of sensibility; especially his theory regarding the dependence of both sensation and motion on the cerebrum, and anterior columns of the spinal marrow, and anterior roots of the spinal nerves, as connected with animal life; and the supposed influence of the cerebellum, posterior columns of the spinal marrow, and the ganglionic roots of the spinal nerves on the organic life of animals. Bell's renewed investigations about 1821 led to the further distinction in his mind of the relation of the lateral tracts of the spinal column, and the irregular nerves, to the function of respiration, which views, unfortunately, led to his earliest mistakes as to the functions of the fifth and seventh nerves of the face.

Let me, also, point out to your notice a very elaborate history of the whole subject, by a reviewer, in the ninth volume of the *British and Foreign Medical Review* for 1840; which, according to my recollection—I read the account many years ago—is, on the whole, very fairly and correctly drawn up.

I trust that the interest which you have shewn on this subject, and the importance of the truth being clearly known, will lead you to excuse the unexpected length of this letter.

I am, dear sir, very truly yours,
To Dr. Robert McDonnell, F.R.S. CÆSAR H. HAWKINS.

Having been favoured with several communications from Dr. McDonnell, I am happy to bear testimony to the great fairness and candour and gentlemanly spirit which he has shown in all of them. In a letter in the BRITISH MEDICAL JOURNAL of September 19th, he acknowledged that he may "have given too much weight to the testimony offered by Sir C. Bell's pamphlet of 1811," and informed the public that Bell's essay would be republished in the November number of the *Journal of Anatomy and Physiology*. This has now been done; and it has been accompanied by some very interesting extracts from Bell's early letters relating to his thoughts for many years on the subject of the nervous system, and also by comments by my friend Mr. Alexander Shaw, which, in relation to the spinal nerves, correspond in the main with my own knowledge of the subject, and in a higher degree than his letter of August 15th.

Dr. McDonnell has recently informed me that he does not now intend to publish his paper which he read at Oxford. He has been led to this determination, partly because Bell's pamphlet of 1811 is again placed before the public in such a shape that physiologists are enabled to form their own conclusions, and partly from the conviction that in his paper he did not do full justice to the share which Mr. John Shaw had in this discovery. Dr. McDonnell has, therefore, given up the intention, which he at first entertained, of publishing his own paper, together with Bell's essay and my letter to himself, and with references to various other papers relating to this subject; and he is kind enough to express an opinion that, a renewed interest being felt on this question, my letter to him, or any other statement from me, would, on account of my personal knowledge, be very acceptable and important.

I have been at all times reluctant to enter into controversy on this or other subjects; but I must confess that, when a physiologist like M. Bernard asserts that "to attribute the whole discovery of the functions of the spinal nerves to Ch. Bell is the height of injustice," he is, in my opinion, equally wrong when he says "that the honour of the demonstration of the functions of the spinal nerves belongs entirely to Magendie" (*Rapport sur les Progrès et la Marche de la Physiologie en France*, 1867, pp. 14-156). It is not improbable that M. Bernard's opinion might have been modified, if he had been better acquainted with Mr. John Shaw's writings, previously mentioned, as exponents of his relative's investigations; nor could he have implied a half-doubt whether the experiments described by Charles Bell in his essay had ever been performed (p. 156), if he had known that a description of one of them, written by myself, an eye-witness of the fact, in March 1821, had been in Mr. Shaw's possession fifteen months before Magendie's experiments were performed, although not in print till two months after Magendie's first paper on the spinal nerves was published.

To complete my history of this matter, I will venture to add a portion of what I addressed to the Royal Medical and Chirurgical Society regarding Magendie's experiments on the spinal nerves, without entering into the equally misunderstood subject of the facial nerves, which I also briefly discussed on that occasion (*Lancet*, March 15th, 1856).

"For how much, then, are we indebted to Magendie for what we know of the functions of the spinal cord and nerves? First, and above all, it is unquestionably (as between these parties) to Sir Charles Bell that the palm of originality must be assigned. It was by him that the true method of investigation was commenced; and it is not, therefore, without some justice, that the completion of the investigation is also generally called by his name. That nerves possessed different endowments, according to their several sources in the central organs, and their different roots;*—that one set were regularly double-rooted and symmetrical, and another set as constantly single-rooted and irregular, and superadded to the former;—that each of the double-rooted nerves was connected with both great divisions of the brain; with the cerebrum through its crura, the anterior columns of the spinal marrow, and anterior roots of the spinal and fifth nerves; and with the cerebellum through the crura cerebelli, posterior columns of the spinal marrow, and posterior or ganglionic roots of the spinal and fifth nerves;—that with the cerebrum and its extensions were connected the nerves of motion going outwards, and the nerves of touch and sensibility going inwards from the body or viscera;†—and that by the cerebellum and its posterior prolongations and nerves were regulated the secret operations of the bodily frame, and the connexions which unite the parts of the body into a system;‡—all this formed a grand and comprehensive theory of the most attractive kind, which was tested by experiment before 1811,§ was then nearly dormant for ten years, and revived with renewed impetus when I was myself a pupil.

"That the two roots of the spinal nerves possessed different properties, was soon ascertained by these experiments; and also that motion depended on the anterior roots; and that convulsions ensued from irritation of these roots, and not of the posterior. But the imperfect knowledge of the curious effects of reflex action, as now understood, prevented the recognition of the true significance of the facts we witnessed, and made the source of sensation obscure and doubtful, and at first appeared to confirm the ingenious though erroneous theory of Sir Charles Bell.

"Before these doubts were solved, Magendie performed his experiments on the roots of the spinal nerves, and published the results in August of the following year (1822), and thereby clearly established that the posterior roots of the spinal nerves and posterior columns of the spinal marrow were much more connected with sensation than the anterior (*Journal de Physiologie*, t. xi, p. 279, etc.) This fact he subsequently corroborated by means of galvanism and strychnine, though he never ventured to assert, as some have said for him, that either motion or sensation belonged to either root exclusively. It is by other physiologists since his time that this has been asserted.*

"Such, then, was the partial correction of Sir Charles Bell's experiments by Magendie, who was led to their performance, doubtless, by knowing the experiments on the facial nerves already begun in this country. But there is not, as it seems to me, the least ground for the imputation of unfairness, or of his having been acquainted with Sir Charles's experiments on the spinal nerves through either private or published information. So far from this, Mr. John Shaw himself says in October 1822, two months afterwards, 'In the last number of the *Journal de Physiologie*, several very curious experiments are related by M. Magendie, which are not only important in themselves, but are interesting, as they corroborate some experiments which had been previously made in this country, but of the performance of which M. Magendie does *not appear to have been aware*.' (*London Medical and Physical Journal*, vol. xlviii, p. 343, October 1822, after Magendie's first paper). He then gives a translation of Magendie's paper, and adds: 'The importance of the facts *discovered* by these experiments must be evident to every one; and it must be gratifying to the true friends of science in this country to find that M. Magendie, whose sole object in these pursuits appears to be the promotion of physiology, has by his experiments come to the same conclusions as those which had been previously deduced by Sir Charles Bell from observations made on the brain and spinal marrow. The truth of these deductions was also by him put to the test of experiments, the results of which, though they correspond with those of M. Magendie, were *not so conclusive*.' (*Ibid.*, p. 344.)

"Finally, of our experiments in Great Windmill Street, he says: 'It has been difficult to ascertain which of the filaments bestows sensibility on the part. It was easily shewn that if only the posterior set was destroyed, the voluntary power over the muscles continued unimpaired; but the pain necessarily attendant upon the performance of the experiments prevented us from judging of the degree of *sensibility* remaining in the part.'" (*Medico-Chirurgical Transactions*, vol. xii, p. 148, read April 1822, before Magendie's first paper.) I then mentioned, among the reasons for Bell's *not so conclusive a result*, his great dislike to inflict pain, leading him to expose three or four spinal nerves only, while Magendie exposed the whole spine to his observation.

It is evident from these expressions, that Magendie is altogether acquitted by Mr. John Shaw of plagiarism, and that in his visit to Paris in the previous year, 1821, although Mr. Shaw had made him fully acquainted with Bell's general views, especially with regard to the facial nerves, then misunderstood by all, he could not expressly have described Bell's experiments on the spinal nerves. He acknowledges the superior precision and importance of Magendie's experiments, and uses the same term after Magendie's paper, as he had done shortly before them, and as Bell had himself done in 1811; viz., that the experiments in this country were *not so conclusive*.

This paper, written in October 1822, while the whole of the circumstances were recent and clear in his mind, demonstrates the candour and truthfulness of my excellent teacher, in not claiming for Bell and himself greater credit than they were entitled to. It is important also to notice that John Shaw's tribute to the value of Magendie's recent paper on the Spinal Nerves, was written after the obscurity regarding the distribution and double office of the fifth nerve had been cleared up by Mayo (Mayo's *Commentaries*, vol. i, p. 107, August 1822) and by J. Shaw himself (*Medical and Physical Journal*, vol. xlviii, p. 342, Oct. 1822), and the errors thus corrected into which Sir C. Bell had previously fallen; by which corrections, a far clearer view of the whole of Bell's class of symmetrical nerves had been obtained. He makes no claim to the discovery, positively, of sensation residing in the posterior roots of the spinal nerves, at the very time when he would naturally have done so, if he desired it, nor am I aware of such a claim in precise terms by any one on behalf of Bell till 1824.

P.S.—December 22nd. A friend has this day sent me the October number of the *New York Journal of Psychological Medicine and Juris-*

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* In Bell's own words: "The nerves of sense, the nerves of motion, and the vital nerves, are distinct through their whole course, though they seem sometimes united in one bundle; and they depend for their attributes on the organs of the brain, to which they are severally attached."—Bell's Essay, in *Journal of Anatomy and Physiology*, November 1868, p. 154.

† Bell's own expression is: "The cerebrum I consider as the grand organ by which the mind is united to the body. Into it all the nerves from the external organs of the senses enter, and from it all the nerves which are agents of the will pass out."—*Ibid.*, p. 163.

‡ "The nerves proceeding from the crus cerebelli go everywhere (in seeming union with those from the crus cerebri); they unite the body together, and control the actions of the bodily frame, and especially govern the operations of the viscera necessary to the continuance of life."—*Ibid.*, p. 162.

§ "Though they were not conclusive."—*Ibid.*, p. 160.

* I have already quoted Magendie's own words, in his paper of August 1822 (see page 21); and in October, he also says: "Le sentiment n'est pas exclusivement dans les racines postérieures, non plus que le mouvement dans les antérieures."—*Ibid.*, p. 368.

prudence, containing a paper by Professor Austin Flint, entitled "Historical Considerations concerning the Properties of the Roots of the Spinal Nerves", which is drawn up with great care, and with ample references to English and continental writers; and it so entirely coincides with what I have written from my own knowledge, that, if it had appeared earlier in this country, I should have taken no part in the matter.

SCARLET FEVER, AND ITS PREVENTION.

By W. BUDD, M.D.Ed.,
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MEMBERS of the profession who may happen to have read a letter by Mr. Bradley of Marlborough College, which appeared in the *Times* of December 5th, and in which he sets forth the conflicting responsibilities imposed on the master by the case of boys at school convalescent from scarlet fever, cannot have failed to sympathise deeply with that gentleman in the difficulties of his position. On the one hand, Mr. Bradley shows, in forcible terms, that a long detention in the sick-house is full of evil, moral and physical, to the boy; on the other, he is reminded that to send a scarlet-fever convalescent away through the country is not only to inflict an unwarrantable peril on the community, but to infringe the law. Happily, medical science is in a position to furnish an escape from this very painful dilemma. If, in fact, the patient can be so treated as to cease to be an active source of infection by the time he is able to travel, the difficulty is over. Now, if my own experience can be trusted, nothing is easier. Much more, indeed, can be done to limit the spread of this malignant fever than the public are at all aware of, or than the common practice of medical men generally would seem to indicate.

There is good reason to believe that not only the eruption on the skin, but everything that is shed by the body of the infected, is heavily laden with the germs or seeds by which (alone, no doubt) the disease is propagated. The discharges from the throat and nose are, I imagine, especially virulent. It is more than suspected, on grounds on which I need not here insist, that those from the bowel are scarcely less so. As the kidney is known to be affected in a very special, and often in a very severe way, by the poison, this organ probably furnishes another outlet for it. All analogy tends to indicate, indeed, that in this case the renal epithelium, which is cast off so plentifully, performs the same eliminative function as that which is cast off in still greater profusion by the outer surface of the body. As the bulk of all these excreta soon finds its way to the cesspool or sewer, the large part which sewers and cesspools are known to play in the dissemination of the fever, and which, quite lately even, has been so strangely misinterpreted, is easily understood. I could enlarge much on this topic, if I had time to do so. It must suffice for the present to say, once for all, that all that has been shown to hold of typhoid fever in regard to these relations—contamination of drinking-water included—may be applied, with little qualification, to scarlet fever also.

Taking these things as our data, the one thing to aim at, therefore, in seeking to prevent the spread of this fever, is to annihilate the germs proceeding from these various sources on their very issue from the body, and before the patient leaves the sick-room. In accordance with this view, I have long been in the habit, in all cases which fall under my own care, of enforcing the following simple precautions.

1. The room is dismantled of all needless woollen or other draperies which might possibly serve to harbour the poison.
2. A basin, charged with chloride or carbolate of lime or some other convenient disinfectant, is kept constantly on the bed, for the patient to spit into.
3. A large vessel, containing water impregnated with chlorides or with Condy's fluid, always stands in the room, for the reception of all bed and body linen immediately on its removal from the person of the patient.
4. Pocket-handkerchiefs are proscribed; and small pieces of rag are used instead for wiping the mouth and nose. Each piece, after being once used, is immediately burnt.
5. As the hands of nurses of necessity become frequently soiled by the specific excreta, a good supply of towels, and two basins, one containing water with Condy's fluid or chlorides, and another plain soap and water, are always at hand, for the immediate removal of the taint.
6. All glasses, cups, or other vessels, used by or about the patient, are scrupulously cleaned before being used by others.
7. The discharges from the bowel and kidney are received, *on their very issue from the body*, into vessels charged with disinfectants.

By these measures, the greater part of the germs which are thrown off by internal surfaces are robbed of their power to propagate the fever. Those which are thrown off by the skin require somewhat different management. If my information do not mislead me, it is in dealing with these that the practice of medical men generally is most defective. There are, no doubt, distinguished exceptions; but, for the most part, either nothing is done, or, what is done, is done imperfectly or too late. And yet to destroy, from the first, as far as possible, the infectious power of what emanates from the skin, is, for obvious reasons, the most important object of all in the way of prevention.

In the first place, as the skin is at once the most extensive surface of the body, and is, *par excellence*, the seat of what, by a very just figure, is called the *eruption*, the crop of new poison which escapes by the skin probably far exceeds in amount that which escapes by the other surfaces. It is impossible to speak in exact figures here. We cannot count these things as we can count peas, or beans, or grains of wheat. But the case of small-pox furnishes us with a standard which cannot far mislead us. And, as we know that, in a case of confluent small-pox, enough new poison is thrown off actually to inoculate with small-pox myriads of others, so there is every reason to believe that the skin-crop in a severe case of scarlet fever is little, if at all, less prolific.

In the next place, as the process of desquamation, by which this crop is finally cast loose, is a very slow one—lasting, for the most part, over many weeks—the infection from this source is much more abiding than that from the internal sources. But what renders it still more so is the all-important fact that the poison which is liberated by the skin is liberated in the dried state. It is well known—and, indeed, the circumstance has been taken advantage of in the practice of inoculation by cow-pox and other poisons—that animal poisons, when dried at a gentle heat, retain their powers for quite indefinite periods of time. But to be dried at a gentle heat—a heat lower, in fact, than that which attended its own generation—is precisely the case of the scarlet-fever poison, as cast off by the skin.

Another danger is created by the minute and impalpable form in which the particles armed with the poison are set free. The skin peels off in part, no doubt, in flakes of palpable size, but in still greater part under the guise of dust, which floats in the air, impalpable, like motes in the sunbeam. Each of these little atoms is, potentially, the scarlet fever. While they adhere to the body, they may be readily disarmed; but, once afloat, they are in great degree beyond our power.

It is to these various circumstances—to the countless profusion of the new seed, if I may so speak, which is generated and sown broadcast by every fresh case—to the length of time during which it hangs about the sick, capable every moment of being transferred, with all its deadly power, to thing or person—to the impalpable minuteness of the organic particles in which this seed is imbedded—and, lastly, to the long retention of their properties, in virtue of being in the dried state—that we must look mainly for the true explanation of the well-known subtleness and tenacity of this particular infection. To the many striking illustrations of this subtlety and tenacity already on record, I could, if there were need, add many of my own, quite as striking, and free from all ambiguity; but it is a waste of time and space to burden the page with what is already conceded, and with what most men must be sufficiently familiar.

These same circumstances are the source of the peculiar embarrassment and perplexity which, in scarlet fever, hangs over the disposal of the convalescent, and the period, so much debated, and at present confessedly undetermined, at which he may be safely restored to society. They are the source of the dilemma, for instance, to which Mr. Bradley gives such painful expression in the letter referred to at the outset of this paper—a dilemma with which, in private life, medical men have so often to contend, but which, in public schools, if we may judge from the columns of the *Times*, is continually recurring.

Many readers, I dare say, remember the pathetic appeal to the profession which appeared in that journal some ten or twelve months ago, from the pen of a distracted father, urgent to know within what time, and by the use of what measures, his son, who, being convalescent from scarlet fever, was pining in the dreary seclusion of the sick-house of one of our great public schools, might be let out of captivity, and restored to his family. Several letters in reply—one or two, especially, bearing the signature of "A Fellow of the Royal College of Physicians"—offered some more or less sensible suggestions; but all, if my memory do not mislead me, united in the humiliating confession, that no definite time could be named at which persons who had gone through this infection could safely mix with others.

According to my own experience, these difficulties and perplexities may be entirely averted by the employment of the simplest precautions. To be successful, these precautions must be put in force early, and must be thoroughly carried out. The first thing to aim at is, to prevent the minute particles, which are the carriers of the poison, from taking wing until they can be disinfected *in situ*. This, I find, can be perfectly effected by simply anointing the surface of the body, scalp included, twice a day with olive-oil. The oil I use is, generally, slightly impregnated with camphor. As far as the main object is concerned, the addition is perhaps unimportant; but it is agreeable to the patient, and probably has some part in the relief, which almost always follows the inunction, from the troublesome itching which is a well known incident of some stages of the disorder. Current views would, perhaps, indicate carbolic acid as a fitter adjunct; but, having found the camphorated oil to answer perfectly, I have thought it the part of wisdom to make no change. I may add, that the process, so far from being trying, is very soothing to the sick; and, if it exert any influence at all on the evolution of the disorder, this influence appears to be beneficial rather than otherwise. The precise period at which it should be begun varies somewhat, no doubt, in different cases. As early as the fourth day of eruption, a white efflorescence may often be observed on the skin of the neck and arms, which marks the first liberation of the new death-giving brood. This efflorescence should be made the signal for the first employment of the oil. From this time, the oiling is continued until the patient is well enough to take a warm bath, in which the whole person —scalp again included—is well scrubbed, disinfecting soap being abundantly used during the process. These baths are repeated every other day, until four have been taken, when, as far as the skin is concerned, the disinfection may be regarded as complete. If the health be quite recovered—if, in particular, there be no disease of kidney and no discharge from throat or nostril—the patient (equipped, of course, in a new or perfectly untainted suit) may generally be restored without risk to his family. A week or ten days additional quarantine is, however, seldom objected to; and is, on the whole, perhaps more prudent.

Many medical men are in the habit of fumigating the sick room, either constantly or several times a day, with chlorine or sulphurous acid, pending the whole course of the fever. There can be no objection to this measure; but I do not myself attach much importance to it. Experience of the largest and most decisive kind has shown that chlorine —and I believe the observation applies equally to the other chemical agent—in the degree of atmospheric impregnation respirable by man, has no appreciable influence in preventing the spread of infectious disorders.

To complete the preventive code, immediately after the illness is over —whether ending in death or recovery—the dresses worn by the nurses (which, where possible, should be of linen, or some smooth thing) are washed or destroyed, and the bed and room that have been occupied by the sick are thoroughly disinfected. With these measures, when well done, the taint is finally extinguished.

The success of this method, in my own hands, has been very remarkable. For a period of nearly twenty years, during which I have employed it in a very wide field, I have never known the disease spread in a single instance beyond the sick room, and in very few instances within it. Time after time, I have treated this fever in houses crowded, from attic to basement, with children and others, who have, nevertheless, escaped infection.* The two elements in the method are, separation on the one hand, and disinfection on the other. It is almost needless to add, that neither can be secured in the degree here indicated in the houses of the very poor. There are, unhappily, large masses so utterly destitute of every needful thing, that it would be little short of mockery to speak of such measures as those I have just described in connection with them. But the conditions which are denied to the houses of the needy, should always be at hand in the fever hospital; which—small, if you like, but a model of its kind—would, if modern societies knew what belongs to their safety, never be far to seek in any crowded communities. In these matters, beyond all others, the social organisation should be in its perfection, strictly correlative with that of scientific knowledge. If science can point out practicable conditions by which such great evils may be averted, society is, in the highest degree, not only unwise, but blameworthy, if these conditions are not realised. It is high time, at any rate, that some more concerted action should be taken to abate the ravages of this terrible scourge. Every year scarlet fever slays from twenty to twenty-two thousand persons in England alone. There are few families that have not at one time or another felt its deadly power; and it is now and then the cause of tragedies which, although occurring only in single families, are of such agonising bitterness as to move the heart of the nation. If the measures here suggested were systematically and energetically put in force against this great enemy of man, the annual number of the slain would soon fall from twenty thousand to a low figure.

P.S.—I need scarcely say that the principles laid down in the preceding paper are equally applicable, as I have elsewhere abundantly shown, to all contagious fevers. I have for many years applied with great success the method here recommended for scarlet fever, with the modification in detail required by each particular case, to the prevention of small-pox, measles, typhus, etc. In typhus, the area and activity of infection may be greatly limited by disinfecting all internal discharges, and by oiling and disinfecting the skin in the same manner as in scarlet fever.

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* One word should be said for the benefit of those who, having yet escaped infection, are living in an infected neighbourhood. For persons so situated, it is well to know that the frequent flooding of their house-drains with disinfectants is a great safeguard. In Bristol, the need of this is superseded by the action of my friend Mr. Davies, who very wisely keeps the sewers of all districts infected with epidemic disease in a state of permanent disinfection. But it is not every town that can boast of such a zealous and enlightened health-officer. In all places where scarlet fever is prevalent, especial care should be also taken to have the drinking water perfectly pure.

ON TORSION OF ARTERIES;

WITH AN ACCOUNT OF SOME EXPERIMENTS ON THE DEAD SUBJECT AND ON ANIMALS.*

By G. M. HUMPHRY, M.D., F.R.S.,
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[*Concluded from page* 6 *of last number*.]

July 22nd, 1868. In a *rabbit*, I exposed, divided, and twisted, the two cut ends of one carotid artery, and divided and tied the two ends of the other. The animal was some time under chloroform. It recovered, however, and was brought from the Anatomical School to my house. It remained very quiet. Four hours afterwards, while I was looking at it, it moved a little; then turned rapidly round to the right; soon did the same again and again. Strong convulsions followed, and it threw itself on its back and died. There was no ecchymosis about the twisted artery, the ends of which were quite closed. The proximal end showed a transverse laceration, with slight staining, or ecchymosis, a little above the twisted end, a small portion of healthy artery intervening between the two parts. In the distal end, was a small conical clot just above the twisted extremity.

In a second *rabbit* (July 22nd), I exposed, divided, and twisted, one carotid, and exposed, divided, and tied the right femoral artery, and divided and twisted the left femoral artery. The wounds were all healed on the 26th, with the exception of the small aperture through which the ligatures on the right femoral artery hung.

July 31st. The rabbit was killed. The wound in the neck was quite healed. Beneath the cicatrix in the skin and superficial tissues was a smooth, oblong, almost colourless clot, nearly as large as a French bean. It shelled out of a cavity into which projected another similar but smaller clot. This latter, however, was not loose, but involved with the proximal end of the carotid. I removed the vessel with this clot, and slit it up. Its canal was obliterated immediately above (on the cardiac side of) the clot; and its internal coat was smooth down to the point of obliteration. I judged there had been a leakage from this end of the vessel after the closure of the wound, giving rise to the clots just mentioned, and that the pressure of the effused and confined blood upon the twisted vessel had prevented further hæmorrhage. The distal end was sealed. Just above the sealed end the inner coat, for about an eighth of an inch, was puckered and opaque. This condition terminated abruptly.

In the left thigh the wound was quite healed; there was some adhesion of tissues and induration about the artery where it had been twisted, but no other evidence of the disturbance. In the right thigh the lower ligature remained upon the artery. The upper ligature, involved in a soft whitish mass, laid in a cavity containing dirty fluid close to the obliterated upper end of the vessel. The two vessels in this instance presented a marked contrast in favour of the torsion; and, in the case of the carotid, where some leakage may have taken place, the wound was, nevertheless, quite healed.

July 24th. I exposed the left carotid artery of a *donkey*, tied it in two places near together, divided it between the ligatures, drew out each end by means of the ligatures, and twisted it with needle-pliers. Bleeding took place immediately from the proximal twisted end. I again seized the vessel and twisted it; no further bleeding took place. The wound was united by sutures.

July 31st. I exposed, divided, and twisted the right carotid of the same *donkey*. While I was twisting the fore or distal end, the animal had a convulsion which may have disturbed the coats of the vessel as they were being tied in the forceps. At any rate, bleeding took place from it immediately after the twisting. I again seized the end and twisted it, after which there was no hæmorrhage.

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* Presented to the Surgical Section at the Annual Meeting of the British Medical Association in Oxford, August 1868.

August 2nd. The donkey was killed. On the *left side* (the sixth day after the twisting) the superficial part of the wound was open, but the deeper part appeared to be quite healed. The ends of the artery were enveloped and connected by tough white fibrous tissue, like adventitious tissue. A firm mottled clot distended each vessel as far as the first small branch; there it terminated abruptly. The clot was loose nearly up to the twisted part; there it was adherent to the sides of the vessel. The proximal end of the vessel was quite closed, and the coats so blended together and with the surrounding tissue that I could not distinguish between them. In the distal end this was also much the case; but here the inner coat could be seen to terminate rather abruptly a little above the sealed end, and the clot could be traced beyond it between it and the outer coat, so as to be covered by the outer coat and to cause a bulging of the outer coat. The blood had, evidently, forced the barrier presented by the approximated or upturned inner coat, and its further passage had been resisted by the twisted outer coat. In the dissection I discovered a track like a mucous track—lined, that it, by a soft membrane; and this extended to and surrounded the rounded extremity of the vessel, that is the bulging part of the outer coat. Scraping a little of the soft substance from the inner surface of this track, I found that it contained corpuscles resembling pus-corpuscles. Thus the closed twisted extremity of the vessel was surrounded by soft corpuscular or purulent substance. I did not ascertain whether this track had any external communication, though it is probable that it had.

Right side, (third day after the twisting). The deeper part of the wound was healed over. The ends of the artery were enveloped in and connected by a mass of soft tissue with entangled clot. Both were securely closed, and contained clots as on the other side extending to the first small vessels. The clots were loose at a distance from the ends, and adherent near the ends. In each instance the outer and inner coats were closely connected and together formed the closing wall of the *cul-de-sac* of the vessel upon which the clot rested. The edges of the inner coat were united. Indeed, the appearance of the parts in this respect was much as if a ligature had been applied.

July 23rd, 1868. I exposed and divided the right femoral artery of a *donkey*, twisted the distal end, and tied the proximal end. I also exposed, divided, and twisted both ends of the right carotid artery.

July 31st. I exposed, divided, and twisted the ends of the left carotid of the same donkey.

The donkey was killed, August 4, twelfth day after the operation on the femoral and the right carotid arteries. There was a collection of thick purulent matter in front of the femoral artery. The ligature lay in this; it was easily separated from the artery, bringing with it a mass of soft, white, sodden substance. The proximal, or tied end of the artery, was pervious to its end, there being no clot in it, and the end was firmly closed in the manner usual in a tied artery,—that is to say, the divided, puckered inner coat was united so as to shut the canal; and the outer coat, continued over it, was soft, sodden, and greyish, where the ligature had just separated. The distal, or twisted end, was securely closed. Its inner coat was united over a short conical clot, which distended it; and its extremity was covered by the outer coat, which terminated in a twisted end. The latter was greyish, and projected into a track which communicated with the abscess cavity before mentioned. Both ends were well secured; but the abscess appeared to be related to the tied rather than to the twisted end. The ends were, in addition, surrounded and connected by tough adventitious tissue.

Right Carotid (twelfth day after twisting).—Both ends were firmly closed. Each contained a clot reaching to the first branch, and adherent in the part of the artery near to the twist. At the proximal end, the inner coat was sealed over the clot, and covered by the outer coat, which was soft and greyish, and in contact with purulent matter contained in a track which was continued into the still open wound. The distal end contained a similar clot enclosed by the inner coat, which had quite healed, and which was covered by the outer coat, also healed. The whole was enclosed by an indurated layer of tissue connecting the two vessels, and blended with the outer coat of each end.

Left Carotid (fifth day).—The proximal end contained no clot, a vessel of considerable size passing from its extremity. Still the vessel was quite sealed. The inner coat was turned up into the vessel, so as to form a distinct projection in it; and the twisted outer coat formed a coil projecting into a cavity containing whitish purulent matter, and continuous with the unhealed wound. The distal end was securely closed. The inner coat was inverted; and the outer coat was twisted upon it, and surrounded by adherent tissue. A clot occupied the vessel for some distance.

It will be perceived that these experiments on animals, as well as those I have related which were made upon arteries after death, are not quite confirmatory of the favourable opinion that might be formed of torsion from my experience of it in the living human body. They show, in the first place, that there is some uncertainty in the immediate effect of the twisting upon the end of the artery, so far as regards the important point of conferring upon it, in the case of a large artery, the ability to withstand the pressure of fluid in the interior. In the second place, they show that the process does not altogether do away with the liability to suppuration at the end of the vessel; the twisted outer coat having, in some instances, been found to undergo that process much as it does when ligatured, although the disturbance produced was much less in each instance than when a ligature was present; and it did not always take place at all, the end of the vessel having in some healed without any suppurative process. They show that final closure takes place, much as in a tied artery, by the healing of the divided and apposed inner coat, which may remain inverted, or the inversion may have been lost by the pressure of the blood or the shrinking of the coat; and that the ultimate security from hæmorrhage depends upon the healing of this inner coat, though the primary security is afforded by the resistance of the outer coat.

The first stage accomplished, and the flow of blood prevented, we may, I think, expect that torsion will be safer even than ligature, being comparatively free from the dangers incidental to processes by which the ligature is separated from the artery. The result may, and, I think, not improbably will, prove that the ligature is somewhat safer, as well as easier of application in the first instance; but that, in the later stages, as well as in its relation to the healing of the wound, torsion has the advantage.

For several months I have used torsion exclusively, with one or two exceptions, after all operations in hospital and private practice. The operations have included three amputations in the thigh, in each of which I twisted the femoral as well as the other arteries; amputations in the leg and forearm, and of the breast; removal of tumours; excision of the knee, etc.; and it has answered perfectly well. The wounds were closed immediately by suture, and there was no after-hæmorrhage in any of the cases.

I do not mean to say that torsion is quite so easily or quickly done as is the application of the ligature. It requires more care, and, I think, rather more time. In tying an artery, it is not absolutely necessary for the orifice of the vessel to be included in the grip of the forceps; it is sufficient if it is included in, and the mass tied by, the ligature. But, for successful torsion, the artery itself must be held between the blades of the forceps; and it is not always easy to be sure that this is the case. It may not be seized at all; or it may slip on one side as the blades of the forceps are closing. Accordingly, I have often found that the twisting has failed; and I have made, not unfrequently, two or three false attempts, so prolonging, of course, the operation. Still I have always persevered, and have succeeded at last in every instance; and I have never yet known an artery bleed in the human subject after I could be sure that it had been really twisted. Again, the artery should be held in the forceps in, or nearly in, the direction of its axis; the rotation of the forceps in that axis being necessary to secure proper torsion. If it be seized across its length, as not unfrequently happens unless care be taken to avoid this, it is simply turned upon the rotating blades, and torn across, instead of being twisted.

In accordance with the observations made on the dead body, and recited above, I have simply seized the end of the artery with the forceps, not drawing it out or holding it with a second pair of forceps applied higher up; and have rotated the forceps till they were free, the piece of the vessel included in them being twisted quite off. This may require ten or a dozen rotations of the forceps; and I am careful to go on twisting till the severance is quite complete, not allowing myself to withdraw the forceps till every thread is divided by the twisting, being fearful lest the pulling upon any undivided portion of the outer coat should tear it, or prevent or disturb that complete twist which my experiments have shown to be so important. Lastly, I examine the twisted end well, to ascertain whether there is any leakage.

One advantage of torsion is, that we need not hesitate to apply it to every vessel which bleeds, or which seems likely to bleed after the wound is closed. We are unwilling to leave thirty or forty ligatures in a wound; but we may twist that number of vessels without any compunction, and thus diminish the oozing which sometimes takes place after the closure of the wound, and, by separating its surfaces, prevents their union. This occupies a little more time, which, under chloroform, is of no great consequence; and it may prevent much subsequent trouble, or even danger.

I have observed that the pain suffered after the operation has been less than when ligatures were used.

To form a correct estimate of the effect of torsion, as compared with ligature, upon the healing of the wound, will require more extended experience. My own observation is, thus far, certainly in its favour. Some of the wounds, in which several vessels were twisted, have healed quite up at once without a drop of pus, which could not have taken place if ligatures had been used. In the last amputation in the thigh, the patient being a man aged 50, the wound healed by first intention, with the exception of a small track at one part, which soon closed. In two of the amputations in the leg, sloughing occurred from causes quite independent of the torsion; and there was no secondary hæmorrhage. In such cases as excision of the knee, torsion promises to be especially valuable, enabling us to secure, without the presence of a foreign body, any small vessels that may bleed or be likely to bleed. I have used it in two cases of excision of the knee, and in both the wound healed up at once.

I think, therefore, that, in amputations and other operations, all vessels short of the size of the femoral artery, as a general rule, may and should be secured by torsion; that the healing of the wounds will be thereby expedited; and that, in the greater number of operations, the ligature may with advantage be superseded by torsion.

The femoral artery may also be twisted with success. It was so in the three instances that I have tried; but it must be admitted that my experiments throw a doubt over the applicability of torsion to arteries of large size.

ON THE VALUE OF THE PREPARATIONS OF IRON IN THE TREATMENT OF INFLAMMATION AND SOME OTHER FEBRILE CONDITIONS.

By R. W. CRIGHTON, M.D.Edin., Leamington.

THE valuable paper of Dr. C. Bell and Mr. G. H. Bell of Edinburgh on "The Treatment of Erysipelas by the Muriated Tincture of Iron" (*Monthly Journal of Medical Science*, 1851) induced me, shortly after reading it, to employ this agent not only in erysipelas, but in other inflammatory affections, as pleurisy and pneumonia, in which I used it alternately with tartarised antimony (*Monthly Journal of Medical Science*, 1852). The rapid recovery of the patients under this method of treatment was so marked that I have never since omitted the iron in the treatment of the various forms of inflammation—using it as the main agent in certain cases of a peculiarly asthenic type, or giving it in a combined form in smaller doses, while the secretions of the skin and alimentary canal were freely stimulated in plethoric subjects.

The occurrence of an extensive epidemic of diphtheria in 1859 gave me a wide field for testing the effects of iron in this disease; and after treating a few cases, I was led to adopt a combination of the muriated tincture of iron in doses, varying according to age, of four minims, ten or fifteen minims, with one to two drachms of the liquor ammoniæ acetatis (*Edinburgh Medical Journal*, 1860) every two or three hours. The resulting compound I have ever found invaluable in the *early stage* of all inflammatory affections. Free action of the skin is quickly produced, the pulse is lowered, and in many cases, as in tonsillitis, the inflamed organ recovers its natural condition as quickly as the skin does when the muriated tincture is administered uncombined in a case of erysipelas. In the early stage of typhoid fever, I know of no means more likely to mitigate the symptoms and calm the patient than the combination of the muriated tincture of iron and the acetate of ammonia, but in larger doses than seem to be tolerated in most other diseases. A medical friend, to whom I recommended the employment of the combination some years ago, has since assured me that he has observed many cases of typhoid fever apparently cut short by its use, and that he never omits it at the commencement of the treatment in any case.

In scarlatina, the early use of the ferruginated diaphoretic, and afterwards of the iron singly, or in combination with quinine and nitric ether, will, in most epidemics, effect all that can be accomplished by medicines. In the inflammatory form of Bright's disease, occurring from sudden chill, I have seen a speedier convalescence obtained by means of this combination than by any other plan of treatment.

I will only notice one other class of cases where it has, in my hands, proved eminently useful; viz., in puerperal metritis and peritonitis. When given at the very commencement, in conjunction with the application of turpentine stupes to the abdomen, a few hours will often find the patient transferred from a state of extreme suffering and danger into one of comparative ease and safety.

The therapeutic value of the combination of the muriated tincture of iron with the acetate of ammonia in the diseases in which I have employed it is, I believe, due to its power of establishing early and free diaphoresis, of stimulating the capillaries to contraction, and furnishing to the blood the means of renewing its red corpuscles, which undergo an unusually rapid disintegration in inflammatory and febrile diseases. But, whatever the true explanation of its mode of action may be, the curative effects of the combination I consider to be so great, as to induce me to state that, in many of the diseases in which I have used it rather extensively, I believe there are no other therapeutic means at present in use which are capable of furnishing equally valuable results. I would wish it to be distinctly understood that I by no means ignore the many other indications which have to be followed in the treatment of inflammation, such as the relief of pain by means of opiates, the use of blood-letting in certain cases where there is great danger from over-distension of the venous system and the right side of the heart, and the good effects of the preparations of iodine and mercury in rousing the absorbents to remove exudations and effusions when these have occurred. All that I desire to claim for iron, is that it is entitled to be considered *one of the chief indications* to be pursued in its treatment. Many suggestions in therapeutics, worthy of a better reception, have been at once unceremoniously thrown aside by practical men, as unworthy of their confidence, on account of the enthusiasm of their supporters not having sufficiently limited the useful range of their application. In the present state of therapeutics, the old classic warning seems particularly deserving of attention:

> "Est modus in rebus; sunt certi denique fines,
> Quos ultra citraque nequit consistere rectum."

OPHTHALMIC CASES.*

By A. SAMELSON, M.D., Manchester.

Absence of Iris.—After an interval of five years (see BRITISH MEDICAL JOURNAL of Nov. 7th, 1863), two cases of total absence of the irides presented themselves at the Manchester Royal Eye Hospital within less than three weeks, in last August and September. In the first case (Ann Jones), a girl from Preston, fourteen years old, of short stature and low forehead, articulating somewhat imperfectly, and rather prone to cry, but otherwise quite intelligent and docile, the corneæ are small and somewhat hazy; both lenses present whitish-grey, deep-seated, and irregularly stellated opacities, preventing any details of the fundus from being seen. There is moderate nystagmus. Fingers are counted at nearly ten feet distance. No trace of ciliary processes can be seen. The tension of the eyeballs is manifestly increased (+ T 2). The conjunctival secretion is, by the continual oscillating movements of the eyeball, throwing the mucous membrane into plaits, churned up into a whitish cream resembling a precipitate of lead, and gathering about the outer sclero-corneal junction. Her brother and sister are said to have perfect eyesight. The right lens, as the rather more opaque of the two, was subjected to a cautious division in September, since when the patient has not again been seen.—The second case, which was shown to the Society, is that of Hannah Burns, a healthy plump girl of eight years of age, the eldest of four sisters, and the only one whose eyes are imperfect. There is slight rotatory nystagmus; each lens is the seat of an irregularly serrated, rather deep-seated opacity, *plus* an anterior polar dot in the left lens. The peaks of the ciliary processes are distinctly perceived when the eyes are directed extremely downwards or outwards. Although the whole of the space within the corneo-scleral junction reflects a red light under the ophthalmoscope, there is this peculiarity, that, about a line and a half inwards from the corneal margin, a clearly defined, very thin, white, circular line, separates the central space, within which is the seat of the opacity, from the entirely transparent periphery without. Nothing of the fundus can be seen in detail. The vision is but little less perfect than in the former case. The mother refers the defect of the child's eyes to a fright which she had, when pregnant, from a cat leaping at her.

Synchysis Scintillans.—Mary Lockyer, aged 72, who seven years ago received a severe injury to the left side of her head, and lost her right and at present atrophied eye, in consequence of a stone thrown at her by a boy in the street, noticed something being the matter with the remaining left eye about the beginning of last August. With a + 6 lens, there is S $\frac{1}{4}$, and No. 4 Moorfields is read in daylight. The ophthalmoscope shows the optic disc to be of a manifestly whitish colour, and its arteries extremely attenuated. An abundance of bright, loose, roundish particles, of various sizes, but mostly punctiform, are seen, like a silvery shower, to move about in the vitreous humour, every now and then hiding the optic disc from view. They can, when the pupil has been dilated, be perceived by the naked eye.

Retinitis Pigmentosa.—Archibald Anderson, a cabinet-maker, from Peeblesshire, aged 26, of robust health, perfectly equal to his trade, and earning high wages, but hard of hearing, and of somewhat thick and laboured speech, reads No. 1 Moorfields at 4", and has $S\frac{2}{7}$ (with — 30, even $\frac{2}{3}$). There is a slight periodic divergent squint of the right eye; and there is most thorough night-blindness, with corresponding extreme contraction of the visual field. The optic discs are somewhat small, of a greyish pink; and the main vessels issuing from them are of small size. The retina of each eye, in its equatorial portion, is the seat of the characteristic pigment-clusters, which are, however, far from abundant. The parents of the patient are first cousins. The mother is said to be blind of one eye; but, amongst his brothers and sisters, only one of the latter to be affected like himself in her sight. When the tongue is stretched forward, an uncommonly wide space is seen to separate the anterior and posterior pillars of the soft palate, the former joining the edge of the tongue in a more forward situation than usual. There is nothing abnormal to be found externally to account for the defect in his hearing. The rather faint tick of a watch is only perceived when the latter is put in close contact with the concha auris.

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* Presented to the Manchester Medical Society.

Hemiopia.—Robert Partington, a cotton-spinner, of Harwich, near Bolton, aged 40, of slight make, but good general health, was, without any known cause, in the beginning of last August, seized with a violent headache. This lasted three days, on the second of which he suddenly, whilst at dinner, perceived that he could see nothing of any object situated to his right side. When first seen, on September 9th, he was, and has ever since remained, entirely free from any other ailment than the hemiopia just referred to. The boundary between the intact and extinct portions of his visual field lay precisely in the middle line of the face, as passing along the dorsum nasi. The ophthalmoscopic evidence has all along remained absolutely negative. Within the left half of the field of vision, sight is perfectly normal. Gradually, a small portion of the affected halves of the retina (the inner half of the right, the outer of the left eye)—viz., about as much as represents an angle of twenty degrees—has resumed its activity. The treatment followed, so far, has consisted of counterirritation, Faradisation, and the internal administration of iodide of potassium.

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE TREATMENT OF ACUTE RHEUMATISM.

ST. BARTHOLOMEW'S HOSPITAL.—Dr. Farre's ordinary mode of treating acute rheumatism is the "alkaline." He usually commences with three five-grain doses of calomel, followed by haustus sennæ; and repeats this daily till the evacuations are natural. At the same time, he gives the bicarbonate or acetate of potash, in twenty- or thirty-grain doses, every four or six hours, according to the severity of the attack, generally using the former, but preferring the latter when there is synovial effusion. When there is little or no perspiration, or when the heart is much excited, he adds ten or fifteen grains of nitrate of potash. He not unfrequently also, gives one grain of opium every night. For local treatment, especially of the smaller joints, he relies chiefly on the tincture or liniment of iodine, using the tincture for women and children, the liniment for the robust; one or the other of these is used in almost every case, and with nearly certain relief. When, however, there is synovial effusion, Dr. Farre uses either mustard or cantharides plaster. Mustard is always useful, especially when applied to the larger joints, as the shoulder. The appetite being always faulty, Dr. Farre gives milk diet until the tongue is clean, or cleaning. Meat given before it can be digested immediately brings back pain in the joints. He keeps the patient between blankets. As soon as the pain has gone, and the tongue is clean, he gives bitter tonics, omitting or diminishing the alkali if the urine is alkaline or neutral. If the tongue remains white after the pain has gone, he gives acids instead of alkalies with the bitter. Warm baths, he believes, are useful and refreshing when the patient can be moved without much pain. This treatment Dr. Farre has adopted, with little variation, for many years, and is very well satisfied with the result. The relief generally commences in forty-eight hours, often before. In some cases, however, the rheumatism shews a disposition to return. These, he treats, as Dr. Nevins does, with quinine and iodide of potassium, and, in most cachectic cases, gives quinine early (as soon as the evacuations from the bowels are healthy), either with or without iodide of potassium. In the same cases, too, he gives cod-liver oil. Iron he only uses when the patients, during convalescence, are pallid. His treatment, then, consists in calomel purges, bicarbonate or acetate of potash, tincture of iodine or blisters; blankets; milk diet till the pain subsides; then bitter tonics, with smaller doses of potash, or with iodide of potassium, or with acids.

ST. THOMAS'S HOSPITAL.—The plan of treatment adopted by Dr. Peacock, in cases of acute rheumatism, is chiefly the alkaline and eliminative methods, giving full doses of the bicarbonate of potash, with nitrate of potash, and, not unfrequently, iodide of potassium; and, in the latter cases, usually combining the remedy with small doses of colchicum. Latterly, he has employed blisters freely, in such cases as admitted of their use; and, provided several joints are affected, so that four or five or six blisters can be applied at the same time, the beneficial effect is most striking: the local symptoms are very markedly and rapidly relieved, the constitutional disturbance is lessened, and the disease cut short; so that cardiac symptoms are prevented, or arrested, if in process of development. He has not, except in very exceptional cases, relied wholly on the local treatment; but has added it to the constitutional measures which were previously in use; and the additional benefit gained is often most striking. It is applicable especially to the more intense cases of rheumatic fever; but is also very useful in those cases which are of such common occurrence, where the disease developes itself in persons previously most reduced in health, and more particularly in persons who have previously had the disease, and often with cardiac complication. In such cases, if the disease be not rapidly arrested, the cardiac symptoms are almost sure to be aggravated; and the surest means of effecting that arrest, he believes to be the use of eliminative treatment and free blistering. Such persons, also, should not be reduced, if it can at all be avoided.

KING'S COLLEGE HOSPITAL.—The main points on which Dr. Johnson insists, are: that the patient should wear a large, loose, soft flannel dressing-gown, instead of a cotton shirt; this should be changed at least every other day. If the pains be severe, he gives moderate doses of opium—half a grain or one grain, with two grains of quinine, three times a day. If the bowels be confined, a Seidlitz powder may be given every morning. He generally gives moderate doses of alkalies—one scruple or half a drachm of bicarbonate of potash, with or without citric acid, every four or six hours. He is not satisfied that large doses of alkalies prevent cardiac complications; and he believes that they increase the tendency to rapid anæmia. In subacute cases, and in all cases where the skin does not act freely, he finds that hot air-baths are very useful. In cases of cardiac complication, especially pericarditis, with pain, he applies six leeches; then linseed-poultices. He abstains from blisters and counterirritation in the early stages of pericarditis. In cases of endocarditis, in order to lessen the tendency to deposit fibrine on the inflamed valves, he gives five-grain doses of sesquicarbonate of ammonia, with the alkaline mixture.

MIDDLESEX HOSPITAL.—Dr. Goodfellow, from a long experience, has eventually arrived at the conclusion, that large and frequently repeated doses of alkalies, chiefly the nitrate of potash, in doses twenty grains at a time, with smaller doses of other alkalies, are more effectual in cutting short the attack, and rendering the heart less liable to organic affection, than any other remedy. He, at the same time, applies cotton-wool to the præcordial region. If the joints be tense and painful, nitre poultices or wet compresses are applied; and, if they be less acutely affected, cotton-wool. He advocates flannel being worn to encourage perspiration. He strongly deprecates the practice of exposing the chest to the extent usually done, and percussing the præcordial region more than is absolutely necessary, as he believes that pericarditis may follow such a course, or, at least, existing attacks may be increased in severity.

WESTMINSTER HOSPITAL.—Dr. Fincham has employed the treatment by blisters for some time, and he is satisfied that, by this plan, the relief produced is very great, and the duration of the malady shortened. He is in the habit, however, as a rule, of combining with it alkalies in full doses; *e.g.*, Pot. bicarb. ℈ij; pot. nitratis gr. x; liq. amm. acet. ʒ ij; aquæ pur. ʒ x—every four hours; with a full opiate at night if the pain be very severe. He does not, however, think it advisable to continue the alkaline treatment for any lengthened period; but to give quinine, in doses of two or three grains, every six hours, when the urgent symptoms begin to yield, especially if the sweating is over profuse. He believes that, by giving quinine earlier than is generally the custom, convalescence is less tedious, and there is less chance of relapse. As regards cardiac complications, if pericarditis supervene, and there be sharp catching pain, he applies a few leeches, followed by linseed-poultices; should the pain be slight or absent, he omits the leeches. In all cases, he applies subsequently one or more blisters. As to medicine, he continues the alkalies, giving, at the same time, a grain of opium every four or six hours. Should endocarditis manifest itself, he contents himself with the alkaline treatment, as he cannot satisfy himself that local remedies have any effect.

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* Concluded from page 9 of last number.

In Dr. Basham's wards, typical cases of acute rheumatism—acute rheumatic fever—with inflammation of several joints, simultaneously or in succession—with or without cardiac complication, full, hard, bounding pulse, elevated temperature, loaded tongue, characteristic acid sweat, scanty urine loaded with urates, thirst, and general febrile prostration, are treated chiefly with salines: either the nitrate of potash, largely diluted, and given as a drink, acidulated with a little lemon-juice; or with the bicarbonate of potash and carbonate of ammonia in a state of effervescence, with lemon-juice. When great restlessness and loss of sleep, caused by the local pain and swelling, prevail, Dover's powder and nitre, in equal proportions, are given at bed-time. For the relief of the local distress in the joints, gloves for the hands, caps for the knees, and socks for the feet, made of Markwick's spongio-piline, are moistened with a hot solution of nitrate of potash and applied, and the parts thus kept in a hot saline bath day and night. Dr. Basham rarely finds that the affected joint does not recover its mobility, and is free from all but stiffness, in twenty-four or thirty hours. To render the saline plan of treatment the more efficacious, Dr. Basham recommends that the state of the alvine secretions should, in the early stage, be ascertained, and if of the characteristic hard and offensive form, one or more brisk mercurial purges should be given to facilitate the action of the salines. So soon as the tongue cleans, and the urine becomes abundant and clear, he gives quinine or some preparation of cinchona bark and a mineral acid, with improved diet, to promote the convalescence. Cardiac complication, if not present on admission, Dr. Basham finds, rarely manifests itself during this plan of treatment.

German Hospital.—The principal methods of treatment employed at this hospital during the last seventeen years have been the following: 1. Nitrate of potash, in doses of from two to six drachms per day; 2. Bicarbonate of soda, in doses of from two drachms to an ounce per day; 3. Acetate of potash, from two to six drachms per day; 4. Lemon-juice, from five to thirty ounces per day; 5. Quinine, from fifteen to forty grains per day; 6. Blisters above and below the affected joints; 7. Simple nursing. The greatest number of cases, however, has been treated by bicarbonate of soda. Opium and other narcotics have never been given systematically; but occasional doses, to procure rest, have not been excluded from any of the methods mentioned.

The duration of the disease, as far as Dr. Weber's notes go, has varied, from the commencement to the termination, from ten days to eleven weeks; and from admission into the hospital to the termination, from three days to eight weeks. The proportion of heart-complications originating during the stay at the hospital did not exceed 10 per cent.; and in many of these it appeared so soon after admission as to cause the impression that the act of removal, and the movements connected with it, were the cause of the complication. The average duration of the disease in the cases treated with soda is slightly less than the average of all cases observed; and the same is the case with the quinine treatment, and with the blistering according to Dr. Davies' plan. In several of the cases treated by blisters, the urine became albuminous, and mixed with blood-globules; but, in less than four days after the application of the last blister, it was free from albumen; and in no instance was permanent albuminuria the consequence. Without entering into details, Dr. Weber mentions that his notes lead him to the inference that careful nursing, especially the keeping of the whole body, and of the affected joints in particular, as much as possible at rest, is by far the most important part of the treatment in acute rheumatism; that, however, narcotic remedies are occasionally very valuable; that, further, the alkaline treatment is useful in those cases in which it reduces the excessive frequency of the pulse, and the more than usually increased temperature, in the course of a few days; but that it is of little service, if it do not effect these changes within four or five days. He is unable to say, before the trial, which are the cases suitable for the alkaline plan. The quinine treatment seemed to be beneficial in those cases in which there were considerable exacerbations and remissions, and a certain degree of anæmia and pallor; and the blister treatment where the pain was accompanied by much swelling of the affected joints.

Glasgow Royal Infirmary.—The treatment in rheumatic fever, which Dr. Gairdner has usually followed, has been that by alkalies, and especially by acetate of potash, commonly aided by smaller doses of iodide of potassium, which last he began to employ systematically as part of the alkaline treatment since going to Glasgow, and much on the recommendation of Dr. Ritchie of that city, who was long in the habit of combining it with the acetate. The proportion he usually employs is one drachm of iodide to one ounce of acetate in one pint of water, with any syrupy excipient that may be preferred to give flavour and take off the bitter saline taste. Lately he has tried the blister practice of Dr. Herbert Davies, and, he thinks, with good success in some cases, certainly with manifest relief at the time. But he has not learned to trust entirely to this treatment, and has used it only along with the other. The joints are commonly wrapped in cotton wadding, whatever the treatment in other respects. In a few cases, he has used considerable doses of quinine, in a few arsenic, in very many opium, either as a principal or as an accessory remedy, and often in pretty high doses.

Queen's Hospital, Birmingham.—At this hospital the number of cases treated is very large, and many are of great severity. The following treatment is that adopted by Dr. Fleming. The patient is placed between soft blankets, and carefully protected from cold draughts. A meal is given every four hours, consisting, during the fever, of milk and strong beef-tea alternately. The diet is cautiously improved during convalescence. One hour before each meal, this draught is administered: Potassæ bicarbonatis gr. xxx; aquæ ℥ij. M. Add half an ounce of fresh lemon-juice, and take the mixture during effervescence. If there be high fever, from one to three minims of Fleming's tincture of aconite are added to each draught. If there be much pain in the muscles, in place of aconite, from five to ten minims of tincture of hemlock are added to each dose of the alkaline. If, on the other hand, the periosteum be affected, from two to six grains of the iodide of potassium are given. To relieve pain and secure sleep, Dr. Fleming orders at bedtime a full draught of morphia and Indian hemp; as a drink, potassa water or lemonade freely. If necessary, colocynth and hyoscyamus pill is given to relieve the bowels. Cotton wadding is applied to the affected joints. Active and repeated counterirritation and poultices over the heart are employed in cardiac inflammations. During convalescence, warm clothing, full diet, with quinine and iron. After considerable experience Dr. Fleming has found that this treatment has furnished very good results; and that the number of those attacked with cardiac inflammation *after* their admission into the hospital is undoubtedly small. Placing the patient between blankets materially promotes perspiration, and prevents chills. In two recent cases where this plan was followed, sudamina appeared over the entire surface. The contents of the vesicles were ascertained by Dr. Sawyer, the resident physician, to be alkaline, not acid.

NOTES ON BOOKS.

We observe, not without satisfaction, that the *Monthly Homœopathic Review* is excessively wrathful at the course which we have taken in reference to alleged homœopathy at Aberdeen; and we see sorrowfully that it assumes Dr. Reith—we still hope prematurely—as a supporter and apostle of homœopathic follies and pretences.

The Half-Yearly Compendium of Medical Science (Philadelphia, S. W. Bulter, M.D.; London, Stevens Brothers) is a retrospect of medical science, which is of the highest interest to British authors, and we warmly recommend it to them. It not only contains all that Braithwaite or Ranking give of European and continental extract; but it draws largely from native sources which are little known and appreciated here.

The Sanitarium, or Convalescent Home for Ladies of the Upper and Middle Classes, at Hightown, Northumberland, conducted by Mr. and Mrs. Hurman, would appear, from the little pamphlet before us, to be a most healthful, well conducted, and highly useful institution, such as will meet a want only too often felt, both for physical and for moral invalids.

A Commentary on the Trial of Pearse v. *Pearse and Another*, by Dr. J. G. Davey, is a reprint from the October number of the *Journal of Mental Science*. The case and commentary are of interest to experts in cases of mental disease.

Historic Gleanings (London, Simpkin) is a political address by the same author, in support of the "good and liberal cause."

A Dictionary of Materia Medica and Therapeutics, by Adolphe Wahltuch, M.D. (London, Churchill) is an industrious compilation, in which is given a tabular and synoptical account of all drugs specified in the *British Pharmacopœia* of 1867, under six heads: The Name and Synonym; Character and Properties or Composition; Physiological Effects and Therapeutics; Form and Doses; Preparation; Prescriptions. It is an useful book of reference to professional men, and compiled with great care. The last column is likely to be especially useful.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, medical appointments and trials, hospital and society meetings, important inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 9TH, 1869.

THE ARMY HOSPITAL, NETLEY.

AT a moment when it is desired to introduce military reforms productive of increased economy and efficiency, we think it a duty to call attention to what may be done at Netley. The purely military part of the establishment at Netley is on a costly scale, out of all proportion to the real necessities of the place. It consists of a Major-General, who is Governor of the hospital, and Commandant of the Army Hospital Corps; that is, a few dozen orderlies in attendance on the sick, or employed under the purveyor. To assist him in his arduous duties, he has an Assistant Commandant, a major in the army; then there is another military officer, who acts as adjutant and quartermaster to the abovenamed corps; and a captain of orderlies, who, with a due proportion of non-commissioned officers, completes the ample military staff of the Royal Victoria Hospital, and the head-quarters of the Army Hospital Corps. Now, a military officer is undoubtedly required at Netley to maintain discipline among the men not under medical treatment, and to furnish the military element required for the duties of the invaliding board. But, we submit that to place a soldier at the head of a hospital, and to make him the supreme authority in its administration, is such a palpable absurdity that it requires only to be stated. Perhaps we can best illustrate this by an example. Lately, the Principal Medical Officer at Netley was Inspector-General Muir, C.B., an officer whose relative rank is that of a major-general in the army. Dr. Muir, by universal consent, is the ablest medical administrator in the British army; his reputation is not confined to his own service, but is well established on the continent of Europe and in the United States. He was Principal Medical Officer to the force under Sir Hope Grant in China; and it was mainly due to the admirable manner in which he carried on the duties of his responsible office, that the war was brought to a conclusion with less loss of life from disease than in any previous war waged by this country. When the affair of the *Trent* had nearly involved us in hostilities with the United States, Dr. Muir was hurried out to Canada to organise the military hospitals, and, when the cloud cleared away, he was sent to the seat of war to observe the organisation of the American hospitals, then going on on a scale of unexampled magnitude. While so employed, Dr. Muir gladly gave the medical authorities of the army of the United States the benefit of his advice and mature experience in such, to them at that time, novel duties. After five years' service in Canada, Dr. Muir returned home, and, in the usual routine of duty, was appointed Principal Medical Officer at Netley. Then, for the first time in his life, he found that a military officer was his hospital superior. To make the absurdity still more glaring, after a few months of servitude in this, to him, professionally degrading position, he was ordered to India, where he now is. At Netley, the War-office thought him incapable of managing one hospital. In India, from Calcutta to Peshawur, and from the snowy mountains to Cape Comorin, he is supreme in the hospital administration of the British forces serving there.

This preposterous system of military governors in hospitals is new in the British army. It has been introduced at the very time when, in America and in Prussia, the authorities, taught by the experience of their great wars, have struck the fet ers from the hands of their medical officers. Unless we in this country profit [by the example thus set, and at once abolish a system that carries its own condemnation on its face, we must prepare for the consequences when the strain of war comes. Will the authorities, who are responsible to Parliament, answer this question: If you think that any general, colonel, major, as the case may be, who happens to have interest enough in Pall Mall to secure his appointment as governor of a general hospital, is fit, without any previous training or a scrap of special knowledge, for such a duty, why do you tax the country to maintain an admirable and well appointed army medical school, with a staff of professors the most competent you can find, to teach the rising generation of medical officers the specialities of their calling, when, at the last, you purpose placing them, as regards their highest duties, those of administrators, under men who have never been trained for such duties at all?

The truth is, the case will not bear discussion; it crumbles under the process. The system had its origin in a mistake; when the public eye lights upon it, it is doomed. The sooner, therefore, the authorities anticipate Parliamentary action on the matter, the better it will be for the reputation of all concerned.

THE YORKSHIRE BRANCH AND THE ANNUAL GENERAL MEETING OF THE ASSOCIATION FOR 1869.

THE last two General Meetings of the Association have been in every way so successful—Dublin and Oxford possessed resources so peculiar and considerable, and gave to the Association a reception so warm and generous—that the honourable task of the successor to this heritage is one of no small difficulty. Yorkshiremen are, however, more likely to be encouraged than to be daunted by difficulties; and the North of England is bestirring itself to show what professional spirit and energy, and the enterprise, liberality, and science, of these great counties, can do to rival the efforts of the time-honoured seats of learning. Dr. Chadwick of Leeds, the President-elect for the next year, has issued a circular to the practitioners of the neighbouring counties, calling attention to the professional and literary advantages which the membership of the Association now confers, and expressing the anxiety of the Leeds Committee that they shall be so supported by their professional brethren, as to make the reception of the Association by Yorkshiremen one which shall be mutually agreeable and honourable. We believe that nearly one hundred new members have joined the Association in those counties, in answer to this address; and we trust that all our associates in this part of the world will support the efforts of Dr. Chadwick and the Leeds Committee, by bringing the matter under the notice of their friends and neighbours, and forwarding to Dr. Chadwick or Mr. Wheelhouse the names of those desiring to join the Association, and to take part in the great professional reunion next August at Leeds. Yorkshire has hardly, up to the present time, assumed that position in the Association to which the numbers, intelligence, and influence of the resident profession, may fairly entitle it; and we trust that our members there will use all their exertions now to advocate our cause, by urging the wavering to join the ranks of this great professional Association. One hundred new members have joined within a fortnight; but there remain some thirteen hundred who have not yet answered the circular addressed to them. Mr. C. G. Wheelhouse, Park Square, Leeds, will receive names, furnish forms, and give information and assistance to those willing to assist in this important movement, and we invite our Associates to come earnestly and unanimously to his assistance, and to forward him names plentifully, and without delay.

THE NEW NOSOLOGY.

THE Registrar-General has issued an official notice calling the attention of medical practitioners to the new Nomenclature of Diseases issued by the College of Physicians' Committee, of which we have recently given some lengthened notices. This nomenclature recognises the following forms of common fever: (1) typhus fever, (2) enteric fever, (3) relapsing fever, and (4) simple continued fever. Neither cerebro-spinal fever nor plague need be referred to, as they do not prevail here; nor febricula, as it is never fatal. The majority of the fatal fever-cases in England may probably be designated either as typhus or as enteric fever. The two forms are thus defined by the Committee:—Typhus fever: a continued fever, characterised by great prostration, and a general dusky mottled rash, without specific lesion of the bowels. Enteric fever—synonym, typhoid fever (or typhus): a continued fever, characterised by the presence of rose-coloured spots, chiefly on the abdomen, and a tendency to diarrhœa, with specific lesion of the bowels. Enteric fever occurring in the child is often named infantile remittent fever. Medical practitioners are requested to use these names, to enable the Registrar-General to distinguish the several forms of fever with precision in the returns of the ensuing year.

We see with great pleasure that the Registrar-General has thus at once recognised the importance of obtaining the national returns in the new form which modern medical science sanctions as the most precise and accurate. But how are all qualified medical practitioners to make themselves masters of this nosology, which ought to be adopted for all the purposes of official and national registration? The nation pays nothing to the practitioner for his certificate. It is a sacrifice which he makes to the national interest—a duty which our profession gratuitously performs, but for which all other parties concerned are paid. Are they to buy the book to enable them to perform this gratuitous service? That would be pushing generosity too far. Application, it has been understood, has been made to the Government to issue a copy of the Nosology which they are expected to use to all registered practitioners. It involves no great expense; it is necessary for the efficient performance of a duty which is of high importance to the state, and which they fulfil as unpaid experts. We trust that the Registrar-General, one of the most able, courteous, and efficient of public officers, will use his influence with the Government to cause this distribution to be made at an early date. We have done our part in explaining the principles and arrangement of this national work; but it is essential to public interests that the book itself should be placed in the hands of every registered medical practitioner.

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AT a meeting of the Academy of Natural Sciences of Philadelphia, held on November 28th, Dr. Cobbold, F.R.S., was elected an Honorary Correspondent of the Society.

TO remove the bitterness of sulphate of magnesia, which is the chief drawback of this useful saline aperient, it suffices, according to the *Bulletin de Thérapeutique*, to boil a little coffee in the solution of the sulphate; the flavour of the coffee masks that of the medicine. The flavour of the decoction of senna may be covered in the same way.

MEDICAL BENEVOLENT FUND.

AT the monthly meeting of the Committee of this Fund, held on December 29th, 1868, the amount distributed was £70, the number of recipients being ten. On Tuesday, January 12th, the annual general meeting of subscribers will be held, after which the Report will be issued, and an appeal made to the profession for further support. The following donations are thankfully acknowledged:—James Paget, Esq., F.R.S., D.C.L., £25; Mrs. Stocker (by Dr. J. S. Stocker), 2, Montagu Square, £5 : 5.

THE VALUE OF A MEDICAL DIPLOMA.

QUALIFIED assistants are still, we presume, articles of very cheap attainment, for we observed recently two advertisements for qualified assistants, to dispense, visit, and attend midwifery, at the rate of £50 per annum, in-doors. These are just the wages of a good London footman. It is not uncommon to see many such advertisements; and, with such prospects as these before them, it is difficult to understand the number of educated men who, at the age of 17, already having spent some hundreds on their education, are preparing to spend from £500 to £1000 more, and to pass four years in acquiring the knowledge which shall entitle them to seek, by advertisement, an "indoor situation, with midwifery and dispensing, at £50 a year." Nothing can show more conclusively how wretchedly underpaid and overstocked is our profession, than that it should be necessary to offer such terms, and that many should be found ready to accept them. At any rate, we think that parents and guardians, who are about to commit their charges to such a future, should pause and scan our advertising columns, the records of boards of guardians, and of the Medical Benevolent Fund, before they take the final step. The medical profession is overstocked and underpaid.

SPECIAL DEPARTMENTS.

MR. ERNEST HART, who has been in charge of the aural patients at St. Mary's Hospital, London, during the last four years (subsequently to the resignation of the late Mr. Toynbee a year before his death), has been appointed by the Weekly Board to take further charge of the out-patient department for diseases of the ear, for a period of four years. —Dr. Cheadle has been appointed to give clinical demonstrations in the Department for Diseases of the Skin, which is in joint charge of Dr. Handfield Jones and himself; and Mr. Norton has been appointed to act with Dr. Sieveking in the Department of Diseases of the Throat.—For the vacant office of Physician to the Skin Department of University College Hospital, we hear of two candidates,—Dr. Tilbury Fox and Mr. Balmanno Squire, both former pupils, and well known in this branch of medical practice and literature.

THE NEW CONVALESCENT HOSPITAL OF ST. BARTHOLOMEW'S.

THE plans for a convalescent establishment in connexion with St. Bartholomew's Hospital, about which there was last year much exaggerated rumour, have, we understand, now assumed a definite and limited form. The sum at immediate disposal is about £45,000, which has been paid over by the Midland Railway, in compensation for a strip of land which it has taken, which brought to the hospital till now an actual revenue of £100 a year. This revenue has been replaced by interest already paid; and it is intended, when the proper sanction has been obtained from the Charity Commissioners, to build a hospital in the country, which will probably accommodate some forty patients. This will be within easy reach of St. Bartholomew's Hospital, and will be a *succursale* of that establishment. Mr. Foster White, the Treasurer, intimated, on the occasion of the last visit of the Prince of Wales, that a sum of money of the like amount might probably be forthcoming, from a fund at the disposal of a great city company; but this has been baulked, owing partly to administrative difficulties which were foreseen.

RECENT FRENCH RESEARCHES.

AMONG the most important awards of the Academy of France this year are a sum of £20 each to Dr. Legros d'Antressor for his "Recherches sur le Traitement des Affections Scrofulaires et Tuberculeuses, et Spécialement de la Phthisie Ganglionnaire Bronchique"; to Dr. J. Besnier, for his "Recherches sur la Nosographie et le Traitement du Choléra Epidémique, consideré dans ses Formes et ses Accidents Secondaires"; to MM. Prevost and Cottard, for their "Etudes Physiologiques and Pathologiques sur le Ramollissement Cérébral"; to Dr. Larcher, for his "Pathologie de la Protuberance Annulaire."

PRIZE SUBJECTS.

THE French Academy of Medicine offers the following prize questions for 1869. Diseases of the Cerebellum, the Academy Prize, £40. Sclerosis in Different Organs, Prix Portal, £24. Barbier Prize, £120; Remedies for Diseases reputed Incurable. Capuron Prize: The Return of the Uterus to the Ordinary State after Labour; Medico-legal Applications of the Results of its Study to the Determination of the Date of a past Labour—£60. Godard Prize: The best work on External Pathology—£40. Amussat Prize, £40: The best work based simultaneously on Anatomy and Experiment, and realising a Surgical Progress. Lefevre Prize: On Melancholy—£80. Argenteuil Prize: Improvements in treatment of Stricture, 1863-8; or subsidiarily of other Urinary Diseases—£320. Rufz-Lavison Prize: Acclimatisation of Animals and of Men—£80. These prizes are all open to general competition.

THE SANITARY CONDITION OF SHIPS.

WE took occasion, in reporting upon the hygienic condition of the mercantile marine two years ago, to point out the excessive absurdity of the present piecemeal system, whereby the river is parcelled out into bits of districts, and one only of these districts provided with an inspector. No change whatever has taken place since our report appeared. The sanitary condition of the floating population of the Thames has recently been made the subject of special comment by Dr. Letheby, Medical Officer of Health for the City. He adopts our view. We reiterate that the Thames Conservancy are, as the governing body of the Thames, specially fitted to have the conduct of such a work, and that this corporation should at once take legislative steps with reference to the appointment of a medical inspector for the port of London. The creation of such an office would do more sanitary good to our coasting trade than any complex system of legal enactments, and would at the same time be welcome, as tending to correct some present evils that are probably more due to the careless habits of seamen than to the parsimony of masters or owners of vessels.

POISONOUS HAIR-DYES.

THE frequent impunity with which leaden and other metalliferous hair-dyes are used, when only applied at intervals, has led to the introduction of a more dangerous class than these, called hair-restorers, in which a slower action of lead is employed to blacken the hair by daily applications. The most romantically named hair-dyes and restorers are just so many solutions of lead, mercury, silver, or copper, combined with mordants or decomposing agents. Those of nitrate of silver destroy the hair, but do not injure the health. Mr. Erasmus Wilson tells us that one of the most largely used hair-restorers contains as much as a drachm of acetate of lead to half a pint; it is sold for more guineas than it is worth pence in point of money value. Leaden combs, used daily, produce also insidious forms of lead-poisoning. Schott publishes, in the *Gazette Médicale de Paris* (1864), an instructive *post mortem* examination of a fatal case. Those who have used some of these poisonous preparations with impunity for a number of years should yet remember the fate of Mademoiselle Mars, who also dyed her hair, in the hope of eternal youth, and succumbed in one night, under cerebral disturbance produced by a new application. The pearl-white powders, which are becoming more and more fashionable for giving the complexion the dull Parisian whiteness of skin—the *teint mat*—are equally dangerous, and produce numerous poisonings, especially amongst dramatic artists. There are many innocuous powders which answer the purpose; but carbonate of lead adheres so much better, that it is still the favourite, as it was when Ovid denounced it in his *Ars Amoris*, and Martial in his Epigrams.

PROFESSIONAL SERVICES AT OLDHAM.

A NEW infirmary is about to be erected at Oldham, as our readers are aware. We regret to find that the preliminaries are not being conducted in a manner which promises the utmost efficiency, or the best outlay of the money subscribed. In the choice of a site, the opinion of the profession in the town has been deliberately ignored; and they have been excluded from the meeting at which it was settled, on the score that they were not subscribers. Such a question, however, should be settled by brains and not by money. All the money in the bank will not alter a sanitary law, or prevent foul air from poisoning a sick man and retarding a convalescent. But we call upon the medical men of the town to take strict notice of this pecuniary distinction thus early established. The founders of the infirmary wish to have the full privileges of their money, even to the extent of perpetrating a folly or an iniquity, which they think they have purchased the right to do. To select a site for an infirmary, without conference with medical authorities, is both foolish and iniquitous: that they must settle with their fellow townsmen. At any rate, they will not fail to recognise the duties of their pecuniary vantage ground, and will not call upon the medical men of the town to give their valuable time, their labour, and their skill, to the service of the infirmary, without remuneration. Let the subscribers have all their full privileges of management; and we heartily hope, and do not doubt, that they will use them more wisely than they have done in the matter of the site; but do not let them inflict upon the profession the injustice of giving unpaid service to the infirmary. Do not let them make it a cheaper "club" for well-to-do artisans, a *quasi*-benevolent refuge for parsimonious manufacturers or prosperous householders, well content to shift the burden of ailing operatives and servants on to public charity, and to ask for that charity the gratuitous labour of the profession.

DIFFUSE CAPILLARY EMBOLISMS IN FEBRILE DISEASES.

DR. CHARLTON BASTIAN has brought forward some interesting observations based on a case of erysipelas of the scalp, associated with delirium during life. He found that the small arteries and capillaries throughout the grey matter of the brain were more or less occluded by aggregated masses of white blood-corpuscles. The same capillary embolisms were met with in the kidneys and liver, leading to commencing degenerations of these organs. From observations which Dr. Bastian had previously made on the microscopical characters of the blood in cases of febrile disease associated with high temperature, he was led to believe that the white corpuscles, which seemed to show an increased irritability in these affections, might cohere so as to form masses capable of occluding small vessels. He is disposed to attribute the delirium occurring in this and in some other similar febrile affections to these obliterations of vessels in the grey matter of the brain; and he is also disposed to think that the albuminuria so frequently met with in these affections may be explained by a similar affection in the kidney. These observations open up an extensive field of further pathological research and clinical deduction. We shall next week publish a detailed paper by Dr. Bastian on the subject.

MARSHALL HALL MEMORIAL SCHOLARSHIP.

A MOVEMENT has been set on foot to found a memorial scholarship in honour of this distinguished physiologist. An extensive General Committee has been formed in the principal towns of Great Britain and Ireland. *Honorary Secretaries*—London: Dr. Tilbury Fox, Sackville Street, Piccadilly. Edinburgh: T. Annandale, Esq., Charlotte Square. Dublin: Dr. Quinan. Provincial: Dr. Ellis, Newcastle-on-Tyne. *Treasurers*—Dr. Russell Reynolds and Dr. Webster. Communications may be made to either of the Honorary Secretaries.

THE PATHOLOGICAL SOCIETY: ANNUAL MEETING.

THE annual general meeting of this Society was held on Tuesday evening—Mr. Simon, the retiring President, in the chair. The officers and Council for the year 1869, as published in our last week's issue, were appointed. The eminent physiologists and pathologists proposed for election as honorary members were unanimously elected. A long discussion took place as to the proposed alteration of Bye-laws XIV and XIX, which we printed last week. It was very properly objected, that members who had already joined should suffer by the adoption of these alterations. They were, therefore, slightly altered, and made to include only those elected after the 1st of January, 1869. A resolution was also passed, referring to the Council, for their consideration, the propriety of adopting a sliding scale of fees for members who might wish to compound after several years' membership. A strong feeling was shown in favour of some such arrangement, which will, we doubt not, be fully recognised by the Council in dealing with the matter.

THE MICROSCOPICAL JOURNALS.

THE *New Monthly Microscopical Journal* contains not only the best of the papers read at the Royal Microscopical Society, of which it is the official organ, but an excellent summary of histological science, and reports, notes, and queries, which will add to its usefulness and popularity. The current number of the *Quarterly Journal of Microscopical Science* is one of unusual interest and merit in all its departments. The large number of students of histological science will unquestionably profit by the wholesome rivalry thus introduced. We hope that the publishers and editors will equally profit.

THE PREVENTION OF CONTAGIOUS DISEASES.

MR. GEORGE GREEN GASCOYEN, one of the Surgeons of the Lock Hospital, London, writes to us on this subject:

"The communication by Mr. Trotter, in your current number, showing that the number of primary venereal cases in the Coldstream Guards was reduced to less than one-fourth immediately upon the removal of the battalion from London to Windsor, where the Contagious Diseases Act is enforced, affords not only valuable testimony in favour of the Act, and the need which exists for its more general application, but also how much its efficient working may be nullified if periodical inspections of the men be not practised.

"From this letter, it appears that, when the regiment reached Windsor, ten cases of primary sores and four of gonorrhœa were detected; if, therefore, no examination had been made before the soldiers were allowed to leave barracks—and I believe this is not compulsory—fourteen men would have been at liberty to spread disease amongst the women of the town, and, through them, amongst the troops with whom they associate. Mr. Trotter further states that a sudden increase of primary sores, in the same carefully inspected body of men, was, on inquiry, attributed, by the Superintendent Officer of the Windsor District, to the number of unhealthy women who had been attracted to the pleasure fair; so that, from this chance cause, without an inspection of the men, disease would again have been disseminated through the women residing in the town, and, therefore, through the garrison. This explanation is fully corroborated by my own experience that, when there is a marked increase of primary sores amongst the women received into the Lock Hospital from districts under the Act, it can be traced to the arrival of regiments from unprotected stations, or to the influx of fresh women. It is also well known that diseased women are in the habit of going to towns where the Act is in operation, for the sake of obtaining medical treatment; and there continue to associate with the troops until they are arrested or can gain admission into the hospital. The facility again with which soldiers can reach women who are not subjected to the Act, together with the large number of men who are constantly on furlough, or on detached duty in various parts of the country, renders the necessity of frequent inspection imperative to prevent the spread of disease in unprotected districts.

"The Contagious Diseases Act has already done much service in preserving the health of the soldier, and, therefore, in saving the public money; but, although its application is as yet too limited to realise the vast amount of good it is calculated to afford, its present efficiency might be much increased if regular examinations of the troops were made compulsory in those towns to which it is extended; these should be required at any rate until the time arrives—and I trust it is not far distant—when the Act will be universally applied throughout the country."

INDIAN MEDICAL NEWS.

OUR correspondent in Calcutta, under date December 8th, announces the death of Dr. A. Wilson, Deputy Inspector-General of Hospitals, of the retired list. He was well known and respected in Calcutta. He was one of the presidency surgeons, and a professor of the Medical College.—A proposal to place the executive charge of all Bengal gaols in the hands of the civil medical officers of stations has been sanctioned by the Government of India.—The managers of the Bengal Medical Retiring Fund, having formally made over to the Government of India the assets, records, and other property, with the liability and management of the Fund, in terms of the 29th Victoria, cap. 18, with effect from March 1st, 1868, the Governor-General in Council, on the part of the Right Hon. the Secretary of State for India, has accepted the transfer in terms of the Act, and with effect from the date specified.

SCOTLAND.

NUMEROUS gifts of clothing and delicacies have been sent by charitable friends to the Children's Hospital, Edinburgh, during the Christmas season.

WEST OF SCOTLAND SEA-SIDE HOMES.

A PUBLIC meeting of the citizens, in support of Miss Beatrice Clugston's scheme for establishing sea-side homes for the working classes and their families in time of sickness, was held in the City Hall, Glasgow, on Tuesday evening. It appears that suitable buildings can be obtained at Dunoon, which are admirably adapted to the object in view, and which with very little outlay can be made ready for immediate occupation. By the aid of charitable subscriptions, one-half of the expenses would be defrayed, thus enabling the working classes to derive the advantages of a convalescent home by paying one-half the ordinary cost. Resolutions were unanimously passed at the meeting in favour of the object.

THE UNIVERSITIES OF ABERDEEN AND GLASGOW ELECTION.

AT a meeting of Mr. Gordon's sub-committee, held in Glasgow last week, it was resolved to abandon the idea of petitioning against the return of Mr. Moncreiff for the Universities of Aberdeen and Glasgow. We are sure this decision will be hailed with satisfaction among the great majority of the electors. No doubt it would have been of importance to ascertain the legality of the proceedings of the church associations which gave rise to the movement, but still it were far better that the matter should rest as at present than that the fair name of the constituency should be sullied at the outset. We doubt not that when another contest for the seat takes place, any uncertainty on the point will be at the commencement set at rest. Great credit is due to Mr. Gordon, who, all along, strongly opposed any steps being taken in the matter. His cause will certainly not suffer by such conduct.

ABERDEEN ROYAL INFIRMARY: ELECTION OF PHYSICIAN.

ON Monday, a numerously attended General Court of Managers was held in the Board-room, for the purpose of electing a physician in the room of Dr. Archibald Reith. The two candidates were Dr. Beveridge, Pathologist and Lecturer on Pathology to the Infirmary; and Dr. Angus Fraser, late Assistant Professor of Chemistry in the University, and Medical Officer to the Aberdeen Dispensary. A petition, signed by ninety-two students, which we noticed last week, was presented to the Court, after which the vote was taken, resulting in favour of Dr. Beveridge, by fifty-three, against fifty-one votes polled by Dr. Fraser. Dr. Beveridge's long and valuable services to the medical school, and his great powers as a teacher, have fairly earned for him this appointment.

EDINBURGH ROYAL INFIRMARY.

THE annual meeting of the contributors to the Royal Infirmary was held on Monday, in the City Chambers. The attendance was very large. The Annual Report of the Managers was read, together with a special report on the proposal to rebuild the medical hospital. The total number of patients treated in the Infirmary during the year had been 4359. Of these, 494 died in the hospital. The ordinary revenue for the year amounted to £14,919, and the expenditure to £14,472; showing an excess of revenue to the amount of £446. The special report calls attention to the facts which led to the proposal to erect a new medical hospital, and also to the discussion which had passed since Professor Syme proposed that the entire hospital should be rebuilt, and on an entirely new site. The report states that the Governors of George Watson's Hospital have power to sell; that they are inclined to do so to the Managers of the Royal Infirmary; and that they would expect the fair marketable value of the hospital and grounds, which they estimate, including the house in Wharton Lane, at about £43,000. For the information of the Court of Contributors, it further explained that the grounds of the hospital extend to eight acres and three-quarters; that the site of the Royal Infirmary, with the additions proposed, extends to about five acres and three-quarters. After such a statement, it is a source of the greatest surprise to us that any of the governors of the hospital can possibly find good reason to oppose the scheme of removal to Watson's Hospital grounds. The expenses connected with purchasing and removing the houses opposite the University will, it is said, not be covered by so small a sum; and yet the removal of the hospital to a more healthy and extensive site, the opportunity of getting a model hospital, which can never be built of the proper size on the present ground, and numerous other advantages we have previously alluded to, are opposed by the whim of a few governors, who wish to retain the present hospital, where, it appears, even baths are wanting, and whose only argument is that, with money subscribed for a new medical hospital only, and on the present site, they cannot sanction even the idea of change. It is extremely unlikely, after the result of the discussion on the comparative merits of the two sites, that the impartial subscribers will object to the proposed scheme, when their opinion on the matter is taken. After considerable discussion, it was resolved to adjourn the meeting till Monday, January 25th, at one o'clock, the meeting to be held in Queen Street Hall, and it was further resolved, that the report of the committee should be printed and circulated among the members. An opportunity will be thus afforded subscribers of objecting to their money being used for any other purpose than that for which subscribed. We shall be greatly mistaken if the amount already contributed be not greatly increased when it is decided to remove the entire hospital to Watson's Hospital grounds. Professor Syme tabled the following for consideration at the next meeting. "1. That the new Infirmary shall contain surgical as well as medical wards. 2. That the new Infirmary shall be built upon the ground at Watson's Hospital. 3. That the Managers be instructed to carry these resolutions into effect. Professor Simpson also gave notice that, at the next meeting, he would move that a maternity hospital should be embraced in the new Infirmary buildings. The Maternity Hospital was, he said, a disgrace to the city.

IRELAND.

MILITIA SURGEONCIES.

It is stated that the new Secretary at War will deprive the lieutenants of counties of the power of nominating militia officers, and will place the service under ordinary military government.

AMALGAMATION OF MEDICAL SOCIETIES.

If the Royal Medico-Chirurgical Society of London should succeed in amalgamating the other metropolitan societies, it is thought likely that the good example would be followed by the medical societies of Dublin, which at present are four in number.

KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

On Friday, the 1st instant, at the monthly meeting of the President and Fellows, Dr. James Little was elected Registrar, *vice* Dr. Grattan-Guinness, deceased. As it was known that there was no other candidate, the election was merely formal. By his election to the registrarship, Dr. Little vacates the censorship, to which he was lately chosen.

A NEW UREA.

At the last meeting of the Chemical Society of London the discovery of a new urea by Dr. Emerson J. Reynolds, Professor of Chemistry in the Royal Dublin Society, was communicated by Dr. Odling. The new urea, in most respects, closely resembles the ordinary product of the animal economy, but differs from the latter in containing sulphur instead of oxygen, as shown by the following formulæ:—

Ordinary Urea.................... CO,H^4N^2.
Reynolds' Urea .... CS,H^4N^2.

The existence of the latter body has been long suspected, but the failure of repeated attempts by Liebig, Völckel, and other chemists to prepare the compound, led to the belief that it was impossible to obtain it by ordinary processes. Dr. Reynolds now shows that the sulphur urea can be prepared in large quantities by the cautious fusion of sulpho-cyanate of ammonium, just as ordinary urea results from heating cyanate of ammonium. A large number of compounds of the new urea have been prepared and analysed by the discoverer and no reactions are described which have much interest for the physiologist. When the sulphur, urea, and oxide of silver are digested with a little water, sulphide of silver and *ordinary urea* are produced. Again, when the new body is subjected to careful oxidations, *sulphuric acid* and *ordinary urea* result. It would thus appear that a new field for inquiry opens, as to the possibility of the new urea occurring in animal fluids, and so acting as a medium for the conversion of sulphur as we find it in the protein compounds into the sulphuric acid which appears with ordinary urea in the urine.

DEATH-RATES IN IRISH CITIES.

The mortality of Irish populations would seem to be very different in various cities, for the death-rates of Dublin, Belfast, and Cork during the four weeks of December were at the annual proportions of 17, 40, and 13 per 1,000. In all provincial cities the area of registration includes rural districts, and penalties for neglect of registration are not enforced in Ireland.

HYGIENE OF CEMETERIES.

The Corporation of Cork have been indefatigable in their efforts to prevent the injury to health which results from eleven burial places within that city. They commissioned Dr. Finn, of the North Infirmary (an institution which specially suffered from proximity to graveyards), to report on the subject, and then appealed to the Privy Council. The cause was tried on Tuesday; and medical testimony and legal arguments persuaded that body to order the closing of all the graveyards and all the vaults, except those which had been purchased previously. It is most desirable that other corporations should take similar steps. The graveyards in most Irish cities being objectionable, and injurious to public health, a systematic inquiry into the subject should be conducted, as provided for by the Irish Burial Acts.

THE MEDICAL BENEVOLENT FUND OF IRELAND.

We took occasion some time since to protest against the impolitic and unjust removal from office of Dr. Robert McDonnell, F.R.S., a late Superintendent of the Mountjoy Prison, without compensation. We retain the same opinion as to the injury which the public service has sustained. The stir occasioned has led, through the exertions of Mr. Pim, M.P., to the grant to Dr. McDonnell, by way of compensation, of a pension of £36:11:3. This he, with singular generosity and public spirit, has now offered to the Royal Medical Benevolent Fund Society of Ireland, as an annual subscription. Happy the man who possesses the impulse and the power to act with so much public spirit and with so much liberality as Dr. McDonnell has done throughout this affair. The course which he has taken from the first does him infinite honour. At the meeting of the Central Committee of this valuable fund, at which this magnificent subscription was offered and accepted with due thanks, a legacy of £121:19:2 was also received under the will of the late Dr. Kingsley, the founder of the Society. Dr. Marks, 26, Hatch Street, Dublin, has accepted the office of Honorary Secretary, in place of the late and much lamented Honorary Secretary, Dr. Grattan-Guinness.

THE PROFESSORSHIP OF BOTANY IN THE UNIVERSITY OF DUBLIN.

The Professorship of Botany in Trinity College is now vacant, and will be filled up before the close of the present month. The following candidates are said to have forwarded applications for the office, the appointment to which rests with the Provost and Senior Fellows of Trinity College:—Rev. John C. Brown, LL.D.Edin.; E. Percival Wright, M.D.Dubl.; W. R. McNab, M.D.Edin.; Cuthbert Collingwood, M.B.Oxon.; Robert Beveridge, M.D.Aberd.; and Wyville Thomson, LL.D.Edin. The Board of Trinity College will find it easy to select a competent botanist from among the graduates of Oxford, Dublin, Edinburgh, and Aberdeen, that offer themselves as candidates. The Professor of Botany in Trinity College is expected to devote his whole time to the cultivation of botanical science, and has the use and control of the valuable Herbarium collected by Coulter and Harvey, as well as of the convenient Botanical Gardens, which are the property of Trinity College, and within a quarter of an hour's walk of the College. The endowments of the botanical chair in Trinity College do not at present exceed £250 a year; but it is generally thought that arrangements could be made for doubling this amount, if a botanist of zeal and promise held the office. The practice of Dublin University agrees with that of Edinburgh so far as Botany is concerned, for in both Universities the professor is required to devote his whole time to botanical pursuits; but it differs from that of Edinburgh with respect to the remaining branches of Natural History, which are all taught by one professor in Edinburgh, and by several in Dublin.

MEDICAL COURTS OF APPEAL.

At the Annual Meeting of the Bath and Bristol Branch of the British Medical Association, a Special Committee was appointed to consider the above subject, and report at the next Ordinary Meeting. At that meeting, on October 29th, the following report was brought up, and it was resolved that it should be printed and circulated among the members previous to discussion at the meeting of December 10th, 1868.

"The Committee appointed at the last Annual Meeting of the Bath and Bristol Branch of the British Medical Association, to consider the desirability of establishing a Court of Appeal in the event of Professional difference on points of Medical Ethics, founded on a communication made to the Branch at its last Annual Meeting, having taken the subject into consideration, beg to make the following recommendations.

"1. That a Court of Appeal be established for the purpose of deciding Medico-Ethical questions submitted to it.

"2. That such Court of Appeal consist of seven Members, selected from the Council of the Branch, by the Council; of whom five shall be a Quorum. The Chairman for the time being to have a casting vote in addition to his ordinary vote.

"3. That the decision of the Court of appeal shall be *final.*

"4. That the Court of Appeal shall be open to all Members of the Profession, within the limits of the area in which Members of the Branch reside.

"5. That all differences of opinion coming within the jurisdiction of the Court of Appeal shall be stated in writing. The Court reserving a right of personal interview if such should be deemed requisite.

"6. That any Members of the Branch making public, by means of newspapers or circulars *any* difference of a Professional character—shall be deprived of the right of appeal, and the Branch may call upon the Court of Appeal to express their opinion on such publication as unprofessional.

"7. That the Appellant shall subscribe a document previously to the consideration of an Appeal, agreeing to abide by the decision of the Court, and to refrain from any publication of such decision except by and with the express sanction of such Court.

"8. That, in the event of any necessary expenses being incurred by the Court during the consideration of an appeal, such expenses shall be defrayed by the Appellants in equal proportions.

"9. That the decisions of the Court of Appeal shall be communicated to the Branch, but shall *not* be published as part of its transactions." *(Signed),*

R. W. Coe.
Jas. G. Davey, M.D.
Chas. H. Collins.
R. Wilbraham Falconer, M.D.
Robert N. Stone.
H. Hensley, M.D.
A. B. Brabazon, M.D.

At this meeting, Dr. Brabazon moved—

"That, in accordance with the recommendation of the Special Committee, 'a district Court of Appeal' be constituted, to which may be referred all Professional disputes or differences, or matters of professional etiquette."

He stated that he considered that the social status of the profession was not that to which it was justly entitled, as a scientific, learned, and honourable profession. Terms of remuneration were daily offered to the profession by those who represented the public, which would not be offered to or accepted by any other learned profession. He had for a long time considered the subject, and had arrived at the irresistible conclusion, that this undesirable state of things was owing to want of internal organisation, and to the non-existence of a code of recognised medico-ethical laws to guide the profession in their mutual relations with the public and with each other. He earnestly and repeatedly begged that the meeting would not view the subject before them simply in the light of an institution wherein to settle wretched professional disputes, but that they would consider it in a much wider sense, as the first instalment of a system of medical ethics, hereafter to be added to and enlarged upon. He wished to notice the objections which had been and probably would be made to a Court of Appeal, as recommended by the Special Committee. 1. That the existence of a Court of Appeal would be a confession of professional frailties and weakness, and would tend to lower the profession in public opinion. 2. That there is no necessity for such an institution. 3. That it would not obtain the desired result of establishing unanimity and preventing professional differences. In reply to the first objection, he asserted that the public would think much more highly of the profession if they believed that there existed a code of ethical laws to guide it in its relations with them and with each other, and they certainly would not respect it less than other learned professions who possess such rules for their guidance. To the argument of "no necessity" he replied, that they were to consider the propositions before them, *not merely* in reference to their *own* particular branch but in reference to the *general professional good;* and he argued that if there ever had been, or if there were in the future, any possibility of the occurrence of professional misunderstanding between honest and honourable men, or between men of a very different stamp, then the necessity of some proper and understood mode of settling such matters *fully* existed. In reply to the third objection, he stated that he had corresponded with the local Secretaries of many Branches throughout England to obtain information on this point. In those districts where Medico-Ethical Branches existed the effect of their working was most satisfactory. In proof thereof, he read extracts from letters received. In other districts the Secretaries regretted exceedingly the non-existence of some Court of Appeal or Medico-Ethical Branch, which were convertible terms. He earnestly trusted that the meeting would not consider the question in a narrow-minded point of view, but would look upon it as a question involving the inauguration of a widely spread system, which must tend to the honour and integrity as it would to the unanimity of the profession. It was the want of unanimity which made the profession a prey to the public and lowered its social status. If the name "Court of Appeal" was objectionable they could give it another. Though the Branch could not now claim the honour of having taken the initiative, it could at least follow a good example and set it to others, and by degrees, from the widely-spread circumference of the British Medical Association, they should see radii of professional ethical opinion arising, tending to one common centre, hereafter to be established; a centre of unanimity which the public must respect; and then they should occupy their proper social position as members of a learned and honourable profession.

Dr. Davey seconded this resolution, and Dr. Falconer and Mr. W. M. Clarke urged the advantages of such a Court.

Dr. E. L. Fox proposed the following amendment:—"That, in the opinion of this Branch, the harmony that has so long existed among the members of the Medical Profession in this Branch and neighbourhood renders the formation of a Court of Appeal, as laid down in the proposed code of laws, unnecessary and undesirable." Mr. Bartrum seconded the amendment; and Mr. Tibbits, Dr. Marshall, Mr. W. Smith, and Dr. Colborne, supported it. After a long discussion the amendment was put to the Meeting and carried by a large majority.

Mr. Parsons then moved "That a Committee be formed, who shall draw up a code of Ethical laws to be submitted to the Branch at a future meeting." This was seconded by Dr. Marshall and carried by a majority of 18 to 11, after remarks had been made by Dr. Brabazon, Mr. Swete, and Mr. E. Bush. On the motion of Mr. W. M. Clarke, seconded by Mr. Swayne, it was decided that the Council of the Branch should form a Committee for arranging the new code.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

The next meeting of the above Branch will be held at the Council Room of the Midland Institute, on Thursday, January 14th. The chair will be taken at 3 o'clock precisely.

T. H. Bartleet, *Honorary Secretary.*

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: GENERAL MEETING.

The third general meeting of this Branch was held at the Midland Institute, Birmingham, on December 10th, 1868. Present: C. A. Newnham, Esq., President, in the chair, and sixty members of the Branch and visitors.

Election of Members.—It was proposed by Mr. Pearce, and carried unanimously—"That all gentlemen wishing to become members of this Branch of the British Medical Association be proposed and seconded at a general meeting, that their names and addresses be added to the business notice card, and that they be balloted for at the general meeting." The following gentlemen were elected members of the Branch: W. L. Norris, Esq., Brierly Hill; George Chapman, Esq., Brierley Hill; Dr. Welch, General Hospital, Birmingham; Dr. De la Cour, General Dispensary, Birmingham.

Communications.—1. Mr. Bartleet exhibited the parts removed after death from a case of Scirrhus of the Rectum. Amussat's operation had been performed. The patient lived nine weeks after operation.

2. Mr. Bartleet also shewed a Cast of the Bladder, passed by a woman *per urethram*, after taking medicine which caused strangury. The

urine was since passed *guttatim*, and no bladder could be detected *per urethram*.

3. Mr. Bartleet also shewed some Bones from a case of Malacosteon. The subject, an old woman, aged 60, had suffered for ten years, and attributed her disorder to the nervous shock of severe affliction. The bones of the left side were chiefly affected. The left ribs were much thinned, and the left forearm readily broke between the fingers, the right being as strong as usual. The microscope shewed much fat in the bones. The brain and all the viscera were healthy.

4. Mr. Goodall exhibited a specimen of Abscess in the head of the Tibia (right). The patient, a gentleman, aged 30, had suffered during thirteen years periodical and severe pain without there being symptoms sufficiently marked to enable several eminent surgeons who had seen the case to come to any distinct diagnosis. The operation of trephining was performed, but unsuccessfully; and, acute inflammation of the whole bone resulting, amputation of the thigh was performed. On excising the tibia after its removal, a cavity about the size of a horse-bean was found imbedded in solid bone a little to the right side of the centre of the head of the tibia, and within three-fourths of the articular surface.

5. Mr. Alfred Baker exhibited an arm which had been removed for Disease of the Elbow. Excision had been previously performed.

6. Mr. Bassett sent a well marked specimen of Fatty Degeneration of the Placenta.

7. Mr. Thomas Underhill related the following case of Tracheotomy. G. Hoffner, aged 50, of full habit, came under observation on April 9th, complaining of difficulty of breathing, distressing paroxymal cough, and sense of constriction of the throat. The symptoms were found to be caused by the inflammatory thickening of the lining membrane of the larynx. There was no morbid excrescence. On April 28th, impending suffocation necessitated tracheotomy. The trachea was so deep from the surface, that an ordinary sized tube would not reach it without the shield being buried for upwards of an inch in the tissues of the neck, when it was retained by a wire cage. On June 1st, it was replaced by a tube of rather large calibre, and three and a half inches in length. On December 10th, the man was in good health, and engaged in his usual business as a builder. He was enabled to close the tube for several hours without inconvenience. The principal points of interest in the case was the depth of the trachea from the surface, requiring the exercise of a little ingenuity in devising a cage for its retention, and also the fact that, after swabbing the larynx with a solution of nitrate of silver, a quantity of mucus, coagulated, and whitened by the solution, was expelled from the tube, thus incontrovertibly proving the practicability of passing the sponge through the rima glottidis, a proceeding the possibility of which is questioned by many writers on the subject.

8. Mr. J. Vose Solomon exhibited a healthy farmer, 62 years of age, who had suffered from Rodent Cancer, which commenced eighteen years ago as a tubercle in the integument of the nose; it ulcerated and gradually extended, affecting the lower lid, the semilunar membrane, and finally, the inner angle of the upper lid. On October 21st, 1868, Mr. Solomon removed by dissection the whole of the disease, taking care to include a liberal amount of adjacent healthy skin and conjunctiva. The operation included a large excision of the integument of the inner side of the nose, the inner angle of the upper lid, the whole of the semilunar membrane, and nearly the entire lower lid. The integrity of the outer commissure was preserved, and a new lid obtained from the skin on the temporal side of the face. The flap was retained in position by silver wire sutures, and its vitality preserved by cotton-wool dressing. Recovery was rapid and unattended by constitutional disturbance or suppuration of the wounds, except that of the nose, which was left to heal by granulation. The new lid affords as complete a covering to the eye as its companion on the right side. It is lined by a mucous membrane, and presents a fine free border. Not a vestige of the old disease or of recurrent tubercle could be found. Mr. Solomon attributed the satisfactory condition of the part to the freedom with which he had cut into the healthy tissues that bordered the rodent ulceration.

9. Mr. Vincent Jackson read a paper on Notes on an Operation for the cure of Varicocele, and pointed out that the radical treatment of varicocele consisted in the obliteration of the spermatic varices by producing in them adhesive phlebitis. Allusion was next made to the various known operations for the production of this condition by surgeons abroad and at home; and finally the author referred to what he considered the best operative method to be employed in these cases; namely, Mr. Tufnell's modification of Ricord's operation by the double ligature, a modification consisting in the employment of "retracting guides," whereby at any moment the compressing portions of wire can be most easily removed. A needle, similar in make to an ordinary baiting needle, was recommended to be employed in carrying the looped wire around the veins. The paper was illustrated by drawings and a model, the latter demonstrating the position of the compressing and retracting wires, and showing how the tension of the former is maintained by attaching their free ends to a short piece of watch-spring bent back.

10. Mr. Sampson Gamgee read a paper on the Characteristics and Wants of the Present Surgical Epoch.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The second ordinary meeting of the session was held at the York House, Bath, on Thursday evening, Dec. 10th; R. N. Stone, Esq., President, in the chair. There were also present fifty-two members and visitors.

The minutes of the last meeting were read and confirmed.

New Members.—Peter Chester Chadwick, Esq., of Wrington, was duly elected a member of the Association and Branch. The following gentlemen were proposed and seconded, and will be balloted for at the next meeting: George Saunders, Esq., Surgeon-major, Clifton; D. G. Dutton, Esq., Dursley; T. G. P. Hallett, Esq., Bristol; C. Pooley, Esq., Weston-super-Mare; G. D'Arcy Adams, Esq., West Town; G. Barnes, Esq., Wrington; and T. Dudley Saunders, Esq., Bath.

The late Dr. Herapath.—Mr. Wm. Smith proposed the following resolution, which was seconded by Dr. Budd in most feeling terms, and carried by acclamation. "That the President, Council, and Members, of the Bath and Bristol Branch of the British Medical Association, in expressing their sympathy with Mrs. Herapath and family in their recent bereavement, take this opportunity of recording their sense of the great loss sustained by themselves, and the professional and scientific world, by the death of Dr. Herapath." It was resolved that a copy, signed by the President, Retiring President, and President-elect, should be forwarded to Mrs. Herapath.

Courts of Appeal.—The Report of the Committee, which had been printed for circulation, was discussed. (See page 34.)

Direct Representation of the Profession in the General Medical Council.—The Committee of Council having approved of the Report delivered to them by the Committee for considering the direct representation of the profession in the General Medical Council, and having forwarded a copy of such Report to this Branch, it was unanimously resolved—"That the Report of the Committee of Council of the British Medical Association respecting the direct representation of the profession in the General Medical Council be approved; and that a copy of the same be forwarded to the members of Parliament for the cities of Bristol and Bath, as well as for the adjoining counties, with a request that, when the subject is considered by Parliament, the suggestions contained in the report may be taken into consideration, and they will assist in promoting the changes required in the constitution of the General Medical Council."

Dr. Davey called attention to the fact of the address having been drawn up by the Committee appointed at the Oxford meeting.

Paper.—Mr. Wm. Smith read a paper, "On Cases of Jaundice following Hæmorrhage." The lateness of the hour prevented discussion.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETING.

A meeting of this Society was held on Thursday, December 17th, at the Greyhound Hotel, Croydon. The chair was taken at 4 P.M., by Dr. Carpenter; and twenty-three gentlemen, members and visitors, were present.

Papers, etc.—1. Mr. Cope gave a statistical account of three hundred cases of Midwifery, which had occurred in his practice during the last twelve months. The paper concluded with brief histories of some of the most noteworthy. Amongst them, was one in which labour was impeded by the coccyx, which, having been formerly fractured, had united as an angle so as to protrude forward into the pelvis, and to form an obstacle over which it required considerable force with the forceps to draw the head of the fœtus. In another case related, a woman was delivered of a child, a dead one, weighing 18 lbs.

2. Dr. Adams exhibited a child with Congenital Malformation of the Irides.—Dr. H. Power, in remarking on the case, showed diagrams of similar instances that had come under his notice; and stated that it was usual in them to find deficiency of the choroid in the corresponding part of the fundus of the eye, and that there was perhaps also a deficiency of retina.

3. Dr. Adams showed a patient in whom it had been necessary to perform Tracheotomy for some Laryngeal Obstruction, and gave a history of the case. The tube had been removed, and a good recovery made.

4. Dr. Adams gave the history of a case in which he Excised the

Knee of a Strumous Boy. The patient at first progressed satisfactorily; but subsequently it was necessary to amputate the thigh, after which a good recovery was made.

5. Dr. CARPENTER read a paper, entitled Some Causes of Fever. Passing briefly over the causation of typhus, typhoid, and cholera, Dr. Carpenter dwelt chiefly on that of scarlatina and measles, in which, whilst fully allowing the frequent influence of contagion, he gave reasons for believing that the origin might often be found in local causes. The paper concluded with statistics, showing the effect of the improved drainage of Croydon on the mortality from scarlatina.—In the discussion which ensued, Mr. HECKSTALL SMITH and others expressed their agreement with Dr. Carpenter's views; and the usual vote of thanks was passed.

Next Meeting.—It was arranged that the next meeting should be held at the Crystal Palace Hotel, Norwood, on Thursday, March 12th.

Dinner.—The dinner took place at 6 P.M., Dr. Carpenter in the chair. Twenty-six gentlemen, members and visitors, attended.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, DECEMBER 11TH, 1868.

SIR THOMAS WATSON, Bart., M.D., D.C.L., F.R.S., President, in the Chair.

THE SECRETARY communicated for Dr. CROUCH a case of Primary Amputation for Gunshot Wound. The operation was performed, before the patient had recovered from the shock, just below the knee. There was subsequently severe delirium, and a protracted convalescence.—Mr. CALLENDER considered that in this case the amputation was rightly performed whilst the patient was yet suffering from the shock, and pointed out that, in a young subject, an operation was usually well borne in such a state of the system. He referred to the site of the amputation as accounting for some troublesome abscesses which formed along the tracks of the extensor tendons.—Mr. MAUNDER thought it contrary to recognised principles to amputate during collapse; and he urged that the good results which followed in this case must be regarded as exceptional. He had once amputated when there was extreme prostration of the nervous system, associated with complaint of urgent pain, but such a case he regarded as quite distinct from instances of ordinary so-called collapse.—Mr. Crouch, in reply, said he had followed the rule distinctly laid down by Abernethy for the treatment of cases similar to the one reported.

Dr. PAVY then reported a case of Diabetes Mellitus successfully treated by Opium, without restriction of diet. A female, aged 68, was admitted under his care into Guy's Hospital, on May 26th, 1868. Her complaint had been recognised two years, and at one time she had been passing an exceedingly large quantity of urine, and had been gradually losing flesh and strength. Upon admission into the hospital, the quantity of urine was about five pints a day, and was highly charged with sugar. She was placed upon the ordinary middle diet of the hospital, which included bread, potatoes, and beer. She was also ordered four ounces of brandy, and two bottles of soda-water daily. This diet was continued as long as she remained in the hospital.* Upon the day of admission, a draught was ordered, consisting of ten grains of bicarbonate of potash, half a drachm of aromatic spirit of ammonia, and an ounce of infusion of calumba; to be taken three times a day. This draught was, by misunderstanding, continued throughout the patient's stay in hospital. Opium was given in the form of a pill, three times a day, and the dose was gradually increased. A daily examination of the urine was made; and the results were copied into tables. At first, the quantity of urine was 100 ounces, the specific gravity 1040, the quantity of sugar per ounce thirty-two and three-quarters grains, and the quantity of sugar for the twenty-four hours, 3275 grains. The first effect of the opium was to diminish notably the amount of urine. The degree of saturation with sugar remained for a time about the same, but through the fall in the amount of urine, the quantity of sugar for the twenty-four hours was diminished. Within three weeks, the quantity of opium administered was raised to ten and a half grains daily. It was then suddenly discontinued on account of a greater degree of drowsiness than was desirable being produced; but, in a few days, was re-commenced, and this time, being more gradually increased, was borne without producing any disturbance. On July 28th, the quantity of urine was twenty-five ounces daily, the specific gravity 1027, and no sugar was passed. On the three subsequent days there was a little sugar, but it afterwards disappeared, and remained absent as long as she continued in the hospital, viz., until October 28th. When the sugar disappeared, the patient was taking nine grains of opium daily. It was afterwards further increased to twelve grains, and then gradually diminished until October 17th, when all was taken off, the patient during the remaining time taking no medicine, and passing no sugar. The last daily record was forty ounces of urine in the twenty-four hours; specific gravity, 1025; and no sugar. With the improvement in the state of the urine there was a corresponding improvement in the health and strength of the patient, who ultimately expressed herself as feeling perfectly well in every respect. Upon being discharged, she lived precisely as she was in the habit of doing before she became affected, and had come to the hospital several times; the urine being, on each occasion, found devoid of sugar. Dr. Pavy brought to the Society some urine passed on that day, which, upon being tested with the cupro-potassic solution, was seen to be free from sugar. Dr. Pavy had given opium and morphia in other cases; and the results strikingly exemplified the controlling influence of the drug over the disease. One was a middle-aged man, who was suffering from a severe form of the complaint. By restriction in diet, the quantity of sugar had been reduced to about 1,200 and 1,500 grains a day. Opium was then administered alone, in gradually increasing doses up to eighteen grains daily, when the urine was found to have become devoid of sugar. The opium was then suddenly discontinued, and an ounce of camphor mixture given three times a day. The urine, when the opium was discontinued, amounted to thirty ounces daily; its specific gravity was 1,025; and it contained no sugar. On the following day it contained a trace of sugar; the third day, 140 grains were passed; the fourth day, 120 grains; the fifth day, 340 grains; the sixth day, 800 grains; the seventh day, 402 grains; the eighth day, 1,060 grains; the ninth day, 680 grains; the tenth day, 612 grains; the eleventh day, 720 grains; the twelfth day, 1,712 grains; the thirteenth day, 1,162 grains; and the fourteenth day, 1,440 grains,—when the quantity of urine amounted to sixty ounces for the twenty-four hours, and its specific gravity was 1,038. The opium was now resumed, and the daily dose increased, until, as before, it amounted to eighteen grains. The urine was now reduced in quantity to thirty-five ounces per diem; its specific gravity was 1,033, and the sugar passed amounted to 368 grains. On the following day, the urine was forty ounces in quantity, and the amount of sugar passed 250 grains. On the third day, quantity of urine thirty-five ounces, with only a trace of sugar present. On the fourth day, quantity of urine forty ounces; specific gravity 1,021, and no sugar. After the period mentioned, a little sugar was again passed, and it was found that the patient was not adhering strictly to the diet that had been ordered. Dr. Pavy had seen him since his discharge from the hospital. On returning home, he discontinued all medicine, and paid no attention to diet, and, as was to be anticipated, his urine was again charged with sugar.—The other case was that of a patient who was passing, upon a mixed diet, from eight to ten pints of urine a day, containing about 8,000 and 9,000 grains of sugar. By a restricted diet and an alkaline mixture, the urine was reduced to four and five pints daily, and the sugar to about 1,500 grains. The mixture was discontinued, and hydrochlorate of morphia given, at first in half-grain doses three times a day. The dose was increased, until in about two months nine grains were given daily. The urine fluctuated now between three and four pints a day; and the specific gravity had descended from 1,028 and 1,030 to 1,018 and 1,020. The urine also had become devoid of sugar. M'Gregor, as far back as 1837, had published in the *London Medical Gazette*, a record of two cases in which opium had been given in large doses, with the effect of producing for a time a marked palliation of the disease. M'Gregor, in one of his cases, had increased the quantity of opium until it reached ninety grains daily. By modern practitioners, opium had also been generally looked upon as exerting a favourable influence in the disease; but he was not aware that direct evidence of its controlling influence such as was supplied by his communication had been previously placed upon record. There was still, he thought, much to be learnt about its extent of power in different cases. The belief was, from the case which formed the basis of his communication, and other experience that he had had, that it would be found sufficient in many instances, amongst elderly subjects, where the disease was observed to assume its mildest form, to check by itself the elimination of sugar. In young and middle-aged subjects, however, where the disease, as a rule, assumed a much more severe character, his experience was that, to obtain a similar effect, the restricted diet must be conjoined.

Dr. GREEN related a case which he described as one of Irritative Hypertrophy of the Heart. The patient, a girl of 15, was admitted into hospital in her fourth or fifth attack of acute rheumatism. Soon after pericarditis supervened, and she eventually died with great hypertrophy, adherent pericardium, and "finely granular" degeneration of the muscular fibres of the whole heart. In explanation of this and other cases in which hypertrophy occurs in young rheumatic persons independently of any mechanical cause, the author maintained the theory that the overgrowth is intimately connected with chronic myocarditis.

MANCHESTER MEDICAL SOCIETY.

October 7th, 1868.

Thos. Mellor, Esq., President in the Chair.

Before the reading of the minutes, the President referred to the loss the Society had sustained through the death of Mr. John Windser, and spoke in warm terms of the interest he had always taken in the meetings during the long term of his membership. He was sure that all the members would share with him a feeling of deep regret that that well-known face would be no more seen among them.

Mr. **Whitehead** showed a case of Dyschromatoderma in a child. The greater part of the trunk was of a brownish black hue.

Dr. **Samelson** showed several Ophthalmic Cases.

Mr. **Bradley** narrated a case of Caries of the Atlas. The patient, a man aged 42, was first seen on February 27th, 1868. His chin looked towards the left shoulder. The trachea lay two inches to the right of the middle of the neck. A line dropped from the external occipital protuberance fell upon the centre of the right scapula. There were total immobility of the cranium, and great pain in the head, the intellect was unaffected. For nearly four months he continued in much the same state, except that the head kept slowly veering further and further round, and, on June 14th, it was nearly at right-angles with the body. The pain had continued without intermission; when he lay on his right side, pus exuded from the mouth. The intellect remained clear till within a few hours of death, and there was no paralysis. He died comatose. As to the autopsy, the left occipital condyle was found quite dislocated from the atlas, and raised about an inch from its socket. The right condyle was still partly in position. The transverse ligament was entirely destroyed. There was caries of the atlo-axoid and occipito-atloid joints and of the odontoid process. A large quantity of pus was found resting on the membrane of the cord, extending upwards to the base of the brain, and below, passing through an intervertebral notch, it pushed the larynx and pharynx to one side. There was an opening into the trachea about the second ring.

Dr. **Peatson** showed a specimen of Ulceration of the Intestines from Syphilis. The affection began towards the end of the ileum, and extended throughout the large intestine.

Dr. **Wm. Roberts** narrated a case of Suppression of Urine from Mechanical Obstruction. The patient was a man, aged 64. Four years ago he had an attack of renal colic on the *left* side. At that time he passed some small calculi. He continued well for four years, when, in April last, he suddenly experienced a sharp pain in the *right* side, and passed a quantity of bloody urine. He passed no urine from that time till death, except on one day when two ounces were obtained. At death the bladder was found empty. At the end of a week of suppression, he complained of nothing except some feverishness and restlessness. During the last three days slight twichings and contraction of the pupils were observed, and the mouth became parched. There was great muscular weakness, increasing till death. The day before this took place the temperature was 97.4 deg. Consciousness remained perfect to the end; the respirations were somewhat panting, and sank to seventeen on the day of death; the range of pulse was from 70 to 80; there was no urinous odour. Dr. Roberts was much inclined to doubt whether the so-called "symptoms of uræmia" in Bright's disease, etc., were due to simple suppression. He thought they were probably more complex. Dr. Garrod saw the patient with Dr. Roberts, and agreed with him as to the diagnosis arrived at, viz., mechanical obstruction to the outflow of urine. After death the diagnosis was fully confirmed. The left kidney was hollowed out and filled with a milk-like fluid, which proved to be acicular crystals of urate of soda. The ureter was blocked up by a conical stone. On the right side the kidney was large, and in the corresponding ureter there was found, close to the bladder, a small calculus.

Dr. J. O. **Fletcher** showed a Piece of Slate-Pencil which a prisoner in the city gaol had passed into the urethra to relieve himself of stricture. Dr. Fletcher extracted it by perineal incision.

Mr. W. **Heath** exhibited Clover's Apparatus for the Administration of Chloroform, and explained its mode of use.

OBSTETRICAL SOCIETY OF LONDON.

December 2nd, 1868.

John Hall Davis, M.D., President, in the Chair.

Dr. **Sansom** and Dr. **Rogers** were appointed Auditors of the Accounts for the current year.

Dr. **Sansom** exhibited some Pessaries containing Fluids. They consisted of a hollow cone of white wax, containing a drachm of the fluid desired to be applied, the apex of the cone being made of cocoa-nut butter, a fat which easily melts at the temperature of the body. The pessaries exhibited contained solution of tannin in glycerine, of nitrate of silver, of perchloride of iron, of permanganate of potass, of morphia, etc.

Dr. **Copeman** read a Paper on the Treatment of Imperforate Hymen, with Retained Menstrual Fluid. After referring to the question of the diagnosis of these cases, the author proceeded to consider the various plans of treatment advocated, and alluded to the fact that he was one of the earliest writers to recommend the gradual evacuation of the fluid contents of the vagina and uterus. Full particulars were then given of an interesting case in which, in spite of this treatment being adopted, and every precaution used, a severe attack of peritonitis followed the operation; the patient, however, ultimately recovering.—Dr. **Barnes** observed that the crisis of intolerance caused by the accumulation of fluid in the uterine cavity was postponed by two partially compensating conditions. The watery part of the menstrual blood was absorbed; and, after the uterus had been distended by the fluid, a supplementary receptacle was made by the dilatation of the vagina. The pouch formed in the vagina was often very large, and might be mistaken for the uterus itself. He had, some months ago, removed by the wire *écraseur* the vaginal portion of an uterus affected by cauliflower excrescence. The removal was complete and recovery rapid. The woman left the hospital before sufficient means had been taken to preserve the cervix open. She returned with symptoms of retained menses. The closed cervix was opened up with much difficulty, and a quantity of fluid escaped. She again went out, to return after a time with similar symptoms. An opening was again made, but this time severe pelvi-peritonitis followed, from which the patient was but now recovering. He did not gather from the author's paper that any distinct opinion was expressed as to the causes of the danger and mortality which often followed these operations. In some cases the cause seemed to be, that the uterus, suddenly collapsing concentrically, tended to expel its contents by all the openings into it, and that thus some of the fluid was passed out through the Fallopian tubes into the peritoneum, setting up inflammation.—Dr. **Tyler Smith** would insist on pressure on the abdomen as the chief means of averting risk. In these cases the uterus was distended rather than developed; and, on the withdrawal of the fluid, it did not contract as it did after parturition. He believed that the danger was caused by the entry of air into the flaccid uterus. This caused decomposition, and led, in the first instance, to metritis and then to peritonitis. Similar mischief sometimes occurred from the entrance of air into ovarian cysts after tapping. The evacuation of the uterus and vagina by a small tracer had long been practised, but to do it *guttatim* when the uterus was large would be interminable. His own plan was to make a moderate opening, and to keep up firm and steady pressure on the abdomen by bandaging as the fluid escaped, so as to prevent the entrance of air into the uterus.—Dr. **Routh** had proved by the kinometer that the vagina during inspiration had a power to expel any air or other contents, and during expiration these were drawn up. Any opening made into the vagina would, when the excess of fluid had escaped, allow the gradual sucking up of air and putrefaction of the contents. This occurred in cases of cellular abscess pointing into and opened *per vaginam*. In both cases he preferred an opening *per rectum*. The hymen might be subsequently divided when the uterus had well contracted and all fear of septicæmia was at an end. As a preliminary measure, Dr. Routh advocated the use of ergot, to be followed by the application of a bandage. When the opening had been made *per vaginam*, if the uterine contents became offensive, the whole should be evacuated as speedily as possible, and the interior washed out with some disinfectant fluid.—Dr. **Rasch** could not approve of evacuating the retained menstrua through the rectum, as a second operation would have to follow to open the hymen. He was convinced that no air entered the vagina of a woman on her back, as there was no natural power to overcome the close apposition of the vaginal walls; while, in the lateral position, and much more so when the patient rested on her knees and elbows, air certainly entered. —Dr. **Alfred Hall** related a case of Retained Menstruation from imperforate hymen which occurred in his practice two years ago. The patient was in her nineteenth year. He made a tolerably large opening through the membrane, and after the escape of a considerable quantity of fluid he washed out the vagina with warm water. The case had done perfectly well, and at the end of three months the catamenia came on naturally.—Dr. **Wynn Williams** said, that the occasional fatal results of operation in these cases were undoubtedly due to septicæmia from the absorption of putrid animal matter. The remedy was the free use of disinfectants. He preferred tincture of iodine, which, as he had proved, rendered inert the poisonous emanations of decomposing animal matter. He thought too much stress had been laid upon the entrance of air into the vagina; all collections of matter inside the pelvis were nearly always offensive.—Dr. **Phillips** believed that the immediate danger in these cases was of acute peritonitis, caused probably by the escape of some of the uterine contents into the cavity of the abdomen, even after a free external opening had been made. In the only fatal case which he had seen, death resulted from this cause in a few days. On a *post mortem* examination the peritoneum was found to contain a quantity of grumous fluid, with which also the Fallopian tubes were greatly distended.—Dr. BARNES said that, with reference to the question of opening into the uterus *per rectum*, he must remind Dr. Routh that there was always air in the rectum retained by the sphincter.—Dr. ARTHUR EDIS referred to a case in which, there being no vagina, the puncture was made *per rectum* with an ordinary curved trocar, the cannula being allowed to remain in; and through it much treacly fluid continued to flow for two days, when it ceased; pelvic pain and constitutional symptoms then ensued. A violent paroxysm of pain on the fourth day terminated by more than a pint of the same treacly fluid being suddenly discharged *per rectum*, after which the patient was easier. On the eighth day the cannula was removed. At the end of five weeks the uterus was again punctured *per rectum*, and the cannula retained in position for four days. Two months after her admission, by her own wish, she left the hospital, and within a few weeks she died. From the constitutional symptoms in this case, it was fair to conclude that air had gained access to the uterus through the puncture.—Dr. ROUTH believed the cause of the fatal result in this case was that the cannula was left projecting from the rectum. The moment fluid ceased to flow from it, it should be withdrawn.—The PRESIDENT, after giving details of a case similar to Dr. Hall's, expressed his opinion that a firm bandage with compress should always be applied around the hypogastrium before the opening was made, and gradually tightened as the fluid escaped. Of the utility of disinfecting injections, he had a high opinion. With regard to the proposal to discharge the retained fluid by an opening *per rectum*, he thought that the results of the operation were not in its favour.

Dr. MARTYN read a paper on a Case of Tedious Labour, and death on the third day. The patient was 38 years of age, tall and stout; and the present was her second confinement. After much tedious labour, during which but little real progress was made, in spite of the use of ergot and stimulants, the long forceps was used, and a very large male child extracted, the perinæum being ruptured although all possible care was taken. On the following day, May 19th, the patient appeared to be progressing favourably, sutures were put into the perinæum, and the parts were dressed with a mixture of oil and carbolic acid. The vagina was washed out with diluted Condy's fluid. On the 20th, she complained of pain in the lower part of the abdomen; the uterus was large and tender; the lochia were offensive; the pulse 120. At midday diarrhœa set in. At night, respirations were forty in a minute; at about every fifth breath an inspiration as deep as possible was made, still she wanted air; the breath was coldish; the face and extremities were coldish and slightly dusky; the abdomen was very tympanitic. The breath-sounds throughout the chest were very loud, without *râle*, cough, or dulness. There was no cardiac *bruit*, but she complained of distress in the sternal region. The perinæum was sloughy. On the 21st it was evident, both to the author and to Dr. Playfair, who had met him in consultation, that there was plugging of the pulmonary arteries. Ether and ammonia were constantly given, and brandy and Liebig's essence of meat, etc. At 6 P.M. the patient died. No *post mortem* examination was obtainable.—Dr. WYNN WILLIAMS, Dr. BARNES, and Dr. PLAYFAIR made remarks on the case.

DUBLIN PATHOLOGICAL SOCIETY.

SATURDAY, DECEMBER 5TH, 1868.

Dr. M'CLINTOCK, President, in the Chair.

Dr. ROBERT M'DONNELL exhibited a Large Tumour of the Breast which he had removed from a lady on November 26th, 1868. It was of two years growth, and was nearly as large as a man's head; after removal, it weighed between nine and ten pounds. It had been supposed to be non-malignant for the following reasons. The great mobility of the tumour, considering its great bulk; absence of adhesion of the skin over it; enlarged glands in the axilla; of retraction of the nipple; of discharge from the nipple; and of pain, except from the dragging weight; also from the healthy appearance of the patient, who, although 64 years of age, did not look more than 54. A large cyst occupied the upper portion of the tumour; this contained a perfectly clear thick viscid fluid, a part of which was evacuated through a trocar some days before the removal of the tumour. The fluid was alkaline; it contained no albumen, but abundance of mucin. The tumour was one of the class known now-a-days as "myxoma mammæ." Its microscopic structure showed it to belong to the group of spindle-cell sarcomata. The comparative facility of its removal, which was for the most part effected by the finger; the comparatively small number of arteries feeding the mass; its microscopic appearance and the speedy recovery of the patient; the rapid and healthy healing of the wound, all supported the view taken previously to the operation, that the disease was not one of a malignant character.

Mr. SWAN exhibited a specimen of Fracture of the Neck of the Femur. J. C., aged 79, was admitted into Dr. Steevens's Hospital on August 10th, 1868. A few hours before he had fallen backwards while ascending a flight of stairs, striking his right hip with considerable violence against the balustrade. The limb was found to be shortened three quarters of an inch; the foot was everted. Crepitus could not be perceived on merely rotating the leg, but was evident on manipulating the seat of injury; this process caused considerable pain. The patient remained in hospital until his death, which occurred on September 25th from exhaustion, consequent on sloughing of the nates and diarrhœa. The injury was an example of extracapsular fracture with impaction, the neck being driven into the cancellated structure between the trochanters. There was a second fracture detaching the great trochanter. The nature of the injury readily accounted for the small amount of shortening, and also for the difficulty of obtaining crepitus. Notwithstanding the period (more than six weeks) that elapsed between the receipt of injury and death, no attempt at repair had commenced.

CORRESPONDENCE.

CONSULTATIONS WITH HOMŒOPATHS.

SIR,—The course which you have taken with reference to the attempted introduction of homœopathy into the Aberdeen Infirmary by Dr. Reith, has been such as to strengthen the position of legitimate practitioners, and increase the claims of the Association of which your JOURNAL is the organ to the support of the profession in Scotland. The clear and unwavering note in which you spoke in support of his colleagues, and the combination of fairness and strength which induced you to open your columns to the discussion of the facts, while you steadily applied to them accepted principles, has done much to consolidate our code of professional relations, and will prove of permanent service to the profession.

But we must ask you to speak for the profession in Edinburgh as well as in Aberdeen. More than one Edinburgh paper, in recounting the illness and death of a nobleman last week, has referred to the frequent consultation of one of our well known surgeons, Dr. Watson, with "Dr. Phillips of London", called specially from your metropolis. Now I wish, through your columns, to ask Dr. Watson publicly, Is it, or is it not, true that "Dr. Phillips of London" is a homœopathic practitioner? Is it true that Dr. Gull, and other London practitioners, have declined similar consultations on that ground? There may be an error in all this; but the belief here is so strong that this is a gentleman whose name appears in the Homœopathic List, that Dr. Watson, as a man who holds public professional appointments, owes it to himself to set such doubts at rest, or to afford explanation. It has produced a mischievous effect in professional circles; and the rumour should be dealt with, one way or the other, publicly, as it has arisen.

We look to the JOURNAL of the British Medical Association as the legitimate arbiter in such matters. I am, etc.,

EDINENSIS.

THE SPONTANEOUS ORIGIN OF DISEASE.

SIR,—In his courteous notice of my paper on "Epidemics," your correspondent Dr. Sisson has mistaken the intention of my remarks upon the spontaneous origin of epidemic disease. I certainly never meant to deny the *possibility* of the spontaneous origin of these diseases, still less of other disorders, such as are instanced by Dr. Sisson. I pointed out the numerous sources of fallacy bearing upon the question, dwelling especially upon the subtle nature of contagion; and I ventured to place the whole question in the same category as that of the spontaneous generation of animals, as one at present involved in great doubt. I should be very sorry, however, to discourage inquiry into the subject; for I believe with Sir Thomas Browne, that "there is no danger to profound these mysteries, no *sanctum sanctorum* in philosophy." I have no faith—less dread of consequences in admitting any truth—and would accept the fact of spontaneous generation upon sufficient evidence. I would only repeat that, since the discoveries of M. Pasteur, this evidence must be of a more decisive character than has been hitherto adduced. The evidence in favour of the opinion that epidemic diseases are the results of an action similar to fermentation, and that there are such things as "disease-germs," cannot well be given within the compass of a letter. I will, therefore, only quote another sentence from Sydenham. "I have great suspicion (vehementer suspicor) that the mere atmospheric constitution, however much λοιμώδης, is by no means sufficient of itself to originate plague; but that the disease itself must continue to survive in some secret quarter, or else it is carried by *fomes*, or by an infected person, from the pestilential districts into others." (*Med. Obs.*, ii, 7).

I am, etc.,
ARTHUR RANSOME.

1, St. Peter's Square, Manchester.

THE POOR-LAW MEDICAL SERVICE
OF
GREAT BRITAIN AND IRELAND.

GUILDFORD UNION.

THE Guardians of Guildford have a singularly perverse way of rewarding good service and recognising merit. They have, in Mr. Henry Taylor, of Guildford, one of the ablest and most distinguished officers of the Poor-law Medical Service. They have replied to a motion founded upon the disproportionate and inadequate remuneration of his services by a refusal to do justice to his obvious claims, and by an insulting letter as to the medical orders for stimulants. This is not the way in which true economy or efficiency can be attained.

COCKERMOUTH.

THE Cockermouth Board of Guardians, whose proceedings have before attained an unenviable notoriety, have resolved not to appoint a paid nurse in their infirmary, in face of the very proper report of their medical officer that no control could be exercised over the pauper nurses: if found fault with, they left; and every good nurse was sure to leave when she became accustomed to her duties. A little gentle compulsion will be of use; and we recommend their case to the Poor-law Board, which has now the power, and must bear the responsibility.

MEDICAL NEWS.

ARMY MEDICAL OFFICERS.

THE following communication has been addressed to the editor of the *Daily Telegraph*, by the Professors of the Army Medical School, at Netley.

SIR,—We observe, in your impression of the 1st inst., that you speak disparagingly of the professional acquirements of the medical officers of the army, as compared with those of medical men in civil life. During the last eight and a half years, all the gentlemen entering the medical service of the army have passed through our hands; we have had to teach and to examine them. We have also had the task of reading the examination papers of the assistant-surgeons, prior to promotion; and, as the date of these examination extended back to gentlemen who entered the army in 1852, or 1853, we may claim to have a knowledge of the acquirements of every medical officer who has entered for the last sixteen years. We have, also, seen and served with a great number of the senior medical officers.

We are, therefore, in a position to speak with certainty of the professional knowledge of the gentlemen.

On the other hand, we have seen much of practitioners in civil life, and one of our number in particular has had unusual opportunities of knowing the qualifications of civil medical men on their entrance into practice.

We beg to assure you that we are speaking without bias when we assert, that the medical officers of the army are in no way inferior to their civil brethren, but are, in fact, as far as we can judge, above the average. And there are also in the army, many medical men whose acquirements and skill are quite equal to those of any practitioner in civil life, even the most eminent.

You are, perhaps, not aware of the great trouble the Government take in order to ensure proper medical attendance for the troops. Every medical gentleman, desirous of entering the army medical service, must have two legal qualifications entitling him to practise anywhere in Her Majesty's dominions. He has then to pass an examination in London, conducted by examiners who are independent of, and, except in one instance, entirely unconnected with the army medical department. After passing this examination, in which he must reach a certain standard, he is sent to Netley, and comes under our teaching for four months, after which he has to undergo a second examination on the specialities of army medical service. If found competent, he then enters the army and, after five years, has to submit to a third examination, intended to ensure that he has kept up his knowledge during that time. No Government could do more for its soldiers.

It appears strange to us that, at the very time when the most signal and astonishing improvement has taken place in the health of the army at home and abroad, the efficiency of the officers to whose labours this is mainly due, should be called in question. If it is said that this improvement is owing to the sanitary measures lately introduced, we admit it. But, we ask, to whom the credit of this movement is due? We reply, mainly to the medical officers of the army. It originated *in* the service. From the days of Dr. Robert Jackson until now, military medical officers have never been wanting to urge on the authorities the measures now, after so many years, adopted. It is not too much to say that, if public opinion had been enlightened up to the level of the army medical officers' knowledge, and if the medical officers had had power to carry out their recommendations, the great improvement in the health of the soldier would have been ante-dated by many years. We may also add that the efficiency of the army medical department, as now administered, has been tested in three wars—in China, in New Zealand, and in Abyssinia—and in all the medical arrangements have elicited the admiration of the most competent judges, and have had results without precedent in war.

We do not doubt, sir, that you will modify the opinion you have expressed, and withdraw a statement as injurious as it is unfounded.

We are, sir, your most obedient servants,
W. C. MACLEAN, M.D., Deputy Inspector-General, and Professor of Military Medicine.
E. A. PARKES, M.D., F.R.S, Professor of Military Hygiene.
WILLIAM AITKEN, M.D., Professor of Pathology.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, December 31st, 1868.

Birt, George, Leamington
Buckley, Samuel, Royton, Lancashire
Fisher, Frederic Richard, Salisbury
Giddings, William Kitto, Calverley, near Leeds
Handy, Henry Francis, Darlaston, Staffordshire
Morrison, John Reid, Cannon Street Road East
Roper, Robert Gear, City Road, E.C.
Whitcombe, Edmund Bancks, Birmingham

MEDICAL VACANCIES.

THE following vacancies are declared:—

BIRMINGHAM WORKHOUSE—Medical Officer.
CANNON STREET MALE ADULT PROVIDENT INSTITUTION, Birmingham—Seven Medical Officers.
EDINBURGH, University of—Professor of Chemistry.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.
GLASGOW EYE INFIRMARY—Surgeon.
GRAIG COLLIERY, near Merthyr Tydvil—Surgeon.
HOLSWORTHY UNION, Devon—Medical Officer for District No. 4.
HULME DISPENSARY, Manchester—Resident Medical Officer.
INFIRMARY FOR CONSUMPTION AND DISEASES OF THE CHEST, 26, Margaret Street, Cavendish Square—Visiting Physician.
KENT AND CANTERBURY HOSPITAL—Physician; Assistant House-Surgeon and Dispenser.
KILDALTON and OA—Parochial Medical Officer.
MARTLEY UNION, Worcestershire—Medical Officer to the Workhouse; Medical Officer for District No. 5.
MERTHYR TYDVIL UNION, Glamorganshire—Medical Officer to the Workhouse; Vaccinator for the Dowlais District.
MIDDLESEX HOSPITAL—Resident Obstetric Assistant.
MONKLAND IRON & STEEL Co.'s WORKS, near Airdrie—Medical Officer.
NAVAN UNION, co. Meath—Apothecary to the Workhouse Infirmary, Fever Hospital, and Navan Dispensary.
NOTTINGHAM DISPENSARY—Resident Surgeon; Assistant Resident Surgeon.
ROYAL BERKSHIRE HOSPITAL, Reading—Physician.
ST. PANCRAS, Middlesex—Medical Officer for District No. 5.
ST. VINCENT'S HOSPITAL, Dublin—Physician.
TORBAY INFIRMARY AND DISPENSARY, Torquay—Physician and Two Surgeons.
TULLAMORE UNION, King's County—Medical Officer for the Killoughey Dispensary District.
WEST LONDON HOSPITAL, Hammersmith—Physician; Assistant House-Surgeon.

MEDICAL APPOINTMENTS.

GODSON, Clement, Esq., appointed Resident Obstetrical Officer to St. Bartholomew's Hospital.
KING, Robert, B.A., M.B.Cantab., appointed Resident Medical Officer to the Middlesex Hospital, *vice* Dr. Stephen, resigned.
*MURRAY, John, M.D., appointed Medical Registrar and Superintendent of *Post Mortem* Examinations to the Middlesex Hospital, *vice* Dr. Cayley, resigned.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Dr. Elliott (Hull), "On Spontaneous Fracture of the Humerus in a Patient affected with Constitutional Syphilis"—interesting specimen; Dr. Cordwent (Taunton), "On a Calculus removed from the Perinæum: with Specimen." Mr. Wm. Adams will deliver the first Lettsomian Lecture on "Acute Rheumatic Affections of the Joints: their Pathology and Treatment."—Odontological Society, 8 P.M. Annual Meeting for election of Officers and Council. Mr. R. Hulme, M.R.C.S., "On the Formation of a Dental Museum."

TUESDAY.—Ethnological Society, 8 P.M. Mr. H. H. Howorth, "On the Westerly Drifting of the Nomades from the Fifth to the Nineteenth Century."—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Gull and Dr. Sutton, "On the Natural History of Rheumatic Fever."

WEDNESDAY.—Royal Microscopical Society, 8 P.M. Dr. H. C. Bastian, "On Mounting and Tinting Animal Tissues."—Hunterian Society. 7.30 P.M., Council Meeting. 8 P.M., Dr. Barnes, "On the Modes of reducing Chronic Inversion of the Uterus."

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each.

A MEMBER.—The coroner was bound by law to hold an inquest in a case of sudden death, in which a medical certificate as to the cause of death was not forthcoming. The absence of suspicion in the case does not obviate the necessity for an inquest. The Lord Chief Justice of England is the chief coroner; and a complaint might be made to him of any neglect of duty by a county or borough coroner.

THE LATE MR. JUMP.

THE following additional subscriptions for Mrs. Jump and family have been received by the Rev. G. W. Winter. T. Buckworth, Esq., £1; Mr. T. Coleman, Swaffham, £1; A. B., £2:2; Mr. W. Spinks, Mileham, £1; Mr. Harrison, Lexham, £1; a Friend, by Mr. Raven, £2:2; Rev. F. Field, £3; Geo. Taylor, Esq., Mattishall, £1:1; Mrs. Taylor, £1:1; Mrs. Tutteel, Swaffham, £1; W. Francis, Esq., Broomsthorpe, £1; Rev. R. Phayre, £1; T. W. Damand, Esq., Fakenham, £1:1; J. Martin, Esq., Littleport, £1; Rev. Mr. Gunton, £1; Mr. Thomas Hubbard, £1; by Mr. Clouting, £4:15; Mr. Vynne, Swaffham, £2; Mr. Cook (second donation), £1; Mr. and Mrs. Large, £11:14; John Furness, Esq., Long Stratton, £1; Editor of *Lynn Advertiser*, £1; Mrs. Branford, Whissonsett, £2:2; Dowager Marchioness Townsend, £2; H. Rump, Esq, Wells, £1:1; Rev. J. Overton, £1; Peter Hudson, Esq., £1; Mrs. John Sorby, 10s.; Mrs. E. Savory, 10s.; small sums by Mrs. Manby, 13s. 6d.; Mr. S. Sprigge, Watton, £1:1; Rev. Hinds Howell, £1:1; Mrs. Keppell, Congham Lodge, £1; John T. Mould, Esq., £1:1; Rev. F. Lane, £2; J. E. Davey, Esq., £2; Mr. J. Makins, 10s.; Rev. J. Smith, £1; Frank Beck, Esq., London, £1:1; Mrs. Gardner, Swaffham, 10s.; Donald Dalrymple, Esq., M.P., £2:2; Mr. James Allen, £1:1.

A REMARKABLE SPECIALIST.

MR. GREWCOCK, M.R.C.S., Nottingham, advertises as follows in the Nottingham papers:—"I am a candidate for the Surgeoncy vacant at the Dispensary. I am a Specialist. My special knowledge is in Diseases of Internal Organs, Diseases of Women and Children, Diseases of Bladder and Urinary Organs. I have invented a Splint for curing Club Foot without dividing the Tendons, and a Splint for Fractured Collar-Bone, models of which can be seen in the windows of Mr. Odery, Clumber Street, and Mr. Gray, Pelham Street. If elected, my best endeavours shall be given to benefit the Institution." A pretty wide range of "specialism". It is unfortunate that Mr. Grewcock has not added to his specialties the valuable ones of modesty and professional propriety. In his advertisement, at least, he has a specialty which will find few imitators, and of which he can boast to be the inventor and sole admirer.

FROM the list of names of contributors to our forthcoming volumes, was accidentally omitted the following:—Francis Mason, Esq., Assistant-Surgeon, Westminster Hospital: CLINICAL NOTES ON TUMOURS.—Dr. William Moore was described as Surgeon, instead of Physician, to Sir Patrick Dun's Hospital.

THE ELECTION AT THE CUMBERLAND INFIRMARY.

SIR,—In the number of the JOURNAL for November 28th, there appears a paragraph concerning the recent election of physician to the Cumberland Infirmary, in which it is stated that the result of that election "appears to have given rise to some considerable dissatisfaction"; the reason assigned being, that "two highly respected physicians of adequate qualifications were passed over for one who is practising as general practitioner, and in club practice."

Until I read the paragraph, I was unaware of any such dissatisfaction as you speak of. My friends, medical and lay, were equally unaware of it, and we have all come to the conclusion that the "considerable dissatisfaction" must be limited to your correspondent. I am surprised that you should have made such remarks without first having ascertained the facts.

There were three candidates for the physicianship; viz., Dr. Elliot, Dr. Henry Barnes, and myself. All are general practitioners, all are graduates of the same University, and all must plead guilty to active canvassing. Dr. Elliot, who is a member of the College of Physicians of London, states, in his address to the Governors of the Infirmary, that "he is a native of Carlisle; that he has been in practice here for some twenty years; that he is the representative of a family which has occupied, longer than any other in this neighbourhood, a prominent position in the profession of medicine and surgery; moreover, that he was for eight winter sessions the Lecturer in Materia Medica at the Medical School of Newcastle-upon-Tyne, and is an Examiner in Durham University." But, notwithstanding his long connection with the county, and the position he assumes in the profession, he obtained only seven votes. Dr. Henry Barnes, who is nephew of Dr. Thomas Barnes, formerly Physician to the Infirmary, has not been in practice here much more than two years, and obtained fifty-two votes. I had no connection with this county until I commenced practice here ten years ago. I was fortunate enough to obtain ninety-eight votes, and thus to secure the appointment.

That I am, in common with many highly respectable practitioners throughout the kingdom, in club practice, I do not deny; but that this should form a valid reason for exclusion from an Infirmary appointment, I fail to perceive. No doubt, were pure physicians available, it might naturally be expected that they would have the preference; but it is a fact worthy of note in connection with the Carlisle Infirmary, that the rules which, when first framed, excluded all but pure physicians from the physicianship, were subsequently altered so as to admit general practitioners to that office, it no doubt being found that pure physicians were not to be had.

I entirely agree with you in the opinion, that it would be well in hospital elections for lay governors "to refer the professional claims of the candidates, in the first instance, to a professional tribunal." But had such been the course of procedure in the late election at Carlisle, it is highly improbable that the result would have been different, as I had the honour of receiving the support of the entire medical staff. I am, etc.,

Carlisle, December 1868. STEWART LOCKIE, M.D.

*** We ought to state that Dr. Henry Barnes has not on any occasion expressed discontent at Dr. Lockie's election, of which this letter gives satisfactory details.

ERICHSEN'S SURGERY.—In the review of this book in last week's JOURNAL, the number of engravings on wood was by accident stated, in the copy of the title, to be 100. It should have been 600.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Jan. 6th; The Lincolnshire Gazette, Jan. 3rd; The Western Morning News, Jan. 4th; The Aberdeen Journal, Dec. 30th; The Aberdeen Herald, Jan. 3rd; The Aberdeen Free Press, Jan. 5th; The Northampton Herald, Dec. 26th; The Japan Times' Overland Mail, Nov. 11th; The Liverpool Weekly Mercury, Jan. 2nd; The Whitehaven News, Dec. 31st; The Oldham Chronicle, Jan. 2nd.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. F. Le Gros Clark, London; Dr. Chadwick, Leeds; Dr. Beigel, London; Dr. Sutton, London; Dr. A. P. Stewart, London; Dr. Simpson, Manchester; Mr. S. Wood, Shrewsbury: Dr. Joseph Rogers, London; Dr. A. Smith, Dublin; Mr. H. Cummings, Leyton, Essex; Mr. J. B Vernon, London; Mr. Callender, London; Dr. Sanderson, London; Dr. Rutherford, Edinburgh; Dr. Elliot, Aberdeen; Dr. Watmough, Pocklington; Dr. Butler, Winchester; Mr. Samuel, London; Dr. A. Wiltshire, London; Mr. R. N. Stone, Bath; Mr. Mann, Manchester; Mr. Ray, Lowestoft; Dr. Saunders, London; Dr. Baker, Liverpool; Mr. Godson, London; Mr. Laffan, Dublin; Dr. P. W. Latham, Cambridge; Mr. Hall, Wigan; Dr. W. Newman, Stamford; Dr. L. Aitken, Edinburgh; Dr. Skues, Moltan, Punjaub, India; Mr. Rigden, Canterbury; Mr. Thorp, St. Ives; Mr. Addison, Soham; Mr. C. G. Wheelhouse, Leeds.

LETTERS, ETC. (with enclosures) from:—

Sir William Jenner, Bart., London; Mr. Cæsar H. Hawkins, London; Dr. G. M. Humphry, Cambridge;, Dr. Sibson, London; Dr. Elliott, Carlisle; Dr. C. Lockhart Robertson, Hayward's Heath; Dr. William Budd, Clifton, Bristol; Mr. James Lane, London; Dr. Belcher, Dublin; Mr. N. Heckford, London; Dr. Heaton, Leeds; Mr. Hamilton, Dublin; The Secretary of the Society for the Rescue of Young Women and Children, London; Mr. Hall, Bootle; A Regimental Surgeon, India; Dr. Cobbold, London; Dr. D. Cooper, London; M.R.C.S.Eng.; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. Bruce, Crimond; Dr. Nicolson, Portland; Dr. J. B. Sammut, Naples; The Honorary Secretaries of the Ethnological Society; The Honorary Secretary of the Royal Medical and Chirurgical Society; The Honorary Secretary of the Odontological Society; Dr. Phillips, London; Dr. Mapother, Dublin; Mr. Walter W. Reeves, London; The Professors of the Army Medical School.

CLINICAL LECTURES

ON THE DIAGNOSIS OF

EXTRAPELVIC TUMOURS OF THE ABDOMEN.

By SIR W. JENNER, Bart., M.D.Lond., D.C.L.,Oxon, F.R.S.,
PHYSICIAN TO THE QUEEN; PHYSICIAN AND LECTURER ON CLINICAL MEDICINE IN UNIVERSITY COLLEGE HOSPITAL; ETC.

(*Reported by* W. Richardson Gower, Esq.)

Lecture II.

The Physical Characters of Tumours formed by the Spleen—by the Mesenteric Glands—by the Pancreas—by Aneurism of the Abdominal Aorta and its Branches—by the Kidneys.

In health, the spleen is not perceptible to the touch. If you can feel the spleen, it is diseased. In health, there is a space of about two inches over the spleen, more or less deficient in resonance; this region of imperfect dulness has its lower border near to the eleventh rib; its inner and outer borders correspond to the inner and outer margins of the axillary lines. When the spleen is enlarged, the resilience of the ribs over the spleen is diminished. In some healthy persons, the size of the spleen can be tolerably well defined by percussion; in others, it cannot. Whether the size of the spleen can, or cannot, be thus defined by percussion, depends on the shape of the thorax, on the size of the lung, and on the degree to which the diaphragm is arched. For on these points will depend whether the spleen lies in contact with the chest-walls, or is, to a great extent, borne away from them.

A moderately enlarged spleen forms a tumour in the abdomen, situate on the left side, and passing upwards under the margin of the thorax. Even when of moderate size, the tumour lies near the surface; there is no intestine in front of it. In these particulars, it differs from the kidney. It has a sharp anterior margin; and in this also it differs from the kidney. The anterior margin of the tumour passes from above downwards and inwards. Sometimes, but only infrequently, one or more notches can be felt in this border; when felt, the notch is quite characteristic. The lower border of the splenic tumour is rounded; the posterior border is to be felt, but not so distinctly as the anterior and lower borders. The fingers can, however, always be passed in behind a tumour formed by an enlarged spleen. You feel the resistance of the spleen as you pass your hand back and back till you reach the space just outside the mass of muscles that lie in the spinal groove, and there you find a narrow space where there is very little resistance; the anterior border of this space is found by the posterior border of the spleen. Having one hand on the posterior border of the tumour, and the other in front on the anterior edge of the tumour, you find that it is moveable from side to side. You can push the anterior border towards, or away, from the middle line; you move the spleen thus when it is enlarged, because it is very rarely indeed closely adherent. You know how loosely the spleen is attached by its mesentery; and it is infinitely rare for inflammation of the capsule of the spleen to be followed by adhesions sufficiently short and numerous to destroy its mobility. If a large liver chafe against a portion of the thoracic parietes as it rises and falls during respiration, the irritation usually produced leads to adhesions. The same is the case with the masses of calcareous matter, or even induration-knots, produced occasionally in the lungs, which chafe up and down against the ribs during inspiration and expiration, and give rise to adhesions. But the big spleen has merely a thickened white patch at the spot where it rubs against the rib, or margin of the thorax, as it rises and falls with the rise and fall of the diaphragm. This white patch may be even a quarter of an inch in thickness. The white patch so common on the convex surface of the indurated or enlarged spleen, the white patch less common on the liver, the adhesions over certain lung-indurations, and the white patches so common on the heart, are all equally due to attrition.

Whenever the spleen is considerably enlarged, it passes down below the margin of the thorax. A moderately enlarged spleen may not; for the organ may be kept in place by the costo-colic ligament. You know that fold of peritoneum, which English anatomists talk so little about, but which is so important to us as physicians, the fold of peritoneum which passes from the left angle of the transverse colon to the last rib; so marked in the child, and which remains in some adults as a fold of peritoneum of some breadth—it did so in the woman whose *post mortem* examination we made on Saturday. When the spleen enlarges, it rides over the anterior border of that ligament, and is thus carried forward more than it otherwise would be. The kidney, as I said, always lies close to the middle line, and there is never any space between it and the mass of lumbar muscles. There is always space between the spleen and those muscles; and one reason for this is, that the costo-colic fold of peritoneum bears the spleen a little forwards. It is that, also, which gives the direction (oblique and inwards) to its anterior edge, or, at any rate, assists in doing so when the spleen is sufficiently enlarged to ride over its anterior border.

As the spleen all but always descends below the margin of the thorax when it is much enlarged, if you have a considerable degree and extent of dulness on percussion in the situation of the spleen, you would examine very long and carefully before you concluded the dulness to be due to the spleen. You would first exclude all other things, because, with such an amount of dulness, the spleen ought to descend and to be perceptible to touch—ought *certainly to be felt at the termination of deep inspiration, i.e.*, when it is forced down to its lowest level by the descent of the diaphragm. I have seen cases, in times gone by, in which I should have been saved from falling into error if I had known this. For instance, I remember one case well. A gentleman was supposed to have an enlarged spleen. There was nothing abnormal to be felt in the abdomen; but there was dulness in the situation of the spleen. It proved, on *post mortem* examination, that the dulness, instead of being due to the spleen, was caused by a large cancerous mass in the fundus of the stomach. It was the fundus of the stomach which was the dull part. Still, a moderately enlarged spleen may not descend low enough to be perceptible to touch; and, in very rare cases, a spleen considerably enlarged *may* not descend. I made a *post mortem* examination in the hospital some time since of such a case; the lowest point of the spleen adhered to the stomach, and so the organ was kept up above the margin of the thorax.

In consequence of the position of the spleen, its anatomical relation to the diaphragm, the spleen is one of the organs most affected by respiration; it moves up and down most markedly with each ascent and descent of the diaphragm. It is the friction produced by this movement that so often leads to the white patches on the enlarged spleen from thickening of the splenic capsule. The woman had one whom we examined the other day.

A difficulty is sometimes thrown in the way of the diagnosis of splenic tumour by enlargement of the liver. It is commonly said to exist when the left lobe of the liver is enlarged; but, whenever the left lobe of the liver is enlarged sufficiently to cause difficulty in diagnosis, the right lobe is also enlarged. The liver then extends very considerably to the left, and underlies the spleen; so that there is a little difficulty in feeling the anterior edge of the enlarged spleen. In such cases there may be a practical difficulty in the way of diagnosis. If in doubt, endeavour to find the edge of the spleen by passing your left hand from right to. left; you will find it ride over something where there is a little elevation. Then, by putting the right hand behind the spleen, and tilting it well forward, you may move the anterior edge over the surface of the liver. Again, make the patient breathe deeply, and you may possibly find the spleen descending more than the liver. Once have your mind awakened to the possibility of confounding the left lobe of the liver with the spleen, and I do not think you will fall into the mistake.

When the spleen is enlarged from acute disease, it is almost always tender, as in continued fevers. In splenitis from pyæmia the spleen is tender; but the patient is commonly so ill from the primary disease and the earlier established secondary lesions, that the splenic affection is overlooked. The spleen is very rarely, if ever, tender when enlarged from chronic disease of its substance. At the same time that you are ascertaining the size, edges, and moveability of the spleen by palpation, you appreciate its thickness, its consistence, its elasticity, and whether the surface is smooth or nodular.

An abdominal tumour may be caused by enlargement of the mesenteric, or other lymphatic glands. There is no mistake more commonly made than that of attributing the big belly of children directly to enlargement of the mesenteric glands. Let it be impressed on your minds that I, with ten years' experience of the Children's Hospital, and no little experience among children since, do not remember ever to have seen a child whose large abdomen was directly due to enlargement of the mesenteric glands. So enlargement of the abdomen *directly* resulting from so-called mesenteric disease—*i.e.*, tubercular disease of the mesenteric glands, must be uncommon. I have examined a great number of these children after death, and neither during life nor after death have I seen what could be called a big belly which was the direct result of disease of the mesenteric glands. When the mesenteric glands are greatly enlarged from tubercular or other disease, they lie back close to the spine. They do not come forward; they go backward. The mesentery seems to open for them, so to speak, and the enlarged glands lie close to the spine, and in front of them lie the intestines. The big belly is the result of imperfect digestion, and of the weakening of the intestinal and of the abdominal walls, so that the child makes too much wind, and is unable to expel the flatus from its bowels. The disturbed digestion causes the generation of excess of flatus; the weakened intestinal walls and the weakened abdominal walls do not readily expel it. To detect enlarged mesenteric glands you have to feel for them carefully. The enlarged glands do not come near the surface like the spleen, which you cannot fail to find at once, though you may mistake the nature of the tumour. To feel a tumour formed by enlarged mesenteric glands, put the patient on the back in a proper position, and then suddenly depress the walls of the abdomen. You may thus come down, pushing the flatus away, upon a hard mass lying close to the spine. Enlarged glands may sometimes be detected by grasping the two sides of the abdomen between the hands, or between the fingers of one hand; and then by bringing the fingers slowly together, you may at last feel the glands between your finger, or, if greatly enlarged, as an unmoveable solid mass. By the manipulation I have described, you may feel very slightly enlarged mesenteric glands—*e.g.*, those the seat of albuminoid infiltration.

The great causes of chronic enlargement of the mesenteric glands are: albuminoid disease, tubercular disease, repeated inflammation of special sets of glands, malignant disease, and that hypertrophy which is accompanied by excess of white corpuscles in the blood—the glandular form of leukæmia. The albuminoid never attain any great size; you just feel them roll under your finger by manipulating in the way I have described. Distended tumours formed by enlarged lymphatic glands are nodular, the nodules being large and round. This drawing shows how impossible it may be by palpation to distinguish an enlarged gland from a kidney, and how impossible it may be to distinguish enlarged glands from an enlarged pancreas. When the lymphatic glands are large enough from chronic disease to form a distinct tumour, they are fixed, and can be moved neither by respiration nor, to any extent, by palpation. We now and then find a small tumour in the right iliac fossa caused by enlarged and indurated glands. The most common cause of glandular tumour in this situation is one or more attacks of typhlitis.

The healthy pancreas can now and then be just felt in very thin persons with small lax muscles, whose lower dorsal and lumbar vertebræ are somewhat curved forward. I may have satisfied myself that I have felt it half a dozen times in my life. The pancreas crosses the aorta and the spine, and when perceptible to touch, is felt on deeply depressing the abdominal walls about a hand's breadth above the umbilicus, by then rolling the subjacent parts under the hand (the stomach and colon must both be empty). I have known the pancreas of normal size, in such persons as I have described, mistaken for disease; it has been taken for malignant disease of the transverse arch of the colon, and for an aneurism of the abdominal aorta. The head of the pancreas may be so large, when the seat of cancer or of tubercle (I have seen one case only of the latter), as to form a distinct abdominal tumour. The pancreas in health and in disease is fixed—*i.e.*, is unchanged in position by the respiratory movements or by palpation.

A distended gall-bladder has, there is no doubt, produced a detectable abdominal tumour able to be diagnosed, but such an occurrence is very rare. I not infrequently see cases in which it was supposed that an abdominal tumour was a distended gall-bladder, but I never saw after death a distended gall-bladder which had been diagnosed or which had produced a detectable abdominal tumour during life. When of large size, the tumour formed by a distended gall-bladder is pear-shaped; its small end is upward. It is seated just under the abdominal walls at the outer border of the right rectus muscle. It is smooth on the surface, free from tenderness, and very moveable by palpation from side to side, turning on its smaller fixed upper point. Now and then distinct fluctuation has been felt in it by percussion. Sufficient distension of the gall-bladder to produce a distinct tumour is usually the result of occlusion of the cystic duct, and effusion of serous fluid into the cavity of the gall-bladder. Tumours thus formed have attained the size of a child's head. A lesser degree of distension of the gall-bladder may result from occlusion of the ductus communis choledochus, and the damming back of the bile into the liver and gall-bladder. A just perceptible projection at the lower border of the enlarged liver to the outer border of the right rectus muscle is not uncommon when the ductus communis choledochus is closed. In the latter class of cases there is intense jaundice; in the former there are no other symptoms than such as may arise directly from the tumour interfering with adjacent parts.

Although, systematically, they ought not to be referred to here, yet clinically, tumours due to dilatation of the abdominal aorta and its great branches should be mentioned. It is a mistake into which almost all young practitioners fall, to suppose that every pulsatile tumour they feel in the abdomen is a dilatation of the aorta. Remember that, although by no means to be reckoned among what are called rare diseases, aneurism of the abdominal aorta is not at all common; that you will meet with a thousand cases, I was going to say, of strongly beating tumour in the abdomen, before you meet with one case of circumscribed dilatation of the aorta. So, instead of being your first, it should be your last idea, that an abdominal pulsation is due to aneurism. An abdominal aneurismal tumour has two great characteristics, and both being present, you may make the diagnosis; but either of which being absent, would prevent you from saying that the tumour was an aneurism. First and necessarily, the tumour must be pulsatile; but you will, as I said just now, see numberless tumours which will seem to you to pulsate before you meet one aneurism. The essential point is that the pulsation of the tumour must be expansile. Grasp the tumour, and if it expands in all directions, you may conclude that it is a true dilatation of the aorta, an aneurism. All tumours that lie in front of the aorta pulsate, and often strongly; they transmit the pulsations of the aorta to the surface, and so feel as if they, in their own substance, pulsate. Then, again, remember that anæmic women have a strongly pulsating aorta; that persons with aortic regurgitation have a strong pulsation in the aorta; that persons at that period of life when the coats of the arteries are degenerating have a strongly pulsating aorta; and that in certain forms of dyspepsia the aorta pulsates so strongly, that patients will come to you for that special discomfort, a beating in the abdomen. Then remember, that if you suspect a tumour to be an aneurism, you feel for the expansile character of the pulsation. Failing to detect that, you pause and look for other causes rather than aneurism to explain the phenomenon. The diagnosis of aneurism can never be held as *certainly* correct till you have felt this *expansile* pulsation.

Incidentally, I may mention—for we shall have to consider the subject again, when we meet with special cases—that, if the stethoscope be placed over the abdominal aorta in front, in some healthy persons, a loud systolic murmur may be heard from the pressure exerted on the vessel. The more anæmic the patient, the laxer the coats of the artery, the more certainly will a murmur be produced. Now, if you are suspecting the existence of aneurism, and hear a *bruit* at the spot, I advise you to do what I always do under these circumstances—viz., listen in the back, examine down the spine; and, if the murmur heard in front is generated in the aorta—if it is from an aneurism, for example—you will hear it behind; and behind you cannot press on the aorta yourself so as to cause a murmur, or to intensify by pressure any murmur that may be caused in another way. In this way I have come to a diagnosis, which otherwise I should have failed to make. In an anæmic woman, there is a murmur heard in the back, though the slightest pressure in front produces a loud *bruit*. The louder the murmur in front, supposing it not to be heard in the back, the less likely is the murmur to be due to organic disease.

I shall now point out to you the general characters of tumours due to the enlargement of another organ—viz., the kidney.

As to the seat of the kidney: the twelfth rib crosses it posteriorly. Formerly, physicians determined the size of the kidney by percussion; or rather, I should say, attempted to make out its size, for I never saw any one who percussed out the healthy kidney. I tried, but I never could succeed; and I do not believe anybody else ever did. But, by palpation, its size in all thin persons may be made out pretty certainly; and, if it be enlarged, made out easily. You place one hand, as I have often shown you, at the back of the patient, under the last rib, and outside the mass of the lumbar muscles in the spinal groove. The other hand you put in front of the patient, just over the hand behind, on the right side, just under the inferior border of the liver. Having put your hands in these positions, so as to have the kidney well between them, depress the hand on the anterior wall of the abdomen as far as possible, diverting the patient's attention, and removing the tension of the muscles. Then, having depressed that hand as far as possible, using all possible means to expedite and assist its depression, having brought it down as much as possible, tilt forward the hand that is behind; and in that way the kidney is brought well under the touch of the two sets of fingers—perfectly, in the great majority of cases.

Posteriorly, the region of the kidney is dull on percussion; and there is no line of resonance between the kidney-dulness and the spine. Again, there is no space between the kidney and the spinal-groove, muscles into which you can dip your fingers with little resistance, as there is between the spleen and the spine; and this is equally true of the healthy and of the enlarged kidney.

I told you that the kidney is moved a little by the respiratory movements. Sometimes it can be moved by the hand, and thus much more frequently than you would suppose. A moveable kidney is one thing; a floating kidney is another. We very rarely see or feel a floating kidney. I have never met with one after death, though I have felt in a patient what has been supposed to be one. A floating kidney is a kidney that has a mesentery—a fold of peritoneum attaching it very loosely to the spine. A floating kidney, therefore, can be moved about to a considerable extent—to the extent of the length of its mesentery. A moveable kidney can only be passed up and down a little; it slips a little under your fingers. The cellular tissue in which it is embedded is loose in structure. If you have ever slipped a pea out of its pod, you have felt exactly the sensation that the kidney gives as it moves under the finger; it feels as if it were a smooth body in a smooth sac. It is not really so; but that is exactly the sensation. When the kidney is enlarged by disease, it is rarely moveable by respiration or palpation. When chronic changes sufficient to enlarge the organ have occurred, whatever their nature, adhesions sufficient to prevent movement usually form between the capsule and adjacent part. The loose connective tissue in which the healthy kidney is embedded becomes condensed.

Remember that people, the lower dorsal and lumbar parts of whose spines are curved well forward, have their kidneys very prominent. Now and then, you may even see their kidneys, the organs being of natural size. This anterior curvature of spine, with thin abdominal walls, is not very uncommon in women. I remember a case of this kind, which I gave to the students to report on, when I was examiner at the University of London. I asked for the diagnosis and treatment; and one of the examined told me it was an ovarian tumour, and he would cut it out. It was a kidney, I believe, perfectly healthy. It might have been such a kidney, however, as this preparation shows—an hypertrophied kidney, the hypertrophy dating from an early period, being perhaps congenital.

The kidney is rounded laterally, rounded in front, rounded at its inner border, rounded at its upper border, rounded at its lower border. You can feel the lower border, and you can feel the outer border. The inner border is usually lost against the spine; and the upper border cannot be felt, unless the kidney is displaced. It is important for you to remember that the kidney has no sharp edges. It is rounded on every side, and, in disease, never loses this peculiarity. There is a woman in the hospital who has a tumour in the left side of her abdomen, which is her spleen. She has one in the right side of her abdomen, which I advise you to feel. I was told that the tumour perceptible in the right renal region was the right kidney. Now, in this woman, probably a condition exists somewhat similar to that which existed in the man from whom this preparation was taken. The kidneys in this bottle belonged to a man who was seen by the late Dr. Bright. Dr. Bright thought that he had a large right kidney. You will note that the right kidney is of the size of a walnut, and the left kidney is considerably hypertrophied. The man died. I made the *post mortem* examination, Dr. Bright being present. As soon as I had removed the kidneys, he laughed, and said, "Well! I took a piece of the liver for the kidney." This woman now in the hospital was supposed to have a large right kidney. In her, however, the tumour is, as it was in Dr. Bright's man, a part of the right lobe of the liver. Although not very large, the tumour lies close to the right lateral wall of the abdomen—not a little way from it, as the kidney does; it touches the lateral abdominal wall. It comes outside the ascending colon; while the kidney, of course, would lie behind and extend a little inside it. Again, in this woman you can feel, by careful manipulation, an anterior or inner acute margin. Now, the kidney never has an acute margin. That acute margin altogether and absolutely excludes from the diagnosis enlarged kidney. In this woman, having once the cue to the real nature of the tumour, you can, by putting your fingers under the margin, trace the margin till you feel that it is continuous with the margin of the liver.

What you may mistake for the kidney, and what I have seen mistaken for it, besides this piece of the liver, are, stools in the ascending colon. Let me here, by the way, warn you against an error into which you are likely to fall, and I dare say some of you will fall, even after I thus tell you of your danger. It is that of thinking abdominal tumours, the nature of which you do not understand, are accumulations of fæces. Decided tumours due to fæcal accumulation are infinitely rare in practice. Did I ever see an accumulation of fæces sufficient to cause abdominal tumour? Well, I have seen one—I may have seen two—but of no great size; and in neither was there any difficulty in determining the nature of the tumour. But I shall be within the mark, if I say that I have seen a dozen tumours that have been supposed to be fæcal, and have been something else—a cancerous mass—and the woman purged for it; big spleen, and the child purged for it till it had bloody stools. So that you will understand that your tendency to err will be in that direction; and you will bear in mind that a distinct tumour due to an accumulation of stool is rare.

Then I have known tumours of the suprarenal capsules—a cancer there, for example—mistaken for a tumour of the kidney itself; and I do not know how you are very well to distinguish them by the touch alone. The same is true of a diseased gland.

Again, abscess in the vicinity of the kidney may be mistaken for an enlargement of the kidney; but renal tumours never cause enlargement behind. A renal tumour is not visible in the back; it expands in front. A little greater fulness of the loin there may be, but nothing like tumour. This is an important point in reference to diagnosis. In my earlier days, I fell into the mistake of supposing two or three cases to be renal, in which there were projections behind, and in which I had felt a great mass in the region of the kidney, and thought, in consequence, it was all renal when it was really outside the kidney. I fell into this mistake, because it had never been impressed on my mind that renal tumours do not cause distinct posterior bulging; that tumours due to disease of the kidney enlarge in front, whilst abscesses and other lesions, which may simulate renal tumours, often cause considerable posterior projection.

Again, in regard of the diagnosis of renal tumours, remember that the colon lies in front of the kidney—the ascending colon in front of the right, the descending colon in front of the left kidney. The proximity to the colon renders the diagnosis between nephritic colic and intestinal colic sometimes difficult. Nephritic colic will cause loss of power in the colon, and so induces constipation; thus favouring the idea that the patient has intestinal colic. Again, collections of stool in the colon may be mistaken for an enlarged kidney. A large enema will solve all doubts on this point. In all cases of abdominal tumours, the nature and seat of which are obscure, it is right to have the bowels well emptied by a large simple enema and the bladder emptied by catheter. Remember that a person may have a collection of hardened fæces, and yet be suffering from frequent discharges of small fluid stools.

The pelvis of the kidney often attains an enormous size from collections of fluid in it. The tumour thus formed may pass down into the iliac fossa, and up so as to be indistinguishable by percussion from the liver; but it rarely passes inwards beyond the middle line of the abdomen—never far beyond it, and never into the pelvis. But we will consider this kind of tumour hereafter.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

A CASE OF IMPERFORATE HYMEN.

By J. M. Heward, Stamford.

On March 20th, 1868, I visited Miss ——, aged 18, a tall, well-made, healthy looking girl, who was suffering from severe pain at the bottom of the back, and over the pubes. She had never menstruated. She had had pain of the same nature on previous occasions, but never so bad as now. In all other respects, her health was good. Treatment relieved the pain, but there was no appearance of catamenia. On April 11th the pain occurred again. At this visit I told the mother there might be some obstruction to the flow of the catamenia, such as an imperforate hymen, and requested to examine her daughter. This was not then allowed. On May 6th, I was hastily sent for; there was great pain, and the patient had just told her mother that there was a swelling at the lower part of her body. I now sent her to bed, examined and found a pyriform tumour, reaching from the pubes to the umbilicus. A small tumour, the distended hymen, presented at the vulva. I gave an opiate to relieve the present urgent pain; ordered an enema to be given; and a few hours afterwards I introduced through the distended hymen a trocar and cannula, of the size of a No. 10 catheter. After rather more than a pint of thick dark fluid had escaped I withdrew the cannula, and allowed the fluid to flow gradually, applying a bandage to the abdomen, with a pad over the uterus. At the end of twelve hours the tumour was only just perceptible above the pubes; the patient was free from pain and doing well, and continued so until the morning of the fourth day, when a most striking change occurred in her mental state. Formerly affable, cheerful, and talkative, she now was silent, shy, hiding her face in the pillow, very unwilling to answer my questions. The pulse was somewhat quickened, yet there was no pain, shivering, or sickness. The bowels were open, but the discharge had become thin, watery, and offensive. I at once, with a bistoury, slit up the hymen, forwards and backwards from the opening made by the trocar, and with the ordinary enema syringe, which was at hand, washed out the vagina with warm water; some offensive fibrinous clots escaped. I gave a little sherry, and left her. At my evening visit the mental gloom was entirely gone; she was comfortable in every respect. At the end of a month the catamenia appeared normally, and have done so ever since.

THE VIRTUES OF DRUGS:

THE PRESIDENT'S FAREWELL ADDRESS AT THE CLINICAL SOCIETY OF LONDON.

By SIR THOMAS WATSON, Bart., M.D., D.C.L., F.R.S.

This time twelvemonth, gentlemen, I had occasion to thank you for the signal honour you then conferred upon me, in making me your first President. I have now again to offer you my thanks; and I do so in all sincerity, not only for the compliment which you have just paid the other retiring officers and myself, but also, and especially, for the indulgence with which you have been good enough to accept the slender and imperfect service which alone I have been able to render you. I beg leave to add my own congratulations to those of the Council upon the progress and prosperity of our Society during the first year of its existence; upon its increasing number, upon its financial ease, and upon the creditable volume of *Transactions* which it has been able to put forth. I do not feel so certain that I can, with a clear conscience, and in terms as absolute, commend our meetings—that is to say, ourselves—for the strictest adherence to the professed objects of the Society; which are "the collection of reports of cases of interest, especially of such as bear upon undetermined questions in pathology and therapeutics." I have noticed, and others have noticed—and I take blame to myself for not having from this chair sufficiently discouraged—a tendency to wander beyond our prescribed limits, and to trespass upon the grounds of a kindred and friendly society, which, if not damaged, might reasonably be offended, by such an invasion. But I am willing to look upon this as merely the unsteady walking of infancy; and to believe that, as we get older and stronger, we shall manage our steps better, and, respecting our neighbours' fences, keep strictly to our own well marked path. The record of cases, closely observed and accurately detailed, calculated to throw light upon unsettled points in pathology—that is one of the proper and legitimate objects of the Clinical Society; and the investigation of the special action and efficacy of remedies is another, and, in my judgment, at present the more pressing and important of the two.

The few words which I addressed to the Society on the evening of our first meeting have been, I fear, somewhat misapprehended. It seems to have been thought, in some quarters, that I had renounced my faith in physic—that I undervalued the resources and the usefulness of our art. Such a notion is the very reverse of the truth. I am anxious to have the effects of remedies carefully ascertained and certified, just because I have so great faith in their real force. What I deprecate, what I would fain see altered, what it is one great end of this Society to do away with, is, the vagueness of aim, the uncertainty of result, the merely tentative nature of too many of our prescriptions. Far from thinking that our warfare with disease is a vain warfare, I am only desirous that our arms should have the precision of the modern rifle, instead of the wild flight of the old-fashioned smooth-bore.

Probably I have even greater reliance than many physicians upon the virtues of drugs—of what used to be called simples—a word I like, because it helps continually to suggest to one's mind the golden rule, that their administration should be simple; that they should be mixed as little as possible with other substances which might confuse and vitiate the conclusions to be drawn from their actual operation. I am one of those who hold to the doctrine—always within its proper limitations, the limitations assigned by Bacon—the doctrine of final causes, so despised by modern philosophy. I believe that those subtle essences which human research and ingenuity have succeeded in deriving from various substances in Nature, and which, when applied to the human body, sometimes even in very minute quantities, have a potency so marvellous as to abolish pain, to compel sleep, to extinguish fevers, to stop for long, perhaps for ever, the recurrence of paroxysms of epilepsy which had continued to recur for years,—were implanted in those substances by the Creator, among other uses it may be, for these very services to mankind; and that there lie concealed in other substances, and especially in the vegetable kingdom, many analogous healing powers, which it is a part of man's mission and privilege, and will be his great reward, to search after and to discover. The intelligent and scientific quest of such new remedies; the verification of the exact properties and effects of those we already possess, in order that the active and useful may be rightly applied, and the worthless discarded,—these, I repeat, ending as I began, are or should be, and I make no doubt will be, among the main purposes of this Society. The fruit of its institution, in that direction, will become more and more apparent when the inquiries into particular remedies, which have been entrusted to committees of our members, shall be rife for report.

In bidding you officially farewell, I must express the very great pleasure which your choice of my successor has given me. I heartily congratulate the Society upon its passing under the rule and headship of such a man as Mr. Paget.

A CASE OF IMPERFORATE ANUS.

By JOHN HAMILTON, Esq.,

Surgeon to the Richmond Hospital, and to Swift's Hospital for Lunatics.

In the number of the British Medical Journal for December 26th, 1868, there is an interesting case of imperforate anus, by Dr. Dodgson of Cockermouth, in which the rectum communicated with the urethra. I beg to add another instance of a similar malformation; for though, in consequence of the operation having been successful, the fact is not established by *post mortem* examination, yet the circumstances of the case conclusively lead to the inference of a like state of parts.

In the evening of February 16th, 1864, a male infant, thirty-seven hours old, was brought to me at the Richmond Hospital by a nurse, who said there was no passage of the bowels. I found this to be true, as, where the anus ought to have been, there was only a slight elevation or ridge, but no depression or appearance of opening; nor was there any thinning of the integuments there, or feeling of fluctuation or elasticity, as there would have been had the liquid or gaseous contents of the lower bowel been near the surface. The belly was much swollen, and very hard and tympanitic. The child appeared in great distress, crying constantly; and the face congested.

I made an incision where the anus ought to have been; but, though I buried the blade of the narrow bistoury up to the hilt, no meconium or gas escaped. I enlarged the incision back to the sacrum, and finally worked my finger up for an inch and three-quarters, up to the knuckle of the second joint. I then felt, but only now and then, when the child cried much, the pressure of the closed bowel at the tip of my finger, like a soft elastic India-rubber ball. I pierced this with a trocar, and then enlarged the opening with a narrow bistoury. A small quantity of black meconium then escaped on my finger. Thinking I had done enough for the time, I passed up a thin pledget of lint, with which I stuffed the opening well. Next day, at half-past ten o'clock, about fifty-six hours after birth, the child was brought to the hospital. It looked bad enough—the face very red and turgid, and expressive of pain; crying constantly. The night had been restless, and he had vomited frequently. The bib was stained with bright yellow, like the colour of the fluid regurgitated, in the early stage of strangulated hernia, from yellow bile. The belly was still more swollen and tense than yesterday. The nurse thought the child had passed water, but was not sure. She said that a small quantity of the same black substance, like clotted blood (meconium), had passed by the side of the lint in the wound. I doubted this, as the lint had been so tightly wedged in the wound. I took out the lint, and passed in my finger. When I withdrew this, there gushed out with great violence more than half a pint of fœtid black meconium, with flatus; and at the same time the infant passed urine in a full strong stream from the penis. Immediately, a change took place for the better in the child; the face becoming pale, with a tranquil expression; and the crying ceased. The belly became soft. After the first great gush, meconium still came slowly away. I introduced No. 10 catheter into the opening in the bowel; and, having cut of a portion, secured it in this position.

On the sixth day, the child was doing well, and taking food readily. On the thirteenth day, he was well and thriving; but the fæces came imperfectly through the piece of catheter. The woman took it out now and then, when the fæces passed freely. She was, however, obliged to bring the child to the hospital to-day, as she had failed in introducing the instrument. I found some difficulty in passing it myself, owing to the contraction that had taken place during the short time it had been out. Considering that it would be better to introduce a larger one, to allow the fæces to pass so readily as to render the withdrawal of the instrument unnecessary, I passed a piece of No. 12 catheter, and secured it in. A cork was put in, to be taken out when required.

March 2nd. The piece of catheter had stayed in, and had answered very well, the motions having passed through it without the necessity of taking it out.

April 20th. Yesterday, wishing to see how the child would do without the tube, I desired it to be taken out. No fæces had passed, and the child was very uneasy. *The urine was tinged with fæcal matter.* His mother said this had occurred before. It would, therefore, appear that an opening existed between the rectum and the bladder, but that the opening was probably small and valvular. With much difficulty, I again introduced the gum-elastic tube, and the fæces flowed freely out.

A bone-tube was subsequently used, instead of the gum-elastic one; and, as the bone-tube was found to become corroded, I got Mr. Read of this city to make me one of pewter. This was about five months ago, when I last saw the child; and it seemed to answer well. This tube was straight, three inches long, and oblique at the top, as less likely to be obstructed, with a shield at its lower end, with holes for tapes—the diameter of No. 14 catheter. The child, then between three and four years old, looked rather delicate, and was weak in the limbs. It had had the measles and a severe gastric fever. It was remarkably intelligent.

THE APPLICATION OF MODERN IDEAS TO INFANTILE THERAPEUTICS.*

By T. P. HESLOP, M.D.,

Physician to the Birmingham Children's Hospital, etc.

It requires but a glance at the present state of medicine to render it patent to the observer that a change has come over it of late years. The remedies most relied on by our predecessors have been either abandoned, or are used by us without confidence. The principles which once regulated their administration are now believed to be unfounded. A revolution has taken place in our primary notions of morbific processes. Excessive commotion in a part no longer implies superabundant vitality, but a tendency to the decay and death of that part. The mystical notions of the ancients about critical days, have obtained at once a positive basis and an explanation in the thermometric observations of Wunderlich and Traube. Next to the knowledge of the causes and probable termination of diseases, the studies of the best minds in the profession are now mainly directed to a searching inquiry into the natural order of morbid phenomena, their rise, their stationary period, their decline. The question of the day, antecedent to all fruitful efforts to solve the many therapeutical problems which start up at every turn, are—What is the natural progress of diseases? How are they developed, and what is their termination when they proceed uninfluenced by art?

I need hardly state that we owe to the ever-increasing knowledge of this last order of facts our diminished reliance on mere medicaments, our lessened trust in the extreme perturbative measures in vogue with the last generation, above all, our solid conviction that many severe maladies not only tend to, but actually arrive at, a happy termination without the aid of art. A recent French writer (Lorain) says, that among his countrymen, "the tendency of therapeutics is to be reduced to its simplest expression, which is hygiene." We have escaped so violent a reaction of scepticism against the practice of our forefathers as this; but, among us, the two most prominent features of actual teaching are the superior weight given to considerations derived from preventive medicine, including a study of the causes of disease, and the indisposition to use active medication in numerous acute disorders.

Treatment among the ancients was chiefly directed to the attempt to cure a process—an inflammation, a dropsy, a flux, a fever, a hæmorrhage. The pathological school, which took its rise at the beginning of this century, strove to discover the organ disordered through its altered functions. Diagnosis was its main object; treatment was aimed at the organ impaired; and the object sought was to bring it back to its physiological condition. More recently, the nature of the morbid process or the special organ affected has been deemed of less importance, in the view of treatment, than an inquiry into the state of the patient. After the diligent application of our modern means of diagnosis, and of our deeper acquaintance with the phenomena of disease, we still desire a guide in our efforts to relieve the patient. This guide is believed to be found by seeking whether his forces are equal to the task of combating the malady, or whether they fail in the contest. In short, the diseased organ and the process are less considered than the presumed power of the individual. There can be no reasonable doubt that this constitutes an improvement on former practice. We may seriously disturb the natural progression of a disease by our ill-timed attempts to sustain the strength of a patient, but this is a less considerable fault than attacking a dominant process, or taking violent means to jugulate a structural change. Symptoms may entirely disappear yet the disease may exist. The syphilitic poison may be no longer apparent to us by any signs in a father, though it shall be active enough to be transmitted by him, after many years, to his child. This is not all. The child may shew, a few weeks after birth, the indications of the poison. Under the use of mercury they may vanish and sound health be established, as far as the keenest survey enables us to judge. A few weeks pass over, and the whole series of indications, with failure of nutrition, return. Did the mercury then cure the disease, when for a time the earthy hue, the snuffling, the roseola, the mucous patches, the foul ulcers disappeared? Surely not. In the history of syphilis, similar facts are known to our daily experience. A man has exquisite nocturnal pains in his clavicle or tibia; he is relieved, as by a charm, by a few doses of iodide of potassium, and the nodes soon pass away. But has the disease been abolished? The same symptoms return over and over again for many years, without a new importation of the poison. It necessarily follows, therefore, that the particular change in the structures of the body originally effected by the syphilitic virus is, if mayhap diminished, still in operation.

Intermittent fever offers another example. A healthy man temporarily resides in a malarious district. After a time he becomes ill, and there ensues a series of events which together constitute a paroxysm of ague. He is said to have intermittent fever, and we judge of this by the presence of these signs. We give him quinine, and the paroxysms no longer occur. Have we, then, cured the malady? Far from it. He removes from the district, yet, possibly, for years afterwards he suffers ever and anon from ill-developed attacks of the disorder. Any disease that may independently occur to him is modified by the old intermittent. It is true that sometimes, though less often than is generally supposed, the quinine has been really curative. By virtue, presumably, of the same action which enables it to cut short the fever-crisis, the disease itself is subdued. The fact, however, remains; we may take away the symptoms, the external manifestations whereby the disease is revealed to the physician, without overcoming that deeper state which is made up of the original cause, whatever that may be, and the change in the intimate qualities of tissues to which it has given rise.

I have taken these examples from a sphere wherein medicine has achieved its greatest triumphs; for in speaking of quinine and of iodide of potassium, I am speaking of drugs, of efficacy so sure that they are said to act as specifics. Yet, to quell symptoms and to extinguish a disease are two things so different, that any one who fully apprehends the limitations imposed on these remedies, will have a firm grasp of a notion very needful to keep in mind; that, under all the reactionary phenomena which go to form the elements of our diagnosis, there underlies a state to which the word disease is alone applicable. The last is something *per se* in each disease. The former are observed, variously combined, in many.

There are very few disorders which are known to us throughout, in respect of their origin, symptoms, treatment, and mode in which that treatment works its results. But we have such an instance in the tape-worm malady. Here we see the superiority of what Sir John Forbes called the direct mode of treating disease, as contrasted with the indirect and specific modes. We act as the surgeon acts in applying hydrochloric acid to noma, or the knife to external cancer. A parasite infests the intestine; a profound disturbance of many functions follows. The disease is made up of the worm, the irritation of the digestive canal, and innumerable sympathetic affections. The worm is killed by male-fern, and these disturbances straightway begin to yield. We effected what we could not do with the iodide of potassium in tertiary syphilis. We have stopped the morbid state, as a whole, by getting rid of its source.

It must, however, be remarked that the question of time arises here, as in ague or syphilis. These, after having been once contracted, may affect the life-history for many years, before the body becomes again nourished after the normal pattern. So the tape-worm is expelled, but it is noteworthy that the pathological states caused by it, though not produced by the multiplication of the *materies morbi*, by no means vanish at once. A certain period is required before health is restored.

Nothing is more sure than that we are unable to affect directly the *morbid principles* causing disease. Claude Bernard said, in his lectures, in 1860, "that we have no means whatever of neutralising their actions". Whether these principles are finally eliminated from the system, or assimilated by the metamorphosis of their constituent parts, they take their own time and their own way in passing through their changes.

But, secondly, the practice of the present epoch is more rational than that which was based on the energetic use of what were termed active measures for the arrest of inflammations. That pneumonia, the essential fevers, the eruptive fevers proper, and many other diseases, run a determinate course, with definite daily and weekly changes, with a well-marked tendency to a favourable termination, and with structural alterations having a methodical evolution, is now universally admitted. It is not within the scope of this paper to state all the reasons which have induced well-informed physicians to conclude that acute diseases proceed to their termination in a great degree uninfluenced by art, This has been long recognised of small-pox, but it is true of many diseases. The development of variola is scarcely more regular, both as to material alterations and symptomatic phenomena, than that of pneumonia. Have we reason for believing that we have a much more considerable power over the course of the one than of the other? The more I know of the varied treatment of pneumonia at Vienna, Paris, Edinburgh, and elsewhere, the more I see for myself, the stronger becomes my assurance that our power of modifying it in a salutary direction is greatly less than is commonly supposed in this country. As the admirable author just mentioned declared, in his essay on *Nature and Art in Disease*—"in the more violent inflammation and fevers, the most energetic means are often powerless in staying the progress or changing the event, insomuch that it becomes a subject of rational inquiry, not merely to what extent, but whether to any extent at all, these dangerous diseases are modified, in regard to their mortality, by the medical art."

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* Read before the Birmingham and Midland Counties Branch.

We owe the perfection of our diagnosis to the pathological school. To it we also owe a clear notion of the inadequacy of the indirect or physiological medication. Who can inform himself of the structural changes in the lung or brain during, and in consequence of, acute inflammation, without perceiving that art possesses no means of materially controlling them, set on foot as they are, with a curative tendency, by the *vis medicatrix naturæ*—that capacity of adaptation spoken of by Mr. Paget—that power of individuation enjoyed by every organism whereby it is enabled to exist, and whereby it constantly tends to return to the normal balance of functions special to it, when it has become temporarily deranged? I believe, however, that the causes of this inadequacy have not been fully stated.

Time is against us. Acute diseases run their course at such a pace that we cannot overtake them by our indirect measures. If we administer enough of our powerful drugs to affect the course of the disease, we incur the risk of destroying the patient. Brown-Séquard says, in his last essay on Nervous Diseases, that "small doses of most remedies are useless, and therefore allow nervous affections to take deeper root in the system." But he goes on to warn us "to watch for the disappearance of the nervous affections, and their replacement by the symptoms of poisoning by the remedy. In an unpublished case, of which I happen to know the details, an able physician succeeded in obtaining the cessation of tetanic symptoms; but, unfortunately, new doses of opium were given after that cessation, and the patient died of poisoning by opium." This remark applies to the Calabar bean, digitalis, hydrocyanic acid, etc., and with little less force to antimony. It appears to me more and more evident that we do the most good and the least evil, the nearer we approach nature in the slowness and continuousness with which we modify the nutritive processes by drugs. Hence the truest triumphs of our art are to be observed in chronic, rather than in acute diseases. The vulgar notion is, however, quite opposed to this view.

But still more important is the fact that we have no means of affecting any particular organ, either in whole or in part, distinct from the organism. We might cherish higher hopes from the use of our indirect means of modifying acute diseases, if we possessed what I fear some among us still believe we possess, remedies that are specially good for inflammation of the lungs, of the nervous centres, or of the digestive tract. Unhappily, nothing is more certain than that the same action which enables ergot, digitalis, tartar emetic, opium, belladonna, bromide of potassium, and such like to modify one organ, enables them to modify all organs. They operate on healthy parts while they change diseased ones. Here is the fated restriction of our indirect means of medication and of our art in general. To some, this may seem a statement scarcely worthy of being attended to; but I will give proof to the contrary. Within the past twelve years, there was a grave controversy as to whether the subcutaneous injection of morphia would relieve neuralgic pains elsewhere than over the seat of pain. Doubts could not have arisen on this point had medical men clearly apprehended that drugs—which, in any part of the system contract or dilate vessels, excite or depress nerves, chemically or mechanically modify the blood—perform these operations throughout the system. If their therapeutic effects are noticeable by us only in the diseased organ, it is because that organ, having deviated from the normal condition, reacts under their use in doses which do not suffice to produce an action on healthy parts appreciable by our own senses. We can give enough opium to relieve a neuralgia of the fifth pair without affecting the sensorium commune. If we fail with ordinary doses and, what is called, push the remedy, we do affect the sensorium. We dull the pain by causing a narcotic or stupefying effect, and if we proceed without caution we put the life of the person in jeopardy. How has this come about? In our anxiety to mitigate pain in a limited area of nervous texture, we have given enough of the drug to suspend the reactions of all the nervous textures in the body. This is a pure example of almost innumerable facts in therapeutics. The only definite conception which we can frame of the action of drugs on diseases of the viscera is, that they operate either on the nerves, vessels, or blood. Some, doubtless, affect all of these. Nerves are irritated, vessels contracted, the supply of blood diminished by the same agent. But it is of the first importance to remember that the action is not peculiar to the organ, but general to the system. Hence the corollaries, that the same drug may be used in many diseases, and that it cannot be pushed far in any one of them.

Without this explanation, the history of medicine would be an insoluble enigma. I will take two examples, tartar emetic and bromide of potassium. The former has been used in almost every known disorder, with supposed good effects. In one or two, as pneumonia and certain nervous states, it has been deemed a specific. It has been given in phthisis, bronchitis, acute hæmorrhage, delirium tremens, fever, and even in chorea. The latter may be termed the remedy of the hour; the new solvent of our clinical difficulties. Brown-Séquard classes it with belladonna and ergot of rye, and speaks thus. "These remedies are useful against incontinence of urine, seminal losses, satyriasis, hyperæsthesia, general or localised, in the larynx or pharynx, the neck of the uterus, the spincters of the bladder and anus, the urethra, etc.; epilepsy, whooping cough, photophobia, constriction of the pupil, congestion of the spinal cord or meninges, albuminuria, etc." This *et cetera*, doubtless, includes fibrous tumours of the uterus, the treatment of which by the bromide has the confidence of obstetricians. Very large doses are known to be necessary for the cure of epilepsy, but if we go beyond certain limits, bromism is developed; the patient becomes anæsthetic in the throat, sleepy, and stupid.

[*To be concluded.*]

CLINICAL REMARKS ON COLOUR-BLINDNESS AND COLOURED VISION IN THE DIAGNOSIS OF EYE DISEASE.

By ERNEST HART, Esq.,

Surgeon in Charge of the Ophthalmic and Aural Departments, St. Mary's Hospital, London, and Lecturer to the School.

Anomalies in the perception of colours have been frequently met with under certain conditions, and associated, in some instances, with impairment of visual power; in others, with perfect functional activity of the eye. In the first place, we have that condition of imperfect colour-blindness which was called by Goethe akianoblepsia, and is well known in this country as Daltonism; this defect is congenital, frequently hereditary, and limited, in most cases, to the perception of colour, acuity being perfect. Again, the internal administration of certain medicinal and poisonous agents has been known to produce forms of chrupsia or coloured vision; violet-vision sometimes occurs during lead-poisoning, and investigations made by Martini, Rose, and Schultze, prove that santonine, when given in large doses, will cause objects to appear of a yellow or yellowish-green colour. A third condition under which these morbid chromatic changes occur, is the existence of some form of amblyopia, depending upon disease in the brain, or some other important organ in the body. This fact was first pointed out by Wilson and Taylor, who observed that total or partial blindness was often associated with injuries and diseases of the encephalon. This subject, however, did not receive much attention before Galezowski, one of the most accomplished of continental ophthalmoscopists, struck with the influence exerted by the various morbid changes of the optic disc and retina upon the chromatic sense, thought it deserving of investigation, and submitted all amaurotic patients coming under his notice to an examination into the condition of this faculty of vision. The results of these inquiries have been recently published in a volume which contains, in addition to important conclusions as to the diagnostic value of chromatic observations, an equally important and valuable section on the physiology of colour sensations. In 1802, Dr. Thomas Young communicated to the Royal Society his views upon the latter subject, which were subsequently supported by Helmholtz, and widely accepted in Germany. According to this theory, the eye possesses three kinds of special nerve-fibres for receiving and conducting three different colours—red, green, and violet. Homogeneous light excites the three forms of nerve-fibres with an intensity varying according to the length of three undulations to which the eye is sensitive; the longest undulation excites most strongly the fibres sensible of red, that of medium length the green fibres, and the shortest undulation the violet fibres. This view is justly doubted on grounds both of minute anatomy and pathology, which indicates that

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the faculty of perceiving colours is fixed in the bacillary layer of the retina. The true chromatic organs of the eye may be considered to be the cones, each of which bodies acts as a small prism, decomposing the light, so as to form at its base concentric coloured circles corresponding to the colours of the solar spectrum. The following are some of the chief results of clinical investigations made by using a fixed scale of colour types, in which scale the principal colours of the spectrum are arranged in the order adopted by M. Chevreul. In retinal apoplexy, when the effusions are large or situated in the central parts of the retina, the eye often sees objects coloured red or green, which coloration is sometimes changed during the course of the disease into violet or yellow. In albuminuric retinitis, partial colour-blindness is a symptom of advanced disease and disorganisation of the retinal tissue near the yellow spot. In syphilitic inflammation of the deep-seated parts of the eye, perception of green colours, and sometimes of red, is lost. In cases of atrophy of the optic disc and of amblyopia caused by chronic alcoholism, similar perversions of the chromatic sense are presented; there is anæsthesia of the retina to certain compound colours, as light and dark green; violet is also taken for red, and brown for green. In atrophy of the disc, these aberrations are permanent; whilst in spirit-drinkers, they vary from day to day, and even hourly, presenting a succession of abnormal visual phenomena. Descriptions are also given by Galezowski of colour changes occurring with glycosuric retinitis, general and localised atrophic choroiditis, and during the course of various cerebral affections. These I have not fully verified. The remarkable morbid changes which occur in these diseases, do not appear to me to be so precise and uniform as described. But I am pursuing the clinical inquiry with care, and shall shortly publish some further results. The subject is an extremely interesting one, and deserving of careful study, as the chromatic scale is, in my opinion, an addition to ophthalmic means worthy of cultivation, and likely to be of value in the diagnosis of many cases of amblyopia, of which both the ophthalmoscope and the nature of the subjective symptoms fail to give any full explanation.

OBSTETRIC MEMORANDA.

[UNDER this head, we shall, from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record, to relate them with the utmost brevity, and equally to condense any appended remarks.]

A CASE OF PLACENTA PRÆVIA, TREATED BY DR. BARNES'S METHOD OF DETACHING THE CERVICAL ZONE.

By J. WARD, M.D., Bournemouth.

ON the 9th of June, 1867, when resident in North Derbyshire, I was sent for to attend Mrs. S., aged 44, who had well nigh completed the term of utero-gestation for the tenth time. At the age of 25, she had given birth to three at one time; and four years ago she had twins. There had been considerable uterine hæmorrhage; which, however, had abated before I arrived. On examination, I found a flabby state of the uterine cervix, which had not entirely disappeared; and the os uteri presented to the touch a narrow oblong fissure about an inch and a half long. I was informed, on inquiry, that she had had pains, but they had now ceased; and she believed the "waters" had come away. I also ascertained that the hæmorrhage occurred in the interval of the pains. I was led to adjudge that the hæmorrhage was accidental in character, and in all probability induced by the straining effects of vomiting, with which she had been troubled for the last three or four months, having previously enjoyed good health. I enjoined the horizontal posture, quietude, etc.; and sent her a mixture containing compound infusion of roses with tincture of opium.

On the following day, I found there had been more of the hæmorrhage, and it was more continuous; and, on examining more particularly, I found the os uteri somewhat more dilated, and the spongy mass of the placenta presenting. The quick feeble pulse and pallid countenance of my patient made me fear lest I had allowed the time for action to pass by. I immediately sent for my colleague, Mr. Grindrod; and he was promptly in attendance. We found that the liquor amnii had been discharged, and the uterus was firmly grasping the child, which, we had too much reason to suppose, ere this was dead. From the state of exhaustion, the continuance of the hæmorrhage, and the evacuation of the liquor amnii, I suggested the propriety of detaching the cervical zone of the placenta, as recommended in some cases by Dr. Barnes, which I accordingly effected, and the hæmorrhage immediately ceased. The os uteri now became sufficiently dilated to allow of the application of the long forceps, which operation was performed by Mr. Grindrod, and the birth of the child effected, which was soon followed by the expulsion of the placenta. The child was dead.

For some days after delivery, the patient was very low, the pulse continuing 100 or more, and very feeble in tone. The abdomen was distended with flatus; there were more or less abdominal pain, more or less continuance of the nausea; and sleeplessness, excepting very disturbed naps. I ordered her bland farinaceous liquid food, beef-tea, wine, and brandy, of all of which she could take but little. I also prescribed opiates in the form of nepenthe draughts, and subsequently abdominal poultices.

On the 14th, the pulse rose to 120. She was ordered to continue the draughts. On the 15th, the pulse rose to 130. She was ordered to have chlorate of potash mixture, and to continue the draught. Subsequently, I ordered a mixture containing compound spirit of sulphuric ether ʒ iss, essence of ginger ʒ iss, sesquicarbonate of ammonia ʒ i, with camphor water to six ounces. On the 18th, she had the effervescing citrate of ammonia mixture, which was repeated on the 20th; and the nepenthe draught was continued. On the 21st, I ordered a grain of powdered opium in a pill, with extract of hyoscyamus, twice daily; and on the 26th, the quinine mixture, with diluted sulphuric acid. On the 29th, I regarded her so far convalescent as to discontinue my visits.

The case seems to be one where the advantages to be derived in some circumstances by the adoption of Dr. Barnes's method are apparent, as the hæmorrhage immediately ceased when the cervical zone of the placenta was detached. From the state of exhaustion of the patient, had not this mode been adopted, she would probably not have rallied from the effects of operative delivery.

TWINS: HOUR-GLASS CONTRACTION OF UTERUS, LOCKING IN THE SECOND CHILD.

By G. CLARENCE HYDE, M.R.C.S., late Staff Assistant-Surgeon, D'Urban, Natal.

I WAS called, late at night, to Mrs. P., wife of Sergeant P., in consultation with my senior medical officer, who had taken the case in my absence. One child and placenta were expelled before I arrived. The hand of the second was protruding through the hour-glass contraction. The uterus was very thin, and the os flaccid. We determined to administer chloroform. I then passed my hand into the uterus, which was sufficiently contracted above the os to prevent any more than slight oozing. I found the child's arm firmly grasped by the constriction. I passed the point of my finger into the contraction; and, as the patient was brought fully under the influence of chloroform, felt the uterus gradually expand, requiring but little force to reach a foot of the child, which I pressed into my hand *in utero* by using the other on the fundus uteri. The child was then easily delivered, the placenta following. The patient, although much exhausted by the oozing, recovered. Both children were dead.

REMARKS.—This must have been a fatal case before the days of chloroform. We could not obtain any history about the previous state of the uterus, as the first child was born before our arrival. I fancy, however, that, although the placentæ were separate, the condition of the uterus had only occurred during labour. In a case that has happened to me since, of retained placenta with hour-glass contraction, I administered chloroform, and immediately obtained the placenta.

TWIN-BIRTH: LONG INTERVAL BETWEEN THE FIRST AND SECOND CHILD.

By A. B. STEELE, Esq., Lecturer on Midwifery, Liverpool Royal Infirmary School of Medicine.

ON the 18th September, at midnight, a midwife called me to a poor Irish woman, multipara, who had given birth to a male living child at two o'clock on the morning of the 17th; viz., twenty-two hours previously to my arrival. I found the patient walking about the room, and apparently suffering neither pain nor discomfort of any kind. The pains had ceased after the birth of the first child, and up to this time had not returned. On examination, I found the divided umbilical cord protruding from the vagina, and a second bag of membranes through which a foot was felt presenting. I ruptured the membranes and delivered a footling, a living female child, and afterwards removed two distinct placentæ. The patient recovered well.

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. BARTHOLOMEW'S HOSPITAL.

A CASE OF WOUND INTO THE KNEE-JOINT, FOLLOWED BY SEVERE HÆMORRHAGE FROM AN ENLARGED ANASTOMOTIC ARTERY: SUPPURATION: AMPUTATION: PYÆMIA AND RECOVERY.

(Under the care of Mr. PAGET.)

FOR the following notes we are indebted to Mr. H. Alder Smith.

W. C., aged 16, was engaged in cutting leather with a small knife at one o'clock on October 28th, when it slipped, and the blade penetrated into the inner side of the right knee-joint, just above the patella. He immediately pulled the knife out; and it was followed by extensive hæmorrhage, the blood coming out in distinct jets. Cold water was applied in vain. His friends then had the wound dressed by a surgeon. No bleeding occurred till twelve o'clock on the same night, when it burst out afresh, soaking through the bandage. It continued oozing all night. His knee being very painful and swelled the next morning, his friends took off the bandages, and bathed the joint with warm water. The wound then bled again profusely. A surgeon, who was sent for, stopped the bleeding by digital pressure, bound up the part, and sent the boy to the hospital. He was admitted at five o'clock. The joint was very painful, and full of blood; but no bleeding was then going on. The limb was swung on an ordinary iron back-splint. He was ordered milk-diet. The next day, two long side-splints, well padded above and below the knee, were applied, in order to keep the joint at rest. The wound was covered with lint soaked in carbolic-acid oil. The joint continued thus till the morning of the fifth day, November 1st, when arterial bleeding again occurred. A tourniquet was at once applied to the femoral, and retained for two hours. It was difficult to account for this hæmorrhage, as the wound did not run in the direction of any even moderately sized artery. It was, however, determined that, if the wound bled profusely again, it should be opened, and the vessel tied, if possible. After this, a little blood oozed from the wound for a week.

On the 11th, meat-diet and wine were ordered; and matters remained unaltered till the 17th, when a little pus began to trickle from the wound. A consultation was held, and the questions of amputation or of laying the joint freely open were raised. The majority of the surgeons decided in favour of the latter. The wound was then enlarged towards the outer side, and an ounce or more of bloody pus was let out. Three days afterwards, the pulse was 104. The wound was discharging freely, but the boy was in an exhausted and anæmic state. Amputation now seemed the only means of saving his life, as he was losing ground rapidly. He, however, objected to this strongly at first, but was eventually persuaded to submit to the operation on the 30th. A large abscess had already formed in the thigh. Carden's amputation was then performed about the middle of the thigh. The vessels (with the exception of the femoral, which was ligatured) were secured by acupressure. The abscess was found to extend far up on the inner side, and a portion of its wall was of necessity left in the stump. Opium was given at night. The needles were removed twenty-four hours after the operation. On dissecting the joint, an anastomotic artery, as large as the radial, was found; its anterior branch was traced to the primary wound, and was evidently the source of the hæmorrhage. On opening the joint, numerous clots of blood and pus were found. The synovial membrane was much thickened and infiltrated. The cartilage on the internal condyle, and on the corresponding part of the tibia, was eroded, and covered with vascular granulations. No trace of the interarticular cartilage was found, and both the crucial ligaments were softened and infiltrated. The subcutaneous tissues around the joint were filled with numerous collections of pus.

On December 3rd, the pulse was 140. He had a slight rigor in the morning, but no sweating occurred. The wound began now to discharge. He was very exhausted, and, on the whole, worse than before the operation.

Dec. 5th. Shivering and sweating had recurred. He was on a full diet of meat, wine, and extras; and now twenty minims of the perchloride of iron were ordered thrice daily. Two days afterwards, the soft parts around the bone were slowly retracting, and the wound was quite open.

The boy remained for some time in a very precarious condition; and an attack of pyæmia ensued. The stump suppurated profusely, and matter tracking up the thigh was let out by a free incision on December 29th. Small collections of fluid made their appearance from time to time under the scalp, disappearing in a few days.

Jan. 12th. With careful nursing and feeding, he has much improved in general health; the stump is healing rapidly, and no doubts are now entertained of his eventual recovery.

ST. MARY'S HOSPITAL.

A CASE OF ABNORMAL ANUS AT THE SEAT OF THE UMBILICUS, FOLLOWING PERITONITIS, TREATED WITH CARBOLIC ACID PASTE: CURE.

(Under the care of Dr. SIEVEKING.)

FOR the notes of this interesting and successful case, we are indebted to Mr. B. Owen, House-Surgeon.

Nicholas Hopkins, a sickly-looking boy, who had been ill several years, was admitted into the Cambridge ward, on the 3rd of April, 1868. His abdomen was much distended, was nodular in places, and was very tender, especially at the region of the umbilicus; and although he had a good deal of cough, his lungs were comparatively healthy. He was prescribed a mixture consisting of decoction of cinchona and iodide and bicarbonate of potash; also, inunction of blue ointment, to be performed nightly. His diet was a quart of milk, with half an ounce of isinglass, and one egg, with a pint of broth.

April 14th. There was distinct hardness below umbilicus and tenderness, with excessive dulness on percussion; his pulse was 104; skin cool, and nose very red. A linseed-meal poultice, on which were sprinkled a few drops of laudanum, was applied to his abdomen a few days afterwards, and changed every six hours, and he was ordered a teaspoonful of cod-liver oil, to be taken thrice daily.

April 28th. Tenderness over the abdomen was intense, and his pulse was 130, and stringy.

May 1st. Tenderness was less, his appetite was good, and there was a hard swelling at the umbilicus. This swelling, noticed on May 1st, burst on May 11th; a large quantity of pus was discharged, the patient feeling much easier immediately. On May 12th, the discharge was fæcal both in smell and colour; and on applying pressure to the walls of the abdomen, gas escaped through the navel. On examination of the discharge under the microscope, it was found to consist of pus-cells, with starch-granules, and other indigested vegetable and animal matter.

From the last date up to June 12th, the patient remained in about the same state, the contents of his alimentary canal being discharged partly through the anus, and partly through the fistulous opening at the seat of the umbilicus; which latter was at different times dressed, with a view to effecting its permanent closure, with lotions of sulphate of zinc and chlorinated soda, water-dressing, and lead ointment. He was now a "mere skeleton," and did not care much for his fish or custard pudding; nevertheless, he was perfectly happy, and was kept on his back in bed. As he had not passed anything through the rectum for some time, he was ordered a simple enema, some of which passed out through the opening.

Up to August 27th, the patient made little or no improvement, except that he gained some flesh. He had been on a generous diet, and had taken cod-liver oil with steel wine. The local application had been water-dressing; but the fæcal discharge was constant.

On Sept. 11th, he was ordered a draught consisting of twenty grains of cochineal and acacia mixture; and the wound to be dressed with a solution of chloride of zinc, of the strength of 20 grains to the ounce of water.

Sept. 13th. The discharge from the fistulous opening was of a dull magenta colour, while that from the anus was of the normal hue.

On October 3, the wound had been dressed several times with collodion, which has caused a good deal of pain, but had not produced any beneficial results. The boy's general health was very good; and the wound was covered with a paste of chalk and linseed oil, to which a few drops of strong carbolic acid were added. This was firmly fixed over the wound by lengths of strapping, and was covered with a rib-bandage, to prevent the possibility of atmospheric air coming into contact with the opening.

Oct. 13th. The boy had taken off his bandage and "putty", and carefully put it in his locker, as he was anxious to "see how things were going on." The discharge continued as before; but next day some more paste was applied, which remained on thirteen days. On its removal, it was evident that there had been no discharge, during that time, of any kind; but the paste, as on the previous occasion, had caused some slight erythema and vesicles around the navel; possibly this would have been prevented had a piece of lint, which had been dipped in a weak solution of carbolic acid, been placed between the putty and the skin. The edges of the wound were thickened and puckered up, almost occluding it; it was afterwards dressed with lint soaked in olive oil, which had the desired effect of removing all the ill effects caused by the irritation of the paste to the surrounding part of the integument.

On October 26th, some more paste was put on, and remained on a fortnight, the patient during that time being very comfortable, and running about the ward; on its removal, the wound had entirely cicatrised, and there was only slight tenderness at that part. The boy was discharged from the hospital as cured on November 12th, and was in excellent health.

BRISTOL ROYAL INFIRMARY.

TWO CASES OF AMPUTATION: HÆMORRHAGE ARRESTED BY TORSION.

(Under the care of Mr. Crosby Leonard.)

Case i.—Albert Farley, aged 7, was admitted on July 28th, 1868, with disease of the right knee, of some years' standing. The knee had been twice straightened, but was now bent, the leg being partially dislocated backwards, with a sinus above the knee, leading to the femur.

Aug. 18th. Amputation was performed just above the knee by circular incision, torsion being employed to the femoral and three other arteries, twisting them with the forceps until the extremities of the arteries came off. A weak solution of chloride of zinc was applied to the surface of the stump, the edges of which were brought together by three pins passing on each side through a piece of cork obliquely cut, which kept the edges of the wound in apposition. Horse-hair sutures were inserted between the pins, and the thigh was firmly bandaged. A carbolic acid lotion was applied over all, with the object of disinfecting the air around the stump. No healthy action appeared to take place in the stump; and, on removing the pins on the 28th, no union had taken place, but the wound subsequently healed by granulation, making a good stump. There was extensive ulceration of the cartilages of the knee, the bones on the outer half of the articulation being denuded.

Case ii.—John Vizard, aged 39, was admitted on August 15th, 1868, with osteo-sarcoma of the lower end of the right femur, following an injury with a plough two years ago. The knee was kept flexed, and any attempt at straightening caused much pain.

Aug. 21st. Amputation was performed immediately above the knee by anterior and posterior flaps, the femoral and four other vessels being secured by torsion. The wound was dressed the same way as in the former case, the flaps being brought together by five pins. On the 23rd, without orders, the nurse changed his bed. On the 28th, the pins were removed, the stump looked very well, and there was hardly any suppuration. The wound rapidly healed, and he was discharged cured on September 19th.

The lower end of the femur was much enlarged, there being but a thin shell of bone surrounding a large cavity full of dark fibrinous masses, which were readily turned out. The knee-joint was perfectly healthy.

DUBLIN HOSPITAL REPORTS.

ST. MARK'S OPHTHALMIC HOSPITAL, DUBLIN.

EXOPHTHALMUS.

(Under the care of Sir William Wilde.)

The two following cases of protrusion of the eyeball presented themselves within the same week at the dispensary of this hospital.

H. H., aged 8. The right eye is pushed outwards to the extent of three-quarters of an inch, and forwards about half an inch. The hollow which should exist between the eye and nose is filled up by a somewhat flattened, rather firm substance, which fills up the inner angle of the orbit, and reaches forwards almost to a level with the nose. There appears, however, to be a sulcus between it and the nose. The skin over the tumour is red and congested, and the part is painful to the touch. The boy will not bear much pressure on it; and the tumour does not convey the idea of perfect solidity. The right nostril is affected with polypoid growth, and thickening and enlargement of the entire mucous membrane. There is considerable lacrymation, and the vision is only slightly impaired. There is considerable engorgement of the retinal veins, and the optic disc is red and indistinct. The only history is, that, two years ago, the eye swelled; and that the swelling has since increased. It is probable that this is a case of polypus of the frontal sinus.

The other case is one of a bony tumour, also at the inner angle, but on the left side. J. H., aged 19, small for his age, noticed his left eye enlarging six years ago; it is now protruded forwards, and also pushed outwards to the extent of half an inch in each direction. Filling up the inner angle of the orbit, is a hard unyielding substance, which gives the idea of a true exostosis. The skin over the tumour is quite normal; and no pain, either on handling or otherwise, is experienced. The most distressing symptom is the lacrymation. There is constant accumulation and overflow of tears; and the accumulation is so great, that it interferes very much with vision. The lad's sight is, he says, very little impaired; but, on testing it, he can read 20 Snellen only at ten feet, and occasionally, when the tears accumulate, not even half that distance. There is nothing abnormal in the ophthalmoscopic appearances.

MATER MISERICORDIÆ HOSPITAL.

VASO-MOTOR ERETHISM SIMULATING ANEURISM OF THE ARTERIA INNOMINATA: IMPROVEMENT UNDER TREATMENT WITH BROMIDE OF POTASSIUM.

(Under the care of Dr. Hayden.)

Anne D., aged 40, servant and unmarried, was admitted into hospital on September 29th, 1868. In the preceding July, she received a kick in the right knee, and four days afterwards "felt something like a stone in the chest," which became more troublesome when she took exercise. Since then she had "flushings" in the face and hands, recurring every two or three hours, and on these occasions felt a stabbing sensation in the lower part of the sternum and the throat. She had felt and still felt pain in the chest after swallowing. At the midsternum there was a a fugacious musical murmur, post-diastolic in time. The heart's action was strong, and the sounds clear; there was no visible pulsation in the radial or temporal arteries, but at the root of the neck, and immediately above the right sterno-clavicular articulation, there was a pulsating tumour as large as a walnut, acting synchronously with the heart. The right side of the neck, in the vicinity of this tumour, was slightly swollen. On the right side of the face and in the right arm the temperature was somewhat higher than in the corresponding parts on the left side. She was subject to unpleasant and alarming dreams. On being visited in the morning, this patient's face, neck, chest, and arms would become suddenly suffused and scarlet-red, intermixed with some patches of blanched surface; and at the same time these parts would glow with heat, the right side manifestly in a greater degree than the left. In the course of a few seconds, the surface would resume its normal colour, and, with the exception of the difference between the two sides already mentioned, its temperature also. During the continuance of this temporary erethism, the pulsating tumour at the base of the neck bounded with great vigour. These flushings, with the accompanying sensations already described, occasionally recurred irrespectively of the manifest cause of nervous excitement, but always quite suddenly, and disappearing as promptly as they came. The pupils were normal and equal; pulse, when at rest, 84 and under. She was ordered to have an aperient, and subsequently a sedative.

On the following day, the pulse was 84 and intermitting; but no murmur was anywhere to be heard in the chest, either in the recumbent or in the sitting posture. A careful exploration of the pulsating tumour on the right side of the neck showed that it consisted in an abrupt and sharp bend of the common carotid artery at the point of its emergence from behind the sterno-clavicular articulation; the convexity of the sharp curve being directed upwards and inwards, and somewhat dilated by the constant and friable impetus of the blood-current, simulated very closely innominate aneurism ascending into the neck. The diagnosis, however, was readily made by following the course of the vessel, and detecting its curve. Bromide of potassium was given in ten grain doses thrice daily, and in the course of three weeks the symptoms had all so much abated, that it was deemed unnecessary to retain the patient longer; she was accordingly discharged.

Remarks.—This poor woman was of what might be designated a nervous temperament, her emotional sensibility being extreme. The case furnishes a notable example of remittent vaso-motor paresis, which, in addition to the usual consequences of capillary injection and elevation of temperature, gave rise to a tortuous condition of the carotid artery on the side chiefly affected. The curve of the vessel so produced, receiving the impulse of the jet of blood directly from the left ventricle of the heart, became dilated, and assumed, *quoad* figure and pulsation, the appearance of innominate aneurism projecting into the neck. There was no murmur developed in the carotid, nor was secretion on the side of the face principally affected notably increased during the period of excitement. Bromide of potassium acted in this case with unmistakeably good effect.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, medical appointments and trials, hospital and society meetings, important inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 16TH, 1869.

THE DOCTRINE OF CORRELATION OF THE VITAL AND PHYSICAL FORCES.

THERE has reached us, from the other side of the Atlantic, an inaugural address, dealing, for the most part historically, with the question of the Correlation of the Forces; not only that of the more strictly physical forces *inter se*, but of the interchangeability of these with those others, commonly known as vital forces. The address is by a most accomplished American physician, Dr. J. Aitken Meigs; and the occasion of it was his assumption of the Professorship of the Institutes of Medicine and Medical Jurisprudence in the Jeaffreson Medical College. It has been published by the class before whom it was delivered, in recognition of their appreciation of its merits; and, as will be seen by those who peruse it for themselves, it is, in the main, a well told and interesting, though brief, statement of the gradual growth of scientific opinion upon this most fundamental doctrine of modern philosophy. But what more especially deserves our attention and criticism is, the fact that, in this address, Dr. Meigs distinctly claims for wo of his fellow-countrymen the merit of having originated, and first clearly enunciated, the two sections of the great doctrine in question. In 1827, Lardner Vanuxem published in Philadelphia, *An Essay on the Ultimate Principles of Chemistry, Natural Philosophy, and Physiology*, which, according to Dr. Meigs, contains the first explicit statement of the doctrine of the correlation of the physical forces; and, in 1833, Dr. Samuel Metcalfe published an essay, entitled *A New Theory of Terrestrial Magnetism*, from which Dr. Meigs quotes paragraphs that "show how far his active mind had anticipated both Grove and Carpenter in their speculations concerning the convertibility of the physical forces into each other, and the correlation of these with the vital forces." But, we think, it can be easily shown that the extracts given do, literally, only reveal "how far" he had anticipated the later speculations, and not by any means that he had anticipated them. Let us deal with each of these questions separately.

It will facilitate our judgment upon the first of these, if we know accurately what Professor Grove did teach, and professes to have originated. In January 1842, in a lecture delivered before the London Institution, he declared that "light, heat, electricity, magnetism, motion, and chemical affinity, are all convertible material *affections*"; and, in the preface of the recently published third edition of his *Correlation of the Physical Forces*, he says: "As far as I am now aware, the theory that the so-called imponderables are affections of ordinary matter, that they are resolvable into motion, that they are to be regarded in their action on matter as *forces* and not as *specific entities*, and that they are capable of mutual reaction, thence alternately acting as cause and effect, had not at that time been publicly advanced". We will now see how far Mr. Grove was right in the estimation he formed as to his claims to originality; or whether he had been anticipated by Lardner Vanuxem and by Dr. Metcalfe, as Dr. Meigs supposes; and we will make use of he extracts given by him, under the fair presumption that he has selected those, above all others, which would be the most suitable for proving his position.

It is not to be expected that a doctrine such as this should have sprung fully formed from the brain of any single man. The progress of scientific thought and experiment had been leading up to it for a half-century or more, and integral portions of the doctrine were announced by previous thinkers; still it received such important modifications and development from the handling of Professor Gróve as it had never received before his time. In 1798, Benjamin Thompson, of Massachussetts, afterwards Count Rumford, announced to the Royal Society his conviction that heat was a mode of motion; and, in 1812, Sir Humphry Davy, in a work upon *Chemical Philosophy*, maintained that the "laws of the communication of heat are precisely the same as those of the communication of motion"; whilst, in 1824, M. Carnot endeavoured to demonstrate the conditions under which heat could be converted into mechanical work. Then, in 1827, Vanuxem published the work before mentioned, in which, Dr. Meigs says, he supports, with abundant argument and in a masterly manner, that "there exists but one kind of repulsive *matter*, as will be shown, exhibiting *four* different states convertible into each other, not only accordingly as it is acted upon by particles, or groups of particles forming masses, but according to the kind of particles and masses. These states of *repulsive matter* are caloric, light, electricity, and magnetism." Though, further on, he says that the existence of these as "four distinct fluids, or kinds of etherial matter, is inadmissible; for this conversion, or change, of characters is analogous to what are called the *properties* of bodies, and not to the bodies themselves." There can be no doubt that this was a very considerable advance upon what had been stated before; and Dr. Meigs is perhaps justified when he says it was maintained, "not as a shrewd and happy guess, not as a crude conception, but clearly and distinctly as a theory issuing from, and harmonising, a series of well established facts in physics and chemistry"; but still it is by no means a complete anticipation of the doctrine of Grove. Motion, chemical affinity, and mechanical energy, are not included in the circle; and it is not positively enforced, as in Professor Grove's lecture, that the so-called imponderables "are to be regarded, in their action on matter, as *forces*, and not as *specific entities*." Still, it should be stated that, in 1839, Seguin, in a work on the *Influence of Railroads*, did distinctly express his belief in the identity of heat and mechanical force, and gave a calculation of their equivalent relation not differing materially from that afterwards published by Joule. And, in the later part of the same year that Professor Grove's lecture was delivered, J. R. Mayer, of Heilbronn, announced independently a doctrine substantially similar, to the effect that the imponderables were forces at once indestructible and convertible. In this year, also, Mr. Joule published his important article on the mechanical equivalent of heat; a Danish physicist, named Colding, presented to the Academy of Copenhagen a memoir, in which were described some experiments illustrative of the great law of the conservation of force; and in this year, also, Dr. Metcalfe published his work on *Caloric*, in which the fundamental views expressed ten years before, in his essay on *Magnetism*, was more fully elaborated. These earlier views, as far as the physical forces are concerned, were to the effect, that caloric, electricity, and magnetism, constituted different modes of "one grand, primary, universal element" or form of matter—a doctrine, therefore, by no means so advanced as that which had been enunciated six years previously by Vanuxem.

Turning now to the doctrine as to the Correlation of the Physical and the Vital Forces, we find that the statements bearing upon this subject, quoted by Dr. Meigs from Dr. Metcalfe's lecture on Magnetism in 1833, really amount to nothing more than the recognition that there is a certain proportion observable in different countries between their amount of solar heat received and the degree of abundance of organic forms of animal and vegetable life, so that probably "there is a subtle vivifying principle disseminated throughout nature, which is *intimately connected with caloric*." Even in his later work, on *Caloric*, published in 1843, this, as was seen above, is still regarded as a form of matter, or distinct *entity*, rather than as a mode of force; and he still dwells mainly upon the fact, that "the organising power of the earth, like all the mechanical and chemical transformations that modify its surface, is directly in proportion to the quantity of caloric which it receives from the sun"; thus tending to show that the old view was an erroneous one, which wished to make the phenomena of life wholly distinct from those of inorganic matter. He illustrates his views concerning caloric also, by pointing to the increased reproductive activity, and the increased activity of vital processes generally, in hot climates. This certainly is all that can be gathered from the extracts given by Dr. Meigs; and, as it seems to us, it forms a very crude and insufficient basis upon which to rest the author's claim of being the originator of the doctrine of the mutual correlation of the vital and physical forces. The possibility that such a relation might exist, was also enunciated in an introductory lecture by Dr. Samuel Jackson, of Philadelphia, in 1837. In 1845, Mayer, of Heilbronn, wrote a paper on "Organic Movement in its Relation to Material Changes", in which he showed that the changes taking place in living organisms, animal or vegetable, were produced by forces acting upon them from without, and that the changes in their composition brought about by these external agencies were the immediate source of the forces generated by it. In the same year, also, Mr. Newport was led by the relations which had been shown to exist between light and electricity by Faraday, and between electricity and nervous power by Matteucci, as well as "by the known dependence of most of the functions of the body on the latter, to consider *light* as the primary source of all vital and instructive power, the degrees and variations of which may, perhaps, be referred to modifications of this influence on the special organisation of each animal body." In 1846, Professor Grove's work, on the *Correlation of the Physical Forces*, appeared, in which he said: "I believe that the same principles and mode of reasoning might be applied to the organic, as well as to the inorganic, world; and that muscular force, animal and vegetable, heat, etc., might, and at some time will, be shown to have similar definite correlations." In January 1848, in an article contributed to the *British and Foreign Medico-Chirurgical Review*, Dr. Carpenter stated "that the *vital* forces of various kinds bear the same relation to the several *physical* forces of the inorganic world that they bear to each other; the great essential modification or transformation being effected by their passage, so to speak, through the germ of the organic structure, somewhat after the same fashion that heat becomes electricity, when passed through certain mixtures of metals". In 1850, his paper was read before the Royal Society, "On the Mutual Relations of the Vital and Physical Forces", in which the whole doctrine was much more fully elaborated, and Dr. Carpenter attempted to show that the doctrine of "correlation" was equally applicable to those vital forces which we are bound to assume as the moving powers in the production of the functional activity of living beings—these so-called vital forces being generated within the living bodies by the transformation of the light, heat, and chemical action, obtained from without, which was given back to the external world again, either during the life of the living beings, or after their death, in terms of motion and heat, and also, to a slighter extent, as light and electricity.

We cannot now follow up the history of these doctrines any further; but we think that what has been already said will be sufficient to show that the claims of Mr. Grove and of Dr. Carpenter to be considered as the first who gave anything like a full and adequate exposition of the doctrines concerning Correlation, with which their names have been associated, will not suffer much abatement from a consideration of the previous labours of Lardner Vanuxem and of Dr. Samuel Metcalfe.

THE CONTAGIOUS DISEASES ACT AT ALDERSHOT.

A CORRESPONDENT informs us that the police returns as to the working of this Act having shown, in certain instances, that infected soldiers attributed the sources of their malady to women already undergoing treatment for some time before the men presented themselves at hospital, the conclusion is formed that the men are in the habit of concealing their disease, and form, in fact, fresh foci of contagion. It is even hinted, in consequence, that it would be desirable to re-introduce the system of personal inspection of the men by medical officers.

As we are informed, the facts are correct; but the conclusion drawn from them appears based on erroneous principles, and in ignorance of laws well known to medical men, as to the period of incubation of syphilis. Inspection of the returns shews, we believe, that, in most cases of apparent delay on the part of the soldier in applying for medical relief, the disease was primary syphilis, which, as is now well established, does not appear until after a certain interval from exposure to contagion, varying from ten to thirty days. It is, therefore, quite possible that meanwhile the woman from whom the disease was contracted may have been sent into hospital on information obtained from others.

It appears, from the various Reports of the Army Medical Department, that the rate of rejections of recruits for enthetic diseases is almost identical with that of soldiers constantly sick with the same. Now, if such an immense proportion of untreated disease be at large among the classes of the civil population from which recruits come, it appears to us that the re-introduction of personal inspection of soldiers by medical officers would not be attended by any beneficial results. The system is twice degrading, to him who inspects and to him who submits.

Medical officers can, in most instances, form a tolerably accurate opinion as to whether disease has been concealed or not; and, when it has been, they are ordered to report the delinquents to commanding officers, on whom will rest the duty of convincing soldiers that the concealment of diseases capable of communication to others is an offence against the public, and, as such, liable to punishment as a military crime.

THE GROWTH OF THE ASSOCIATION.

A LARGE number of new members have been added to our numbers since the commencement of the new year. We shall shortly publish, as last year, a supplemental list; it will amount to several hundreds. The exertions of Dr. Chadwick and Mr. Wheelhouse, representing the Leeds Committee of Reception, have been thus far eminently successful; upwards of one hundred and twenty new members have joined in the North of England. But, as we have already intimated, there remain in these populous and prosperous counties nearly one thousand two hundred members of the profession whom it still remains for our associates to introduce to the Association. The great meeting which will be held at Leeds in August affords a special occasion for an effort to extend the useful influence of the Association throughout the North of England; and we shall hope to learn that the individual efforts of members have been not less successful than the collective exertion of the Leeds Committee.

The account which we publish of the first meeting of the new Branch in Gloucestershire will show that there also a powerful nucleus has been established. Mr. Fleischmann, the Honorary Secretary, who has shown an active interest in the formation of this new Branch, forwards a list of twenty-five new members. As many former members of the Association have enrolled themselves in the Branch. London has also again contributed a considerable contingent of new members; and Ireland and Scotland are showing a healthy interest in the medical affairs of the kingdom at large.

We shall be greatly obliged if names of intending members be forwarded with the least possible delay, as, at this season of the year, we are compelled to keep a large reserve of back numbers to supply new members; and it is financially desirable to make the elements of calculation as accurate as possible.

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THE Shepton Mallet Hospital was formally opened for the reception of patients on New Year's Day.

A LARGELY attended and most interesting scientific *conversazione* was held at King's College on Thursday evening.

A GOOD EXAMPLE.

THE Gloucester grocers, having agreed to discontinue giving Christmas boxes, and in lieu thereof to subscribe to the local charities, have (under such arrangement) paid £20 to the Infirmary, £10 to the Hospital for Children, £5 to the Dispensary, and £25 : 16 : 8 to other charities.

DR. BLANC ON THE DISEASES OF ABYSSINIA.

AMONG the members who have joined the Association this year is Dr. Henry Blanc, F.R.G.S., Assistant-Surgeon Bombay Army, lately on a special mission to King Theodore. Dr. Blanc will shortly publish in our pages a short series of papers descriptive of the medical precautions desirable in travelling in the East, with an account of the diseases of the countries in which he has passed through so many adventures. Dr. Blanc was medical officer of a party of about fifty, who subsequently became captives in Abyssinia; and the means which he was able to adopt, sufficed to bring back the whole party safe and free from disease. His experience will be in every way interesting.

REMARKABLE ISOMER OF BUTYRATE OF SODA.

MR. J. ALFRED WANKLYN, Professor of Chemistry in the London Institution, forwards us the following.

"Beilstein showed, some years ago, that ethylate of soda and acetic ether do not yield common ether and acetate of soda; but that they form a double compound, $C^2H^5NaO\ C^4H^8O^2$. I have just made the observation, that this compound suffers the following decomposition at temperatures between 100 deg. and 180 deg. Cent. Beilstein's double compound, $C^2H^5NaOC^4H^8O^2 =$ new compound, $C^4H^7NaO^2 +$ alcohol, C^2H^6O. The new compound is, as will be observed, isomeric with butyrate of soda. It differs from butyrate of soda by being resolved by water into alcohol and acetate of soda, and its rational composition is expressed thus, $(C^2H^{4''})\ Na'''O\ (C^2H^3O)$. [It is to be expected that this singular compound will become of importance as an instrument of synthesis. I purpose trying its action on iodides of alcohol radicals, which, I hope, will give iodide of sodium and the acetic ether of a high alcohol.—J. A. W.] No doubt, many other ethers of the fatty acid will exhibit a similar behaviour towards ethylate of soda, so that my new compound, pseudo-butyrate of soda, represents an entire class. The detailed account of the research will be published in the *Philosophical Magazine* shortly."

THE INVENTOR OF THE ŒSOPHAGOSCOPE ON WOMEN DOCTORS.

THE latest novelty in medical advertising is the following, which is taken from the *Times*.

"JOHN AYLWIN BEVAN.
"INVENTOR ŒSOPHAGOSCOPE.

"ON WOMEN DOCTORS, Queen's Concerts Rooms, Hanover Square.—A Lecture will be given on this subject at the above rooms on Saturday, 23rd January (Saturday week), at 8 o'clock P.M. To be followed by a Demonstration with the Œsophagoscope, by means of the magnesium light, by John Aylwin Bevan, the inventor (*vide* illustrated notices in *Lancet*, 11th and 18th April last, and invitation to Royal Society). Stalls, 5s.; reserved sofas, 10s. 6d. Tickets at Mitchell's, Old Bond Street; Cramer and Beale, Regent Street; Keith and Prowse, Cheapside; and of Mr. Hall, at the Rooms.

"HANOVER SQUARE.
"SATURDAY WEEK."

This has appeared more than once. We narrowly escaped publishing this gentleman's "illustrated notice", which was forwarded in the first instance to us, before adorning the pages of our contemporary. But what can be this extraordinary discovery of affinity between the two subjects on which he proposes to lecture? Surely he does not mean to intimate that ladies will, and do, swallow anything. They will, no doubt, give their friend or critic, whichever he may be, a proof of the contrary.

POISON IN THE POT.

IN France, as in other parts of the Continent, the use of copper saucepans is very far more general than it is in England, and great care is generally taken to keep them in good order. In all well conducted houses copper vessels are tinned frequently, and cooks are thoroughly impressed with the danger accruing from neglect in this respect. The police regulations (according to the *Journal of the Society of Arts*) require that nothing but pure tin should be used; but that metal is dear, while lead is cheap, and therefore a mixture of the two metals is too often made use of. The mixture works well; but, when the lead forms a considerable part of it, the vessels become decidedly dangerous. In consequence of information obtained, and suspicions entertained, the Minister of War ordered an inquiry to be made into the subject by the directors of the military hospitals. The result of this inquiry, has been read before the Academy of Medicine, and brings out the startling revelation that some manufacturers of copper utensils and tinners mix twenty-five, and in some cases fifty, per cent. of lead with the tin, and that, in addition to this, antimony, another dangerous metal, is added. From the facts thus brought to light, M. Gubler, a member of the Academy of Medicine, has drawn up the following list of recommendations. 1. That the metal used to line copper drinking vessels shall not contain more than one per cent. of lead. 2. That not more than five or six per cent. of lead be mixed with the tin used for saucepans or other cooking vessels, that amount offering no serious danger. 3. That every maker shall be required to mark his productions with a special stamp. 4. That the travelling tinmen shall be strictly watched.

DR. BROWN-SÉQUARD.

THIS illustrious physiologist has been appointed to the chair of Comparative Pathology at Paris. He had previously declined accepting it until the vote of the faculty had been declared, in addition to the Governmental nomination. Important results may be expected from the investigation of the diseases of lower animals by such a master mind.

THE VACCINATION ACT IN SHEFFIELD.

THE *Sheffield and Rotherham Independent* of Saturday last contains an article on the Vaccination Act of 1867. It says that the Act is almost all that the opponents of vaccination could wish, and that it "turns out to be almost valueless"; and one of the reasons given for this assertion is the Form "B." in the Schedule to the Act, which provides for the postponement of vaccination in the case of children whose health is not good. Undoubtedly this is so; but we can scarcely believe that any member of the medical profession would act in such a way as our contemporary refers to, viz., that he would, because he objected to vaccinate, certify that a child is unfit to be vaccinated merely with the view of defeating the Act. Our contemporary says, in conclusion, "if Parliament means anything at all by compulsory vaccination, it must take steps to amend its work, and make the act, in fact as well as in name, an act to enforce the vaccination of children. Means must also be devised to compel local authorities to act, and not leave them a discretion so wide as to result in a practical evasion of responsibility." With this we quite agree, and hope Parliament will make the amendments necessary to that end.

THE VILLAGE HOSPITAL, HAMBROOK, NEAR BRISTOL.

THE third annual meeting of the governors was held on the 6th inst.; As such institutions are of considerable social and professional interest, we cite the main features of the report. It described the hospital as in a flourishing condition. Fifty patients had been received during the year. The total sum received was £160:10:4¾, and the total expended £129:1:3¾, leaving a balance in hand of £31:9:1. Of this sum the committee recommend £20 to be added to the invested property of the hospital, reminding the governors that, with a precarious income dependent upon voluntary contributions, it is desirable to have some capital invested upon which to fall back in time of need. The payments received from patients, in 1868, were £28:8:6, as compared with £18:3:6 in 1867, showing that the principle of co-operative charity is gaining ground with the class for whom hospital accommodation is required. Thanks to the liberal gifts in money and in kind, the furniture of the hospital is now nearly complete and its six beds in full working order. The chief requisite still wanting is a stock of surgical instruments; this, being an expensive item, will be accumulated by degrees, as the fund for that purpose augments. A letter was read from the Duke of Beaufort, regretting his unavoidable absence from the meeting, and stating that the youthful members of his family desired to show the interest they felt in the hospital by getting up a concert in aid of its funds. Thanks were given to the treasurer and secretary (Miss Calaghan), to the medical officers, and the chairman.

NORTH STAFFORDSHIRE INFIRMARY.

ON the first Sunday in the new year, collections were made in the churches and chapels of every denomination in Newcastle-under-Lyme in aid of the Infirmary funds, and realised £84 : 8 : 9. On Sunday last, collections were made in the churches and chapels of Wolverhampton and the neighbourhood. The sum of £593 : 7 : 6 has been reported as the result.

THE CLINICAL SOCIETY.

THIS young Society is in a flourishing state. It has been well supported, and numbers at present more than two hundred members. A cordial vote of thanks to the Council of the Royal Medical and Chirurgical Society, for allowing the use of their rooms for meetings during the first session, was unanimously agreed to; and the members endorsed the President's expression of opinion, that it was most desirable for the Clinical Society to avoid trenching upon the ground of other societies; and that its main object should be the clinical illustration of the pathological departments of medicine, and the consideration of therapeutics.

THE COURSE AND TREATMENT OF RHEUMATIC FEVER.

THE meeting of the Royal Medical and Chirurgical Society on Tuesday evening was one of considerable interest. A paper was read, which had been prepared by Drs. Gull and Sutton, on the Treatment of Rheumatic Fever, on which subject our hospital reports have opportunely presented much useful information to the profession. The well-known fact that the authors had bestowed no small amount of observation on their subject, and that they held views which were at variance with those generally received, led to a large number of physicians and others being present. After the reading of the paper, an abstract of which is given at page 57, remarks were offered by Dr. Fuller, Dr. Gull, Dr. Stewart, and Dr. Dickinson; and, on the suggestion of the President, it was agreed that the further discussion of the subject should be adjourned to the next meeting of the Society, on the 26th instant. We may, therefore, expect that the profession will be put in possession of the directly expressed opinions of a large number of our leading physicians—among whom much difference appears to exist in regard not only to the treatment of rheumatic fever, but even as to what is to be included under the designation.

THE SANITARY CONDITION OF KIDDERMINSTER.

THERE has been a great meeting at Kidderminster to consider the desirability of adopting the Local Government Act; and some of the speeches at the meeting speak in no flattering terms of the manner in which the sanitary duties of the local authority have been carried out. It was stated that "there was one place at Arch Hill, which was totally unfit for human habitation. The poor creatures had lost three children in a very short space of time; and the rooms in which the family lived were right above a privy, and the moment the windows were opened all the stench of the place entered them." There was another instance quoted, of fever extending from house to house "until one did not know where it was to end", in consequence, it was alleged, of the non-meeting of the Nuisance Committee for a month, and the Inspector of Nuisances having no power to act. No wonder there should be an outcry about the mortality, which, it was stated, had much increased of late years. The discussion was adjourned; but we hope the promoters of this movement will persevere until they get the Act adopted in the town.

PROPOSED IDIOT ASYLUM FOR THE MIDLAND COUNTIES.

ON Saturday a county meeting for Warwickshire was held in the Public Hall, Leamington, in support of the proposed new idiot asylum for the counties of Warwick, Stafford, Worcester, Leicester, and Shropshire. Lord Leigh, Lord-Lieutenant of the county, Mr. J. Dugdale, the high sheriff, and other influential county gentlemen were present, and took part in the meeting. Mr. F. A. Godson, of Birmingham, explained that the sum of £50,000 was required in order to erect a first-class institution, replete with all necessary appliances for the proper training of idiots. Resolutions were passed approving the project, and a local committee appointed to represent the county in matters connected with the institution. A subscription list was opened which realised nearly £500 among those present at the meeting. Each county will endeavour to raise £10,000 as its quota of the cost.

INDIAN MEDICAL NEWS.

Preservation of Bodies: Medical Warrant Officers.—Our Calcutta letters bring nothing of interest. From Madras, under date December 14th, it is said that the magistrate of Coimbatore has obtained the sanction of Government to preserve, at each chief police-station in his district, the bodies of murdered persons and of all who are suspected to have died by unfair means, in wooden shells or coffins, together with a supply of charcoal and carbolic acid. Dr. Mair of Madras, in his recent pamphlet on *Unnatural Deaths*, has forcibly shown how needful such arrangements are. All suspicious cases will now now be brought to the chief station of Coimbatore.—It has recently been decided that the 30 *rupees per mensem* field-allowance, to which medical warrant officers are entitled when marching in the field, are to be payable when proceeding on duty, in addition to free conveyance, or travelling expenses. It has also been ruled, that in no case whatever are pensions to which medical subordinates might have been entitled prior to May 27th, 1868, to be reduced.

SCOTLAND.

THE building fund of the Greenock Infirmary has been augmented by the liberal donation of £100 from the partners of the Glebe Sugar Refining Company.

THE monthly conversational meeting of the Edinburgh Medical Missionary Society was held on Saturday last, at 5, St. Andrew Square—Dr. Brown presiding. Dr. Grainger Stewart read a paper on the History of Medical Missions.

On Friday night of last week, Dr. Arthur Gamgee, F.R.S.E., delivered a lecture before the Pharmaceutical Society of Great Britain, on the Results of some Recent Discoveries relating to the Chemistry of the Blood, and the Action of Poisonous Agents upon it.

GLASGOW ROYAL INFIRMARY.

THE annual general meeting of qualified contributors and subscribers to the Glasgow Royal Infirmary was held on January 4th, at the Religious Institution Rooms, the Lord Provost presiding. During the past year 5,314 patients have been admitted into the hospital, being an increase of 213 upon the numbers admitted during the year 1867. For the year 1868 the daily average number was 445, an increase of four per cent. This increase has been amongst the ordinary medical and surgical patients, there being a diminution in the numbers admitted into the fever and small-pox wards. The total funds contributed during the year by the general public, the employés of public works, churches, and from other sources, amounted to £16,148 : 18 : 6; while the total expenditure was £15,975 : 18 : 2, leaving a balance of £173.

SIR JAMES SIMPSON AND THE NEW HOSPITAL, EDINBURGH.

A LONG letter is published in the *Scotsman* of Tuesday by Sir James Simpson, urging the adoption, as far as possible, of either temporary or moveable buildings of iron or wood for the new hospital, or non-storeyed blocks, covering as large a space of ground as can be obtained. He states that about three times as many patients die after limb-amputation in our large hospitals, as die from the same operations in private and country practice, he says:—

> "I have collected the reports of 1000 and odd limb amputations in country and provincial practice. Out of the 1000, the proportion of deaths was nearly 110, or 1 in 9. But out of 1000 similar amputations performed in the large hospitals of Edinburgh, Glasgow, London, etc., the proportion of deaths is generally above 300, or about 1 in 3."

He also asserts that hospitals seem generally to be much more healthy when built than after they become used for a few years.

"For example, Mr. Liston told me that for years after he was transferred from Edinburgh to the charge of the new surgical hospital at University College, London, his success appeared to himself to be astonishing. Mr. Potter published the statistics of the amputations in University College Hospital for the first five or six years after the hospital was opened. The deaths amounted to 1 in 6 or 7 of those operated upon. In the last returns which I have seen published (1855-57), the deaths had more than doubled, for they had increased to above 1 in 3. In 1752, the first Professor Munro published the results of the first 99 or 100 limb amputations performed in our own Infirmary here. Of the 100, only 8 died, or 1 in 12. The last tables published show a death-rate from the same operations of above 30 in 100, or 1 in 3."

He also brings forward, for consideration in the new scheme to rebuild the Infirmary, the claims of the Maternity Hospital, which, he truly observes, presents an interior so wretched and poverty stricken as to be discreditable as an hospital to Edinburgh and its medical school. He trusts that an obstetric hospital will be added to the proposed new Infirmary; and suggests that it should be built cheaply, with temporary rooms and wards, and separated from the other hospital buildings.

IRELAND.

THE IRISH POOR-LAW SYSTEM.

As it is likely that the Irish Poor-law and medical-relief system may be extended to English districts, it may be well to mention some works in which that organisation is described. Much information on the subject will be found in Nicholl's *Irish Poor-Law*, Moore's *Compendium of Poor-Law*, Mapother's *Public Health* and *Carmichael Essay*, as well as in the annual Reports of the Poor-law Commissioners, 1851-67.

DR. STOKES'S MEMOIR OF THE LATE DR. PETRIE.

DR. STOKES has just added to his many valuable labours an elaborate memoir of the greatest of Irish archæologists, whose researches and theories respecting the Round Towers, and other interesting objects of Irish antiquity, commend his memory to the learned of every nation as well as those of his own. Amidst the toils and cares of professional practice, Dr. Stokes has found time to write the life of his friend, and it has been published for the benefit of the surviving relatives of the deceased archæologist. Dr. Stokes, Sir Wm. Wilde, and others in the profession in Dublin, were always known as ardent lovers of the ancient history and art of their country, as well as Dr. Todd, Dr. Graves (now Bishop of Limerick), and other divines. It is said that Dr. Stokes will be the next President of the Royal Irish Academy.

KING AND QUEEN'S COLLEGE OF PHYSICIANS.

ON Friday the 8th instant, at a special meeting of the President and Fellows, Dr. Thomas Hayden was elected Censor, and was appointed Examiner in the Practice of Medicine, *vice* Dr. Little, who resigned his office of Censor on his recent election to the Registrarship. There was not any other candidate. Up to the year 1761, when the ancient mode of examining for medical degrees by opposing and defending theses prevailed in Dublin, as elsewhere, the Censors of the King and Queen's College of Physicians, who must be chosen annually from among the Fellows, were the Examiners for Dublin University Medical degrees. Their Collegiate duties as Censors were such as are named in the Charter of 1692-3, and in subsequent Acts of Parliament—as, for example, in "Lucas's Act," whereby they are empowered and directed to see after the Apothecaries' shops, and to destroy all adulterated drugs. The two Senior Fellows who had not previously served, and the two Junior Fellows for the time being, were generally chosen as Censors. The chartered and statutory functions of the Censors have, however, long ceased to be actively exercised; and now their duties are in fact those of Examiners for the License of the College; their University examinerships having come to an end in 1761, in consequence of their having refused to comply with the desire of the Provost and Senior Fellows of Trinity College, who wished them to examine, for the Degree of M.B., Mr., afterwards Sir Fielding, Ould, the eminent obstetrician. This refusal was grounded on the then received opinion, that the position of an obstetrician was beneath and incompatible with that of a physician. How completely professional opinion has since changed on this point may be instanced from the well-known fact, that, for a considerable time back, most of the higher offices of the Dublin College of Physicians have been filled by Obstetricians. Dr. Hayden is Physician to the Mater Misericordiæ, one of the best of the Dublin hospitals; and one in which the patients are nursed by a religious order of ladies in the Roman Catholic Church. He is Professor of Anatomy and Physiology in the School of Medicine of the Catholic University; and, as our columns have often testified, he has long been a physician of remarkable energy and ability, as well as an original and scientific observer, and a frequent contributor to the records of the Dublin Medical Societies.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH.

THE third ordinary meeting of the above Branch will be held at the Royal Hotel, Bristol, on Thursday, January 21st, 1869, at 7 P.M.; R. N. STONE, Esq., President, in the Chair.

The following papers are expected:—1. The Use of Obstetric Instruments (III). By J. G. Swayne, M.D.—2. Gonorrhœal Rheumatism. By A. Prichard, F.R.C.S.—3. Some of the Benefits arising from the Treatment of Wounds by Carbolic Acid. By Nelson Dobson, Esq.—4. Laryngo-Tracheotomy. By H. W. Freeman, Esq.

CHARLES STEELE, } *Honorary Secretaries.*
R. S. FOWLER, }
12, Meridian Place, Clifton, January 1869.

THE NEW GLOUCESTERSHIRE BRANCH.

THE first general meeting of this newly formed and already flourishing Branch was held on January 7th, at Gloucester. Forty-five gentlemen have at present attached themselves to the Branch, twenty-four of whom are also newly elected members of the Association. The following are the names of the gentlemen who, as old members of the Association, belong to the new Branch:—Dr. Evans (President), Dr. Batten, Dr. Colledge, Dr. Cook, Sir William Linton, Dr. Kilgour, Dr. Rooke, Dr. Rumsey, Dr. Sankey, Dr. T. Smith, Mr. Allard, Mr. Blagden, Mr. Dalton, Mr. Ellis, Mr. Morris, Mr. Swinson, Mr. Graves, Mr. Tilton, Dr. Wilson, Mr. Wethered, Mr. Fleischmann (Honorary Secretary).

Election of New Members.—It was proposed by Dr. BATTEN, seconded by Mr. FLEISCHMANN, and carried *nem. con.*—"That the following gentlemen be elected members of the Association and of the Branch: Mr. Cripps, Mr. Averill, Dr. Askwith, Mr. Bradley, Mr. Bridgman, Mr. Boughton, Mr. Bubb, Mr. Cookson, Mr. Devereux, Mr. Dutton, Mr. Elcum, Mr. Fowler, Mr. Goodlake, Mr. Gimblett, Dr. Hatton, Mr. Hickes, Mr. Proudfoot, Mr. Simmons, Dr. F. Smith, Mr. Stott, Mr. Tyte, Dr. Walters, Mr. Watson, and Mr. Wickham."

It was proposed by Mr. CRIPPS, seconded by Mr. DALTON, and carried *nem. con.*—"That this meeting confirms the past proceedings of the Provisional Council, and adopts the rules of the Branch as they at present stand."

Dr. Rumsey and Dr. Sankey were elected to represent the Branch at the Council of the Parent Association.

The following gentlemen were elected as officers and Council for the calendar year 1869:—*President:* T. Evans, M.D. *Honorary Secretary:* A. Fleischmann, Esq. *Members of Council:* W. Allard, Esq.; R. W. Batten, M.D.; E. Cripps, Esq.; T. R. Colledge, M.D.; Sir William Linton; T. M. Rooke, M.D.; W. H. O. Sankey, M.D.; H. W. Rumsey, M.D.; R. W. Graves, Esq.; E. T. Wilson, M.B.; T. Hickes, Esq.; and T. Smith, M.D.

The PRESIDENT (Dr. Evans) read a paper on Venesection.

Dr. RUMSEY moved a vote of thanks to Dr. Evans for his extremely valuable and practical paper, which vote was seconded by Dr. T. SMITH, and carried by acclamation.

The next meeting of the Council will be held on Thursday, March 4th; and the next general meeting of the Branch early in May.

THE NOMENCLATURE OF DISEASES.

III.

THE most laborious task which the Nomenclature Committee had to perform, though not perhaps intrinsically the most difficult, was undoubtedly that of naming diseases. The selection of which one out of several names (all perhaps of equal authority for one disease) should be recommended for general use; the determination as to whether certain so-called "diseases" or "affections" were really diseases or affections deserving a place in the nomenclature; the question as to whether certain newly recognised or newly described diseases were sufficiently well established to be included in the list; the question always arising, and always to be determined for each organ on special grounds, as to how far it was desirable to discriminate and name separately the morbid conditions of the component parts or tissues of that organ,—these and many other like difficulties must have been constantly present to the Committee, and must have influenced and impeded them at every step. And, indeed, a number of distinct principles, some apparently in antagonism with one another, have obviously guided the Committee both in their enumeration of diseases and in their choice of names for them. Some of these have been clearly indicated by Sir Thomas Watson. He says: "In the English list of names, it seemed desirable that as little deviation as possible should be made from those employed by the Registrar-General of England; otherwise his settled plans and his forms of returns, which have been followed for years, would require to be remodelled. Again, it is desirable that all lists should consist, as much as may be possible, of short names—names comprised in one word, or in the fewest words; also, in the nomenclature proper or national, that they should be names in common and popular use, especially when these are single, or short and distinctive, and imply no erroneous or doubtful theories. Names are not necessarily to be excluded, however, merely because they may seem to express only vague or imperfect knowledge; such names as Dropsy, Convulsions, Palsy—disorders which may severally depend upon various and different morbid changes within the body, not always easy of recognition. It has been well observed by Dr. Farr, whose aid has been of great value to the Committee, that the refusal to sanction such terms as these in the registration of diseases 'would have an obvious tendency to encourage reckless conjecture' in making returns."

It may be added, that the Committee have manifestly endeavoured, where there has been a choice of names, to select those which appeared to have a definite value attached to them, rather than those which, however old and respectable they might be, had undergone or were undergoing change of meaning, and had thus become of vague or uncertain signification. Thus Enteric Fever has been preferred to Typhoid Fever, and Spinal Atrophy to Tabes Dorsalis; and thus, or on allied grounds, the names of True Aneurism and False Aneurism—names which every one used, but no one, perhaps, used quite in the same sense as his neighbour—have slipped out of the Nomenclature; and those venerable names of bone-tumours, which were the despair of our student-days, have been superseded by a more modern nomenclature, and have no place left them even among the synonyms. It may be added further, that they have ventured in some cases to introduce slight modifications of names, as Cerebro-spinal Fever in place of Cerebro-spinal Meningitis, and Chronic Osteo-Arthritis instead of Chronic Rheumatic Arthritis: in some cases, to give a definite value to names before indefinite or used in various senses: thus they have determined that Bright's Disease shall retain its original force as a generic term for various forms of acute and chronic kidney-diseases attended with albuminuria, and they have excluded from Morbus Addisoni both Cancer and Tubercle of the Suprarenal Capsules: in some cases, to combine allied, but hitherto for the most part separately named, morbid conditions under one generic title, thus they have combined the various forms of Lepra and Psoriasis under the name of Psoriasis, and they have used the term Tinea for all those affections of the skin marked by the growth of vegetable parasites, and for those alone; and finally, they have not hitherto received specific names, such for example as the terms in two or three cases given names to morbid conditions which have Acute and Chronic Pneumonic Phthisis, to indicate those forms of lung-diseases well-known to pathologists, in which the characters of low pneumonia so closely resemble those of infiltrating tubercle, or conversely, that it is difficult, if not impossible, to distinguish between the two conditions.

The attempt to make as accurate a list as possible of morbid conditions, yet, in naming them, to do as little violence as possible to the nomenclature or nomenclatures in common use, has necessarily led to a somewhat motley list of names—a list, that is to say, in which Greek, Latin, and English names jostle one another, in which diseases pathologically distinct appear often to be linked with one another by their names, and in which names of closely allied diseases have often nothing in them to indicate their relationship. How far the Committee have steered judiciously among the difficulties with which their path was beset, and how far they have been successful in their selection of names for use, time and the judgment of the profession will show. Meanwhile, it is manifest that, in their selection of names, as well as in their classification, their guiding principle has been convenience, rather than logical consistency; they have aimed, in fact, at making their Nomenclature meet the requirements of the profession at large, rather than at making it satisfy the critical few.

Throughout both sections of General Diseases, definitions are numerous; elsewhere in the volume, they are "few and far between". It is obviously desirable that all names of diseases should be used by every one strictly in the same sense; and the object of the Committee, in framing their definitions, was clearly to ensure, so far as they might be able, such uniformity of use. But accurate definitions are exceedingly difficult to frame; and definitions, even if framed with care, are still very often found either too narrow or too wide, or otherwise inaccurate in their terms, and then useless, or worse than useless. Whether it was due to the continued sense of this difficulty, or whether it was owing to the fact that local diseases are less in need of definition for their identification, or whether it was partly due to both of these considerations, we do not presume to say; but the sudden diminution in the proportion of defined to undefined diseases at page 41, where General diseases end, is not a little remarkable.

With regard to the definitions themselves, they are perhaps generally as good as the small number of words of which they severally consist allow of their being; but it cannot be denied that some of them are unsatisfactory, or incomplete, or otherwise faulty. In certain cases, no doubt, a definition is absolutely necessary. As, for example, when a disease new to nosology is introduced; thus Cerebro-spinal Fever, of which the names Malignant Purpuric Fever and Epidemic Cerebro-spinal Meningitis are given as synonyms, is defined as "a malignant epidemic fever, attended by painful contraction of the muscles of the neck and retraction of the head. In certain epidemics, it is frequently accompanied by a profuse purpuric eruption, and occasionally by secondary effusions into certain joints. Lesions of the brain and spinal cord and their membranes are found on dissection." Or when a term, hitherto loosely applied, is intended to be used in a stricter sense: thus Remittent Fever is defined as "a malarious fever, characterised by irregular repeated exacerbations, the remissions being less distinct in proportion to the intensity of the fever. It is accompanied by functional disturbance of the liver, and frequently by yellowness of skin. *Note.* The malignant local fevers of warm climates are usually of this class."—a definition which obviously excludes many of those affections which, in ordinary medical parlance, go under the name of Remittent Fever. Or when, again, owing to the rapid progress of microscopical and chemical pathology, older notions and older names of diseases are being replaced, or have lately been replaced, by exacter knowledge and a new nomenclature, as is the case with the various forms of Cancer, and is especially the case with Non-malignant Tumours, all varieties of both of which are, as far as seemed necessary, carefully defined. There are certain other cases, however, in which (unless, indeed, every name had been defined) definitions have, as it seems to us, been introduced superfluously. As examples of this superfluity, we may mention Mumps, defined as "an epidemic and contagious affection of the salivary glands;" Muscular Rheumatism, defined as "pain in the muscular structures, increased by motion;" and Hydrothorax, defined as "passive dropsy of the pleura."

Besides definitions, synonyms are often added after the names proposed for general use. The Committee have evidently not attempted to give an exhaustive list of synonyms, but have here and there added one, when it is a well-known name, and when, perhaps, its entire omission from the Nomenclature might have been inconvenient. It need scarcely, however, be pointed out, that the list of synonyms is greatly increased by the introduction of the foreign equivalent names, especially of the Latin equivalents, many of which are necessarily familiar names, and in common use: such are Variola, Varicella, Morbilli, Febris Rubra, Pertussis, Rachitis, and many others. The synonyms are sometimes serviceable for identification, or as tending to fix the sense of the name selected for use: as Cirsoid Aneurism, *syn.*, Arterial Varix; Fæcal Fistula, *syn.*, Artificial Anus; Acute Bright's Disease, *synonyms*, Acute Albuminuria, Acute Desquamative Nephritis, Acute Renal Dropsy. Among old-established or well-known names found here only among the synonyms, we may enumerate Acute Hydrocephalus as the synonym of Tubercular Meningitis, Tic Douloureux as the synonym of Facial Neuralgia, Atheroma as the synonym of Fatty Degeneration, Leucorrhœa as the synonym of Catarrh of the Vagina, and Plica Polonica as the synonym of Tinea Polonica.

It is not easy to give such an analysis of the names employed in the Nomenclature as should be either interesting or useful. In the preceding portions of this review, almost everything in the work, except the actual names of diseases, has been considered at greater or less length; and some notion too of the character of the names selected has been afforded in the various extracts which have been quoted. We shall, nevertheless, in conclusion, make a few comments on this head.

And first of *General Diseases*. The names here are almost all of them true English names, or foreign names which have become English by adoption. Thus, among the former are Small-Pox, Cow-Pox, Chicken-Pox, Measles, Scarlet Fever, Glanders, Farcy, and many others; and, among the latter, Dengue, Influenza, Phagedæna, and Beri-Beri. It is unimportant, but nevertheless a little odd, that, in such a list, Equinia Mitis should have been preferred to Grease. In their subdivision of Syphilis and of Cancer into varieties, the Committee were, of course, fully alive to the present state of pathological knowledge in regard to these diseases; but, while refusing to perpetuate effete names, they seem to have properly hesitated to adopt all modern refinements (not to say eccentricities) of nomenclature. Syphilitic Diseases are divided into the three groups of Primary, Secondary, and Congenital; the first group being made to comprise, as varieties, Hard Chancre (Indurated Bubo), Soft Chancre (Suppurating Bubo), Phagedænic Sore, and Sloughing Sore; but those symptoms which have latterly been called Tertiary are here incorporated, as they formerly were, with Secondary Syphilis. The varieties of Cancer here enumerated are, Scirrhus, Medullary Cancer, Epithelial Cancer, Melanotic Cancer, and Osteoid Cancer; Villous Cancer being shown, in a note, to be only an accident, as it were, of the disease; while Chimney Sweeper's Cancer (except as a synonym), Pancreatic Sarcoma, and a host of other names, are wholly omitted. We are glad to see that it has been thought right to give a number to Febricula, which is defined as "simple fever of not more than three or four days' duration;" and to retain Puerperal Fever, in that general sense in which it is commonly understood and applied.

Local Diseases.—The list of Diseases of the Nervous System appears to be tolerably exhaustive. The Committee have included, as might have been expected, Thrombosis and Embolism among Diseases of the Brain, but have made them varieties, or rather subvarieties, of Diseases of the Cerebral Arteries; the arrangement being as follows,

74. Diseases of the Cerebral Arteries.
  a. Degeneration.
  b. Aneurism.
  c. Impaction of Coagula. 1. Thrombosis. 2. Embolism.

They have also, in deference to more recent views, made separate diseases of Paraplegia and Locomotor Ataxy. We observe, too, from the fact of Infantile Convulsions, Epilepsy, and Convulsions being distinguished from one another by numbers, that the term Epilepsy is intended to be strictly limited to those cases in which the epileptiform phenomena are independent of organic disease of the brain, and in which, also, they are not due to eccentric causes. There are few well-known names which have been omitted; and even those respectable old fogies, Red-softening, Yellow-softening, and White-softening, find a place. A single omission certainly strikes us; it is that of the affection termed by Trousseau Glosso-laryngeal Paralysis—a rare affection, certainly, but a remarkably characteristic affection, and certainly much more important than Scriveners' Palsy, which occupies a position, though a subordinate one, in the Nomenclature. The disease admits, however, of registration under the head of Local Paralysis, as a variety of that affection.

Diseases of the Eye are naturally given at considerable length; and it may be observed, that the names selected for use are generally such as others besides eye-doctors can understand. It could scarcely have happened otherwise than that a few hard words should have been retained—such, for example, as Dacryolith, Madarosis, and Blepharospasmus. Under the heading of "Various Defects of Sight", we recognise the affection now generally known as Astigmatism; but confess we are a little surprised to find that the Committee have contented themselves with the terms Short Sight and Long Sight, as alone applicable to defects in the adjustment of the eye to distance, considering how clearly Donders has shown that under the term Long Sight, or Presbyopia, two entirely distinct conditions have been included—one which he terms Hypermetropia, and has shown to be the true opposite to Short Sight; the other true Presbyopia, which, though generally apparently opposite to Myopia, may actually coexist with it.

We pass over two or three short sections, and arrive at that of Diseases of the Circulatory System. Under the head of Diseases of the Heart and its Membranes, there is not very much to call for remark. We may, perhaps, point out that "Excess of Fat" on the Heart" and "Fatty Degeneration" have been properly distinguished from one another; that "Fibrinous Concretions in the Cavities of the Heart" have been recognised as a cause of Death; and that the term "Acute Aneurism" of the Heart has been introduced in a special sense. "This term," the Committee say, "has been applied to those cases in which blood becomes effused into the substance of the heart, owing to inflammatory softening and rupture of the endocardium and muscular tissue." Under the head of Diseases of the Blood-vessels, we find Dilatation of Artery distinguished from Aneurism, which latter is divided into Fusiform, Saccular, and Diffused only. Those Special forms of Arterial Disease, Dissecting Aneurism (under the name of Partial Rupture of Artery), Traumatic Aneurism, Arterio-venous Aneurism, Aneurismal Varix, Varicose Aneurism, Cirsoid Aneurism, and Aneurism by Anastomosis, are all separately enumerated.

The most noticeable features under Diseases of the Respiratory Organs are perhaps the facts that Cirrhosis is adopted as a recognised disease of the lungs; that two new terms (to which we have before adverted)—namely, Acute and Chronic Pneumonic Phthisis—have been introduced; and that Millstone-makers' Phthisis, Grinders' Asthma, and Miners' Asthma, have each a number and a place given to them. We may add, that Pulmonary Apoplexy is to be called henceforth Pulmonary Extravasation; and that Hæmoptysis is made a variety of Passive Congestion.

Diseases of the Digestive System of Organs are given at great length, and of these nearly one-fourth are diseases of the teeth, gums, and alveoli. This latter fact is not perhaps surprising, when the great and special attention which is now-a-days bestowed upon the teeth is taken into consideration. It is satisfactory, however, to recognise, judging from the list, that writers on tooth-pathology have not exercised their ingenuity in the invention of crack-jaw names. We remark that the Committee recognise two forms of Thrush—viz., Thrush (simple) and Parasitic Thrush; and that they have distinguished Tonsillitis from Quinsy, and have given each of them a number. The term Cynanche, it may be here added, has no place in the Nomenclature, except in two instances where it appears as a synonym—Cynanche Tonsillaris, as the synonym of Quinsy; and Cynanche Maligna, as that of Sloughing Sore Throat. It need scarcely be said that Syphilitic Deposit in the Liver has not been overlooked among the diseases of that organ. The Pigment Liver of Frerichs has not, however, been included.

In the section of Diseases of the Urinary System, we observe that Bright's Disease is made a generic term, to include—1, Acute Bright's Disease (which is identified by the appended synonyms as Acute Albuminuria, Acute Desquamative Nephritis, or Acute Renal Dropsy); and 2, Chronic Bright's Disease, which has, as subdivisions, (*a*) Granular Kidney, (*b*) Fatty Kidney, and (*c*) Lardaceous Kidney.

Diseases of the Generative Organs (male and female) are necessarily very numerous, and, so far as we can see, very complete; but there is nothing special either in the names or in their arrangement calling for remark. We perceive, however, an exhaustive list of "Affections connected with Pregnancy", including disorders of the nervous, circulatory, and other systems, which, it is pointed out, are secondary only, and therefore unnumbered, and, in fact, are given here obviously as a hint or guide to medical practitioners; and further, under No. 708, "Mechanical Obstacles to the Action of the Uterus", a list of obstacles, which, curiously enough, exactly equal in number the letters of the alphabet, and are lettered as varieties accordingly.

Diseases of the Organs of Locomotion (Bones, Joints, Muscles, Tendons, etc.), at first sight, are hardly so numerous as might have been expected. An examination of the list, however, shows that this is chiefly due to the fact that a large number of the diseases, though mentioned here, are numbered and to be registered in other parts of the Nomenclature. This is the case with venereal, gonorrhœal, cancerous, scrofulous, rickety, rheumatic, and gouty affections, together with all injuries; and hence, out of twenty named diseases of the muscles, nine are referred for registration elsewhere, and only eleven are numbered under the head of Muscular Diseases; and, of twenty-three forms of joint-diseases which are comprised in the Nomenclature, fifteen only are enumerated among the Diseases of the Joints.

The Cutaneous System is well represented; and there are a few points in regard to its diseases which deserve notice. Psoriasis, as we have before pointed out, is made to include all the scaly diseases ordinarily called Lepra, as well as those to which the term Psoriasis has been usually applied; the specified varieties being Psoriasis Vulgaris, Psoriasis Guttata, Psoriasis Diffusa, Psoriasis Gyrata, Psoriasis Inveterata. All affections believed to be due to the growth of vegetable parasites are distinguished by the prefix Tinea; they are Tinea Tonsurans (Ringworm), Tinea Decalvans (Alopecia Areata, or Porrigo Decalvans), Tinea Favosa (Favus, Porrigo Favosa), Tinea Versicolor (Ptyriasis Versicolor), and Tinea Polonica (Plica Polonica). Both of these are, we think, steps in the very desirable direction of simplifying the nomenclature of skin-diseases. As also tending to simplification, we are glad to see that, although most of the best known varieties of the best known skin-diseases are named, corrections have been expressly made in regard to some which are now known to have been erroneously named. Thus we are told that Lichen Lividus is merely a form of Purpura; that Strophulus Albidus is a variety of Acne, (and it has been christened, therefore, Acne Strophulosa); that Strophulus Volaticus must be referred to Erythema as Erythema Fugax or Volaticum; and that the disease called Pemphigus Gangrenosus is the same as Rupia Escharotica, which it is in future to be called.

The names of poisons, injuries, operations, and congenital malformations are, almost without exception, in English, and call for no comment beyond what has been already made in regard to them; viz., that they are fairly exhaustive, and have all evidently been carefully considered. The names of animal and vegetable parasites, however, are all given in Latin, synonyms being very rarely added. The authority for the name selected is, with scarcely an exception, appended; and, in addition to this, the very useful information of the *habitat* of the parasite, or of the disease which its presence produces: as, for example, Eustrongylus Gigas, *habitat*, Kidney, Intestines; Distoma Crassum, *habitat*, Duodenum; Hexathyridium Pinguicola, *habitat*, Ovary; Achorion Schonleinii, *habitat*, Tinea Favosa; Microsporon Furfur, *habitat*, Tinea Versicolor.

We here complete our review of the valuable work which has been carried out by the Joint Committee appointed by the Royal College of Physicians of London. We endeavoured, in our first article, to give an abstract of the work, and to explain the objects with which it was framed, and the mode in which it is to be employed; in our second article, we discussed it as a classification of diseases; and, lastly, we have considered it in its details. We have endeavoured to do full justice to what, we must repeat, is a work of the highest importance to all British practitioners of medicine; but it is not easy in a review to do justice to a dictionary, and it is still less easy to do justice to a list of names. It is easy to find fault, and we have here and there yielded to temptation; for the kind of work before us is one with which any person who pleases may find abundant fault. A careful perusal of it, however, a critical comparison of its various parts, and a temperate estimate as to how anything that seems objectionable might have been better done, will satisfy most persons, as they have satisfied us, that many things in it which appear, at first sight, to be faults, are in reality not faults; and that the work is, on the whole, thoroughly and well done, and is creditable alike to those who have laboured in its preparation, and to the College of Physicians, under whose auspices it was begotten, and under whose auspices it is now published.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 12TH, 1869.

S. SOLLY, Esq., F.R.S., President, in the Chair.

REMARKS ON THE NATURAL HISTORY OF RHEUMATIC FEVER.

BY WILLIAM W. GULL, M.D., AND HENRY G. SUTTON, M.B.

THE authors were desirous of bringing under the notice of the profession a few more cases of rheumatic fever which had been treated by mint-water, or, in other words, which had been allowed to run their natural course. They moreover desired to point out what appeared to be the natural course of rheumatic fever with reference to the heart, and to show in what proportion of cases the heart became involved when rheumatic fever was treated by mint-water; and, lastly, to consider if there is any evidence to prove that the heart is more frequently involved when rheumatic fever is treated by mint-water, or when treated by alkalies, by lemon-juice, or by blisters. This paper was based on twenty-five cases of rheumatic fever, twelve of which occurred in Guy's Hospital, most of them under the care of Dr. Gull, and thirteen occurred in the London Hospital, under the care of Dr. H. G. Sutton. The particulars of the twelve cases had been already recorded in the *Guy's Hospital Reports*, and the remaining thirteen cases were recorded in the present communication to the Society. Of these twenty-five cases, eighteen were females and seven were males. The average age of the patients was nineteen years. All the patients were suffering from their first attack of rheumatic fever, and the disease was well marked. The temperature of the body during the acute symptoms reached in some cases 104 deg. and 103 deg.; in other patients it was 101 deg. and 102 deg. Taking an average of all these cases, the temperature was about 102 deg. during the acute stage. The average duration of the acute symptoms, as estimated by the thermometer and general symptoms, was ten days. Taking all the cases that had been recorded by the authors, the average duration was 9.1 days. The total duration of the acute symptoms from their commencement, including the time the patients were ill before coming into the hospital, to their cessation, was on an average seventeen days. The authors next proceeded to inquire if the duration of rheumatic fever was longer when treated on the expectant plan, or when treated by drugs; and they considered that no one plan of treatment had any great advantage as regards shortening the duration of the disease. Drs. Gull and Sutton agreed with Dr. Barclay in considering that we are not yet in a position to say that alkalies exercise any influence in curtailing the duration of the disease. They were also of the same opinion respecting lemon-juice. With regard to Dr. Herbert Davies's blister treatment, they remarked that it relieved very much the pain and sufferings of the patients in some cases; but it did not appear to curtail the rheumatic process. The authors remarked, "Our cases appear to us to teach that the rheumatic process runs its course under the expectant treatment as favourably as under the treatment by drugs." Drs. Gull and Sutton next proceeded to inquire what evidence there is to show that the drug treatment prevents the heart from becoming diseased, and they gave a detailed account of the state of the heart in their twenty-five cases. Every one of these twenty-five patients were suffering from their first attack of rheumatic fever, and twelve of the number had organic disease of the heart when admitted into the hospital; two had some, but not very well-marked, evidence of organic disease of the heart when admitted; and in eleven there was no heart-disease on admission. No organic disease of the heart supervened while under treatment, and the heart was healthy when these eleven patients left the hospital. The experience gained in these cases of rheumatic fever, which were allowed to run their natural course uninfluenced by drugs, tended to prove that, if patients are admitted into the hospital suffering from a first attack of rheumatic fever, and the heart is not diseased on admission, it will very rarely become organically diseased while patients are under treatment. The opinions of Drs. Garrod, Dickinson, Herbert, Davies, Geo. Owen Rees, and Basham were then quoted to show that the heart did not, or very rarely did, become diseased when rheumatic fever was treated in the hospital by full doses of alkali, by blisters, by lemon-juice, or by nitrate of potash, and the authors observed: "It appears to us that there is not sufficient evidence to prove that any of the advocated systems of treatment have power to prevent the heart from becoming diseased. In concluding that the treatment has prevented the heart from becoming diseased, we have not overlooked the fact that there might be no tendency at the time the patients were under treatment for the heart to become diseased, and our cases show that the good results which have been attributed to the influence of the remedies also occurred when no special remedies were used. Our cases, therefore, tend to teach that these good results were due, not to the drugs, but to the natural course of the disease." The authors then endeavoured to show that, when the heart becomes diseased in rheumatic fever, it does so at an early stage of the disease; and if it do not become diseased during the first week of the rheumatic fever, it rarely does so afterwards; and they gave abstracts from twenty-two cases of rheumatic fever to demonstrate this.

Drs. Gull and Sutton's conclusions were as follows. When the patient's heart was healthy on admission into the hospital, it was very rare for it to become organically diseased while the patients were under treatment by mint-water—or, in other words, when the rheumatic fever was allowed to run its natural course. The evidence before the profession shows that the heart very rarely became diseased while patients were under treatment in the hospitals, and that this was the case when patients were treated by alkalies, lemon-juice, or by blisters to the joints. There is not sufficient evidence before the profession to prove that any of the advocated remedies have power to prevent the heart from becoming diseased. In rheumatic fever the tendency is for the heart to become diseased during the first few days of the fever; and, should it escape the early days of the disease, there is each day a lessening tendency to its implication. Hence the cases would appear to show that, if at the end of the first week of the rheumatic fever the heart is free from disease, then there is little or no tendency for it to become diseased during the later weeks. The reason why the heart did not become diseased when rheumatic fever was treated by alkalies, blisters, and by lemon-juice is to be attributed, not to the influence of the dru ,
but to the natural course of the disease; for the patients did not c

under treatment until the rheumatic fever had been going on some days, and until the period when the heart was most liable to become diseased had passed over.

The authors concluded by saying: "Hitherto the investigation into the therapeutics of the rheumatic process has been rendered all but valueless by the deficiency in preliminary data. At present, therefore, as regards treatment, our cases seem to show that we are limited to a careful regimen of the patient. Rest, mechanical and physiological—rest in the very outset of the disease. We ought not to wait until the rheumatic process has become well developed in the joints. To regulate the temperature. To moderate excessive skin function by sponging the surface of the body. To allay pain, by placing the patient in an easy position, and sometimes by opiates. To sustain the organic nerve-power by light diet, and occasionally by small doses of alcohol. To procure rest by the simplest means, especially avoiding such movements of the body as may excite the circulation. In fine, to place the patient in a physiological state of mean rest, if it may be so termed, of the nervous, the circulatory, the muscular, and digestive systems. To do this fully will often tax all our energies, and require often more consideration than is requisite for prescribing any supposed appropriate drug treatment. We are, therefore, at present, advocates of the exactest treatment of the patient under acute rheumatism, though we may doubt the value of so-called specific drugs."

Dr. FULLER said that it was a matter of great interest to know what was the natural course of rheumatic fever. Dr. Sutton's paper only confirmed the old opinion, that all that rheumatism required was six weeks in bed, and blankets. Although Dr. Sutton said that the average stay in the hospital was seven days, a reference to his paper in *Guy's Hospital Reports* gave a different result. Eight cases were there recorded, the duration of which—the patients in several cases being only reported as going on favourably—was respectively 50, 22, 42, 20, 54, 24, and 20 days; while one died. Hence it might be said that the course of rheumatic fever under the mint-water treatment was very much the same as it had always been. At St. George's Hospital, the average stay of the cases under his care was from 17 to 19 days; these cases might, therefore, to some extent be compared with those of Dr. Sutton, but the data were not sufficiently accurate. As to heart-disease, he agreed with Dr. Sutton that the liability to it was much greater in the earlier period of rheumatic fever; but this was saying little more than that the most feeble parts were liable to be the first attacked. He demurred, however, to the conclusion that the heart does not become affected at later periods. When he was registrar at St. George's, many cases of heart-disease came on in the second or third week of rheumatic fever, and he had also seen a number of cases of the same kind in private and consultation practice. The phenomena of rheumatic fever required careful investigation, not only as to the course of the disease, but also as to what was called rheumatic fever; for there was a great difference in the nomenclature of the disease, some calling that rheumatic fever which others termed subacute rheumatism. At St. George's, no case was recognised as one of rheumatic fever which did not present a quick pulse, hot skin, and furred tongue. Much doubt had been thrown on the efficacy of alkaline treatment; and this arose from cases having been treated as rheumatic fever which were not so. Pyæmia had been mistaken for it; and, still more frequently, acute gonorrhœal rheumatism. In this disease alkalies did no good; and under their use the patient only became worse. But there was no disease which yielded so readily to treatment as true rheumatic fever to alkalies. When cases treated by alkalies could be numbered by hundreds, and it was found that there were but few or no cases of pericarditis, it was fair to conclude that the treatment had some effect in warding off heart-disease; and he had found alkalies just as efficient in private as in hospital practice. His confidence in the alkaline treatment was unshaken. If improper cases were carefully excluded, and the remedy was given in sufficient doses, he believed that it had the strongest influence in subduing and warding off heart-disease in rheumatic fever.

The PRESIDENT remarked that acute periostitis might be added to the list of diseases mistaken for rheumatism.

Dr. GULL said that the only safe test of rheumatic fever being ended, was the state of the temperature and pulse, and not the length of time during which the patient remained in hospital, which varied in different institutions. With regard to Dr. Fuller's statement as to the appearance of heart-disease at the second or third week, he would observe that it required great accuracy of diagnosis to determine that the heart was *not* affected when the patient first came under treatment. Dr. Fuller had spoken of cases seen in consultation; but he probably had not had an opportunity of examining the heart in the early stage of the disease. As to gonorrhœal rheumatism, the idea of this disease might in many instances be altogether set aside. For instance, it did not occur in young girls under fifteen years of age. The cases which formed the basis of the paper had been carefully related. He concluded by observing that whatever of credit there was in the paper was due to Dr. Sutton.

Dr. STEWART said that, about six years ago, Dr. Gull brought before the Society a paper based on the observation of fifty or sixty cases treated on the expectant method; and had promised more information at an early period. During the next year or two, he (Dr. Stewart) followed the old plans of treatment; but he found that he had very little reason for the confidence which he had placed in drugs. Both in hospital and in private practice, he met with cases in which heart-disease came on while the patient was under the full influence of alkalies. Hence, from the summer of 1864 to the time of his leaving the Middlesex Hospital in 1866, he tried the expectant plan, treating fifty-six cases of acute rheumatism by it. In the previous two years, he had had forty-four cases. The average duration of residence in hospital was, in both sets of cases, forty-two days, and the numbers of cases of heart-disease were nearly equal in the two series. What was to be desired was, first, an agreement as to the duration of time during which patients were to be kept under observation. He regretted that, in some of his earlier cases, the state of the temperature of the body was not fully noticed. In some instances, after a week or ten days of apparent immunity from febrile symptoms, these returned, and the patients, who had been dismissed, came back or went to other hospitals. Another point was, that the question under consideration must be decided, not by large numbers of cases, but by observations carried on through many years at all seasons. He believed that the course, symptoms, and type of rheumatic fever, varied in different years and at different seasons. In some cases, the symptoms closely resembled those of typhoid fever; so much so that, on examining the bodies after death, he had congratulated himself that he had not given the potash salts, as to these might have been attributed the fluidity of the blood which was met with. He had noticed in the paper read the use of some remedies which he would proscribe in the expectant treatment, especially opium. External applications might be employed; but opiates and any other internal remedy which could have an influence on the disease, should be avoided in our endeavours to investigate the natural history of rheumatism.

Dr. DICKINSON said that, during the five years in which he was Medical Registrar at St. George's Hospital, 113 cases of rheumatic fever were admitted; and in 35 of these heart-disease came on while the patients were in hospital. The period of occurrence of the heart-disease had been accurately ascertained in 27 cases; in 12, it was the first week; in 7, the second week; in 5, the third week; and in 3, the fourth week.

On the proposal of the PRESIDENT, the further discussion of the paper was adjourned to the next meeting of the Society, on the 26th inst.

OBSTETRICAL SOCIETY OF LONDON.

ANNUAL MEETING: JANUARY 6TH, 1869.

JOHN HALL DAVIS, M.D., President, in the Chair.

DR. J. BRAXTON HICKS exhibited the head of a fœtus which had been delivered after perforation by the assistance of the cephalotribe. The antero-posterior diameter of the maternal pelvis was about three inches, the fœtus was very large, and the head highly ossified. The instrument had seized it obliquely over one orbit, and the occipital bone on the opposite side. The calvarium was crushed in on to the base, and the delivery was without difficulty. Dr. Hicks pointed out the great facility and safety with which the head was abstracted after crushing, compared with the use of the crotchet or craniotomy forceps, which, he thought, it was destined, in a great measure, to supersede. There seemed to be a difficulty with some writers in disassociating cephalotripsy from utter crushing of the head; whereas in most cases, the effect was rather to crush down the vault into the base, the fact being that it was impossible to secure the base steadily between the grip of the blades. Very frequently the base tilted so that the flattening of the skull was affected in a vertical rather than a lateral direction. This effected the same advantage, because in this case the instrument would compress down to one and a half inch, through a pelvis of which size it would rarely be possible to deliver by the cephalotribe; while, in lateral pressure, the long diameter of the head would remain instead of the transverse, as in vertical pressure.

Dr. MEADOWS exhibited a new Vaginal Speculum. It resembled Cusco's in regard to the two blades, upper and lower, whose divergence is effected by a simple act of pressure; but, to prevent the lateral folds of the vagina from falling down between the blades and obstructing vision, Dr. Meadows adapted another narrow blade to each side, making four blades in all. These latter, when the instrument was closed, fell within the two larger blades, and did not interfere with easy introduction. The same act of pressure expanded all four blades at once.

Dr. Gervis exhibited a large Polypus Uteri taken from a patient whose labour had to be terminated by craniotomy. On the fifth day after the confinement, it was removed by the single wire *écraseur*. The patient did well for some days, but ultimately died of peritonitis unconnected with any pelvic mischief. The section of the cervix was healthy and healing, and the structure of the uterus, its peritoneal surface, and that of the broad ligaments, was free from any trace of inflammation; while, on the other hand, the coils of the small intestines were extensively agglutinated together by effused lymph. On section, the polypus displayed in its interior an oval fibrous tumour, enveloped in a capsule of true uterine tissue, which had been at its upper part continuous with that of the cervix uteri. It is worthy of note that, during the first four months of her pregnancy, the patient had been subject to profuse hæmorrhage.

Dr. Routh exhibited for Dr. Griffith a curious Monstrosity. Extreme difficulty had been experienced in the delivery of this child, owing to the projection from the chin of a large bag containing fluid; and in spite of craniotomy, the delivery could not be effected until this bag had been tapped. The mother did well.

Dr. Andrew Brown exhibited the uterus, fœtus, and parts concerned in a case of Extrauterine Pregnancy, in which death had occurred when gestation was advanced to about the fifth month. The illness which followed an accidental rupture of the cyst was short; and during life she was not attended by any medical man. Details of the *post mortem* examination were given.

Dr. Greenhalgh read a paper on a case of probable Rupture of the Uterus. The patient had reached the seventh month of her sixteenth pregnancy, when, after lifting a heavy weight, she was suddenly seized with agonising pain in the abdomen, followed by collapse. Acute peritonitis set in and symptoms of a typhoid character. The uterus then became greatly distended, and in the umbilical region resonant on percussion, evidently from gaseous accumulation internally, owing to the decomposition of the fœtus. The membranes were then punctured, giving exit to a large quantity of fetid gas and turbid liquor annii, and in about ten hours the fœtus was expelled. The patient regained her former health. The points of interest in the case were discussed at length.

The Business of the Annual Meeting then commenced. The scrutineers, Dr. Brunton and Mr. Mitchell, declared the result of the ballot for the election of officers. The officers and Council were elected, whose names were given at page 16 of the Journal for January 2nd.

The Report of the Auditors (Dr. Rogers and Sansom) for the year ending December 31st, 1868, was then read. The receipts had been £842 : 13 : 6, of which £62 : 7 : 2 had arisen from the sale of the *Transactions*. The expenditure for the year was £751 : 0 : 9, of which £406 : 4 : 6 had been expended in furnishing and maintaining the library and museum, £217 : 17 : 3 on the *Transactions*, and £128 : 19 on general expenses. There was a balance in the Treasurer's hands of £91 : 12 : 9.

The Report of the Honorary Librarian for the year 1868 was then read. After referring to the completeness with which the suite of rooms at 291, Regent Street were furnished, and the arrangements made for the convenience of the Fellows, it stated that ninety-six volumes had been added during the year, thirty-four by purchase, sixty-two by gift. In the museum, there was now a tolerably complete collection of all modern instruments connected with obstetrics. The report concluded by referring to the formation of an interesting collection of portraits of Presidents and Hon. Fellows, and to the gift of a handsome marble clock by Dr. Hall Davis.

The adoption of the reports of the auditors, and of the Honorary Librarian, was moved by Dr. Aveling, seconded by Dr. Brodie, and carried unanimously.

Representation of Obstetric Practitioners in the Medical Council.—Dr. Barnes, then, on behalf of the Council, moved the following resolutions, which were seconded by Mr. Mitchell, and carried unanimously. 1. "That it is the opinion of the Obstetrical Society of London that the obstetric department of medicine, and, therefore, the interests of the public, are inadequately represented in the General Medical Council." 2. "That in the event of any revision of the constitution of the Council, provision should be made for the direct representation of obstetric practitioners and teachers." 3. "That the Council be requested to draw up a memorial embodying these resolutions, to present it to the Home Secretary, the General Medical Council, and the British Medical Associstion, and to take such other measures as they may think useful in giving effect to them."

The President then delivered the Annual Address. He commenced by congratulating the Society on the increase in the number of its Fellows, of whom there were now more than 600. During the year past, forty-four new Fellows had been elected. He then paid a tribute of respect to the memory of those Fellows who had died during the year—Dr. Turnbull, of Melbourne; Dr. Ray, of Dulwich; Mr. Tuton, of Ripon; Dr. Mackenzie, of Thetford; Dr. Ramsbotham, of Leeds; Dr. Lamb, of Maida Hill; and Dr. Pagan, of Glasgow. Reference was also made to the death of Dr. Francis Ramsbotham, to whom, although not a Fellow of this Society, many obstetric practitioners owed much. The President then touched upon the many gratifying circumstances in connection with the funds of the Society, the institution of a library and museum, and its steadily increasing reputation. He then urged the importance of there being a special representative of the obstetric interest on the Medical Council, so that the education of students in obstetrics might be better cared for than at present, the time now given to the teaching of midwifery and the diseases of women and children being quite inadequate to the importance and extent of the subjects. After referring to the high character of the papers read during the year, to the work being done by the committee appointed to investigate the subject of infant mortality, and expressing a hope that other subjects connected with obstetric science would also be investigated from time to time through the action of committees, the President concluded by tendering to the Fellows of the Society his sincere thanks for the courtesy they had shewn him during his tenure of office, and to the various officers for their never-failing services in furthering its prosperity.

On the motion of Dr. Sedgwick, seconded by Dr. Martyn, a cordial vote of thanks was given to the President for his address, and to the various officers of the Society for their valuable services.

MANCHESTER MEDICAL SOCIETY.

November 4th, 1868.

Thos. Mellor, Esq., President, in the Chair.

Mr. F. J. Roberts showed a preparation of the Œsophagus and Trachea of a man who had died from the effects of an Abscess between these two organs. The former had been much pressed upon, causing great difficulty of swallowing for a fortnight before death. The part of the œsophagus implicated seemed to contain a deposit of true bone, and on its free surface pretty extensive ulceration existed. The patient had been affected with phthisis for four years.

Mr. Galt exhibited the Liver, Kidneys, and Uterus, removed from a woman who had died of gangrene following varicose ulceration of the leg. All these organs were the seat of cystic tumour containing curdy contents.

Dr. Samelson briefly narrated the history and explained the present state of the question of Tubercle of the Choroid.—Dr. Samelson also shewed some Ophthalmic Cases.

Mr. Whitehead showed a large Cauliflower Excrescence which he had removed by the knife from the Uterus. The patient had hitherto continued free from any return.

Mr. Finlayson exhibited an elaborate series of tables of Temperatures in Healthy Children. They comprised two hundred and eighty one observations on eighteen different children, of ages varying from 20 months to 10½ years; and he summarised his conclusions as follows. 1. The daily range of temperature is greater in the healthy child than that recorded in healthy adults. The author's observations gave a mean of 2° F.; those of Davy, Gierse, and Frölich, on themselves, about 1° F. 2. There is, invariably, a fall of temperature in the evening, amounting to 1, 2, or 3 degrees. 3. This fall may take place before sleep begins. 4. The greatest fall is usually between 7 and 9 o'clock (at least, under the conditions of life usually observed in hospitals). 5. The minimum temperature is usually observed at or before 2 A.M. 6. Between 2 and 4 A.M., the temperature usually begins to rise, such rise being independent of food being taken. 7. The fluctuations between breakfast and tea-time are usually trifling in amount. 8. There seems to be no very definite relationship between the frequency of the pulse and respirations and the amount of temperature, the former being subject to many disturbing influences.

Mr. Melland read an account of nine cases of Puerperal Convulsions. Six of the cases were primiparæ, and three of them were above 35 years of age. In one of the remaining three, convulsions had occurred in the first pregnancy also, and in the second there was albuminuria in the first pregnancy, with threatening of convulsions. Recovery took place in seven of the cases, and death in two; in one, probably, from apoplectic effusion, and in the other, at the end of six days, from metritis. One of the cases became imbecile and died in about three years; and a second was subject to a kind of mania for some months, though she ultimately got quite well. In six of the cases the child was still-born, being premature in four of them. Albuminuria was found in two cases only. Mr. Melland expressed himself strongly in favour of early venesection; and, though he did not find that even a free adoption of it prevented a return of the fit, he considered that they were materially modified by it. Chloroform had been used in several of the cases, especially when the symptoms came on before labour set in. He did not succeed in keeping down the convulsion entirely by its use, though it lessened their severity. As soon as the uterus was sufficiently opened he adopted means for delivering the child, and in six of the cases gave instrumental assistance. Convulsion returned in one only after this had been affected. In two of the premature cases he induced labour by puncturing the membrane.

Mr. HUTCHINSON narrated the particulars of nine cases of Puerperal Convulsions which he had met with. He had given instrumental assistance in all of them. One patient died sixteen hours after delivery. The others recovered.

PATHOLOGICAL SOCIETY OF LONDON.

DECEMBER 16TH, 1868.

JOHN SIMON, Esq., F.R.S., President, in the Chair.

A REPORT was read by Dr. ANDREWS, for the Committee on Morbid Growths, on Dr. Church's case of Cancer of the Thyroid Body.

Dr. BURDON SANDERSON also read a report from the Committee on Dr. Murchison's case of Deposit in the Viscera. In the diaphragm, each fibre was separated by adventitious growth from the web of connective tissue. In the liver, the principal changes were in the portal canal. The ducts and portal veins were surrounded by adventitious growth. The kidney was also affected; and, in the duodenum, the mass was an inch and a half in thickness. There were a few gummata found. There was, however, no caseous degeneration. The liver presented the appearances found in those who die of leucocythemia. The growth was a new one.

A report was then read on Dr. BEIGEL's case of Skin-Disease. The Committee agreed with Dr. Beigel as to its being scleroma.

The PRESIDENT intimated to the Society that the Council intended to bring forward for election several foreign pathologists and physiologists, whose names we mentioned in a recent number.

Dr. THUDICHUM showed specimens and spectra of Luteine from Ovarian Cysts. In the corpus luteum, it is dissolved in fat, and is in connexion with the same substance in ovarian tumours.

Dr. DOUGLAS POWELL brought forward a case of Local Empyema with Aneurism of the Aorta and old Aneurism of the Popliteal Artery. The specimen was removed from a soldier who had suffered two years ago, from popliteal aneurism which had been cured by compression. A year afterwards, he was admitted into the Brompton Hospital under Dr. Quain, suffering from an empyema limited to the anterior part of the right pleura, and compressing the lung backwards. There was also a large aneurism of the aorta, from the rupture of which the patient died. The specimen showed perforation of the anterior wall of the trachea an inch and a half above its bifurcation, with erosion of its posterior wall. Dr. Powell remarked that, with this lesion, there was no paroxysmal dyspnœa nor any dysphagia during life. There was an anatomical peculiarity in the giving off of the right subclavian and common carotid trunks, which arose separately from the aorta.

Dr. POWELL also exhibited specimens of Splenic and Suprarenal Disease, removed from a case of Phthisis. The spleen contained many large cheesy masses of degenerated fibro-nuclear structure, the true origin of which was doubtful. The suprarenal bodies contained nodules of a similar character. The mesenteric and bronchial glands were also affected. There was no bronzing of the skin; and the vomiting and adynamic symptoms present during life were, in Dr. Powell's opinion, well accounted for by the extensive and rapidly progressing general disease.—Dr. MOXON thought the masses were similar to those in Hodgkin's disease.—Referred to Morbid Growths Committee.

Mr. JESSOP of Leeds showed Suprarenal Capsules from a lady who had suffered from pain in the head and over the whole body, and some of the symptoms of Addison's disease, with bronzing of the skin. There was a large blood-cyst in one capsule, breaking down. There was, however, pus in the lungs and under the pectoral muscles.

Mr. JESSOP also exhibited a Fibro-cellular Tumour in connexion with the spermatic cord, removed from a man aged 49. It had grown in nine months. The testicle was hidden. Referred to Committee.

Mr. MASON exhibited a living specimen, in which he had removed the whole circumference of the Tibia for Necrosis. New growth followed, and the upper and lower fragments of the bone united. Mr. Mason said, in answer to Mr. Curling, that there was no connexion between the upper and lower portions of the bone.

Dr. LEGGE exhibited an Aortic Aneurism which had caused death by rupture. It was wedged in between the first three ribs and formed a tumour in the right axilla.

Dr. COOPER ROSE showed a living child, six days old, with an enormous Vascular Tumour involving the nose and cheeks. The upper lip was formed by the lower border of the tumour. One nostril was patent.

Mr. HEATH exhibited a specimen of Aneurism of the Aorta and Subclavian Artery, from a patient who was lately brought before the Clinical Society with subclavian aneurism. The question then was as to the propriety of surgical interference. After death, it was found that the second and part of the third portion of the subclavian, and also the innominate, were involved. There was also an aortic aneurism. The posterior part of the descending aorta was affected; and here an opening into the trachea, at the bifurcation of the bronchi, had taken place, and killed the patient. The vertebral artery was plugged; so that, if the subclavian had been tied, the only blood supplied to the head would have been by one carotid, which is insufficient.

Mr. HEATH also showed, for Mr. Swain of Devonport, a specimen exhibiting the results of Pirogoff's Amputation, which had been performed eighteen months previously. The tibia and os calcis were united.—Mr. MAUNDER said only three-fourths of the os calcis had been cut through, which resulted in the whole os calcis not uniting.

Mr. BRUCE brought before the Society two living specimens of Keloid. In one, a male aged 24, it was the result of a scar from a scald in March. There was no history of syphilis. In the second case, a male aged 25, it was produced by a suppurative condition of the skin. There was in this case also no history of syphilis. The father, mother, and a brother, had also suffered from an eruption of the skin. The patient attended to an engine in a brewery. Two years ago, a pustular eruption appeared; and, as the pustules healed under treatment, the skin became puckered. In October, another eruption appeared. He then came to Westminster Hospital. It was of a pustular ecthymatous character, followed by puckering of the part. In answer to Mr. De Morgan, Mr. Bruce stated that he was not certain that the patient was free from syphilitic taint.—Mr. DE MORGAN thought keloid might happen from syphilis. He remembered a man affected with keloid who was in the Middlesex Hospital when Dr. Fell was conducting his experiments on cancer in that hospital. Dr. Fell applied caustic to the affected parts, and the patient recovered. He returned some time afterwards with enlarged liver, which was found, after death, to be full of syphilitic tumours.—Mr. BRUCE observed that Dr. Addison mentions a case of a young lady with acne, in which suppuration took place, and keloid followed.

Mr. WAGSTAFFE exhibited the parts from a case of Excision of the Knee, where the bones had united.

Mr. MAUNDER showed the parts from a Primary Excision of the Elbow-joint. He had performed seven of these operations himself. In the present case, in which the operation had been performed two years ago for an injury, the joint was very good.

DUBLIN PATHOLOGICAL SOCIETY.

SATURDAY, DECEMBER 12TH, 1868.

A. H. M'CLINTOCK, M.D., President, in the Chair.

DR. BENNETT exhibited two Abdominal Tumours—one an Ovarian Multilocular Tumour; the second a Fibrous Tumour of the Uterus. The first case was removed from the body of a woman who had died in Sir P. Dun's Hospital. She had suffered from the tumour since Christmas 1867, when it was first noticed after her confinement. She was admitted into the Whitworth Hospital under Dr. M'Dowel, and was tapped. After a time she went home, and was shortly afterwards admitted into Sir P. Dun's Hospital. During all this time she had more or less constant pain, and there was but little doubt that this pain was the result of inflammation about the tumour. The case being deemed unsuited for operation, nothing was done further than tapping when it became necessary to relieve distension. She was out of hospital a short time, and was readmitted in the summer. She then had a small abscess in the site of the last tapping, which opened and gave exit to a great quantity of sero-purulent matter. It was evident that one of the chambers of the cyst had suppurated, and was being emptied externally. In spite of pressure applied to the abdomen, under which the tumour at first subsided somewhat, air entered the tumour, and it was impossible to diminish its size. The patient finally sank from hectic. The tumour was universally adherent in front, and was bound to the abdominal viscera above and laterally by long fibrous bands. Its pedicle was long. The opposite ovary had become converted into a small cyst, with a double chamber. The large tumour was filled with pus and air, and there projected into its cavity several smaller cysts filled with various fluids—some slimy, others quite fluid. The tumour was a good specimen of the second variety of multilocular cyst described by Hodgkin, the secondary cysts being sessile on the wall of the principal one. The case was of interest as an instance of the formation of external fistula as a mode of termination of ovarian tumour.—The fibrous tumour exhibited was of large size, projecting into the abdominal cavity, and giving origin to many exogenous growths from its surface. It was obtained in the dissecting-room, so that nothing was known of its history. It was freely moveable in the abdomen. On removal, its mobility was accounted for by a great elongation of the uterus and vagina, which formed a low narrow pedicle to the tumour. At its base, the uterus was buried in it; arteries of the size of the brachial entered it; and its lower portion showed, on section, a venous arrangement resembling the sinuses of a pregnant uterus. Dr. Bennett contrasted the symptoms of this kind of tumour with those of multilocular ovarian tumour, so far as they depended on the sensation of mobility of the separate portions of the tumours. The freedom of mobility of the separate portions of the fibrous tumour on the general mass depended on their exogenous growth; while the comparative fixity of the corresponding parts of the ovarian tumour was a necessary result of their endogenous growth.

DUBLIN OBSTETRICAL SOCIETY.

Saturday, December 12th, 1868.

Alfred H. M'Clintock, M.D., President, in the Chair.

Dr. Atthill read a paper on Retroflexion of the Uterus. Having alluded to the frequency of the affection, and the distressing symptoms to which it often gives rise, he stated that, in his opinion, it was nearly invariably a secondary affection, the result of causes slowly producing their effects. These causes were: 1. Chronic inflammation of the uterus; and its result, hypertrophy of that organ. 2. Subinvolution of the uterus after labour or abortion. 3. Tumours of the uterus. The consideration of this latter class of cases he excluded from the present paper. Chronic inflammation, or to use a more correct term, acute congestion of the uterus, was not unfrequently met with both in females of active habits and naturally robust constitutions, and in females of feeble constitutions and sedentary habits. The former sometimes carried active exercise, such as riding, walking, or gardening, to an undue extent, occasionally even during the menstrual period. They thus prolonged the period or suddenly checked it, so giving rise to congestion of the uterus. In the latter class, the congestion seemed to be due partly to feebleness of the circulation, and partly to the sitting posture maintained for many hours. He illustrated these views by giving details of several cases. In the first, the patient was a healthy young unmarried woman, who had for several years been engaged in active out-of-door occupation. Her most prominent symptoms were a constant desire to micturate, extreme difficulty in evacuating the contents of the rectum, and great diminution in the amount of the catamenia. In the second case, a schoolmistress, also unmarried, had suffered from repeated attacks of vomiting for two years, which latterly had become incessant and uncontrollable; in her, too, the menstrual discharge had greatly decreased in quantity. In the third case, the patient, a married lady, was a complete invalid, any attempt at walking causing excessive pain. She had suffered from several attacks of pelvic inflammation; in her case, too, the catamenia, though not actually suppressed, were very scanty. Four cases were subsequently related, in all of which the retroflexion depended on subinvolution, and in all of which the menstrual discharge was profuse; in two, to an alarming extent, thus contrasting with the cases first related, in which it was greatly diminished. In conclusion, Dr. Atthill drew the following inferences. 1. Retroflexion of the uterus is a common affection, and it is met with in both married and unmarried females. 2. It is a secondary and not a primary affection. 3. When it is the result of chronic inflammation or hypertrophy of the uterus, the catamenia are diminished in quantity. 4. When retroflexion is the result of sub-involution of the uterus following labour or abortion, the catamenial discharge is augmented, sometimes even to an alarming degree. 5. In addition to the symptoms common to all forms of uterine disease—namely, pain in the back, etc., we have frequently, when the uterus is retroflected, reflex irritation of the bladder, stomach, and breasts, occurring, as to frequency, in the order given, and also difficulty in defecation. Dr. Atthill had written his paper prior to the debates on this subject, which took place recently in the Obstetrical Society of London. The views there propounded had in no way affected his own. While he agreed with Dr. Meadows that "inflammation or active congestion precedes, and is a common cause of, retroflexion," he did not agree with him "that our first care ought to be to remedy this condition, and that till this be accomplished, but not before, we may resort to mechanical treatment." On the other hand, he coincides with Dr. Graily Hewitt that "the flexion is the prominent feature of these cases, and that the restoration of the organ to its proper position is the first indication." Dr. Atthill confirmed Dr. Priestley's statement that "retroflexion of the unimpregnated uterus may give rise to uncontrolable vomiting," and also that of Dr. Barnes that "in secondary puerperal hæmorrhage, retroflexion is often found to exist." Dr. Atthill dwelt very briefly on the treatment of this affection, as he desired to direct the attention of the Society mainly to its pathology. Finally, he drew attention to the fact that retroflexion of the uterus was occasionally met with in patients to whom it seemed to cause no distress, and pointed out the necessity of avoiding all interference in such cases.

CORRESPONDENCE.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL."

ORIGIN OF PHTHISIS.

Sir,—It has often occurred to me that much good would result, if it became the fashion to comment upon papers published in the medical journals with the same freedom as is practised when papers are read before the medical societies. How often does it happen when reading a paper, otherwise excellent and instructive, that one comes upon some misstatement of fact into which the writer had been led, or else to find that the whole argument of a paper depended upon a theory or an experiment which it would be easy to pull to pieces. It is not to the advantage either of writers or of readers that such things should pass unchallenged. One of the greatest hindrances to the advance of the medical art is the accumulation of uncorrected errors, which too often long pass current as established truths from having been adopted by successive writers, who have been misled by a name, or even by that kind of sanction which lapse of time confers. Could not a department be formed in our Journal for short discussions on its own papers? Condensation and brevity would, of course, be indispensable in such communications.

In the Journal for November 28th, there are two subjects by which I shall beg to illustrate this matter.

Dr. Mac Cormac, in his paper "The Crucial Test in Regard to the Origin of Phthisis and Tubercle," says: "It is untrue that the . . . Icelanders are exempt from tubercle; that this is so . . . we are instructed by Schleisner the Dane." Notwithstanding his authority, I prefer on this question the positive statements made to myself by my friend, Dr. Hjaltalen, a native of Iceland, who has enjoyed the advantages of education in Denmark, and of much experience gained in Germany, a man well versed in his profession and of unusual ability. He states that tubercular disease of the lungs does not originate in Iceland, and that in every case which he has seen there the disease had been contracted abroad. I have paid special attention to this matter in my visits to Iceland. It is a subject of the greatest interest as regards the etiology of phthisis; and, notwithstanding various theories to account for the exemption, the problem is still unsolved. To me it seems that the almost unique geological structure of the island has something to do with it. Be that as it may, the conditions under which the Icelander lives supply the strongest argument against the theory of the production of phthisis which Dr. MacCormac has so long and so earnestly maintained. I have examined many houses of the Icelanders in different parts of the country. Fuel is the great want in that rigorous climate, and the half-subterranean dwellings are so constructed as to economise the animal heat given off by the inmates. The family, which, besides the farmer and his wife and children, usually consists of several male and female servants, sit and sleep throughout their dreary winter in a long narrow apartment, at each side of which the beds are arranged. The gabled roof is raised but little above their heads. An oil-lamp gives them light, and there is no fireplace to supply ventilation. The single little window is placed in the only possible position, the gabled end of the house, because its other end burrows under a hill; and at each side of the house there are other apartments used as a kitchen, store-room, etc., separated from the living rooms by immensely thick walls. The roof is also covered with thick layers of turf. The window is not made to open, the doors are kept closed, and, even if the door which communicates with the outer air were open, its influence would, from the construction of the house, be little felt in the living room. It will seem almost incredible that the only mode of ventilation is by means of an auger-hole in the window-frame, which is more frequently closed by a cork than left open. Such is a faithful description of many of the apartments inhabited by the Icelanders which I have visited. To exist at all under the circumstances, men must be "to the manner born". But, since we find them to be exempt from consumption, what becomes of the rebreathed air and carbon theory of its production?

The other matter to which I wish to allude is personal to myself, and only requires a few words. In the notice of binaural stethoscopes, various names are mentioned as inventors or improvers of the instrument. No mention, however, of the name of the real inventor occurs, although I thought that point had been long ago settled. The name omitted is that of Yours, etc., ARTHUR LEARED.

TREATMENT OF TYPHOID FEVER.

SIR,—In your therapeutical memoranda of Saturday, Jan. 2nd, Mr. Shedd, under the head of "Treatment of Typhoid Fever", states that great success has attended his treatment of that disease by drachm-doses of glycerine three times a day.

Now, sir, such a memorandum of treatment is of no value without some details of the cases. There are no symptoms mentioned, but tenderness of the abdomen and diarrhœa (which may occur in almost any acute disease), and a temperature which we are allowed to infer was above 99 deg. The question at once arises, Were these really severe cases of typhoid fever? Mr. Shedd's only reason for believing them to be "of a more virulent type than usual", being that, from his "own observations and the information of others, forms of the typhoid class have been this year more than usually prevalent"; so Mr. Shedd forms his opinion of the virulence of the cases treated, not from the symptoms of those cases, but from the number of cases of the class which occurred in the district in which they were met with. If his therapeutical opinions are founded on similar data, I am afraid his memoranda are of little value. We should know the age, sex, length of time ill before treatment commenced, symptoms and duration of each case, and what other, if any, treatment was pursued, before we could form an accurate, or even reasonable estimate, of the value of Mr. Shedd's treatment. Mr. Shedd, also, seems to think that the absence of a death in a limited number of patients, is proof of a successful plan of treatment. Surely there are many more elements of success than mere freedom from death. Perhaps Mr. Shedd will favour us with more details of his cases; and also tell us what he means by fevers of the typhoid class—a class by no means well defined. I am, etc.,

Dublin, Jan. 1869. T. W. GRIMSHAW, M.D.

TREATMENT OF RHEUMATISM BY ALKALIES.

SIR,—The report, published in your last number, of the treatment in certain hospitals of rheumatic fever, must be considered, I think, very satisfactory, in showing that alkalies, as well as opium, where suffering continues great, are now generally considered to be beneficial remedies in this disease. There are, however, certain points in the treatment which, not noticed in some, and only touched upon in others, I consider so important, that I am surprised to find no greater stress put upon them; and therefore I trust that I shall not be trespassing too much on your valuable space by now referring to them.

Of the eight hospitals quoted, in two only is the absence of sheets recommended, and in two the use of flannel apparel. In one, cotton-wool is used to joints in *less acute* cases; and, in another, the joints are "commonly wrapped in cotton wadding"; and in a third only is it generally applied. In two, a milk diet is referred to. My experience, though undoubtedly small, when compared with that of the members of our profession whose names are quoted, leads me to believe that these are points most essential to be attended to in aiding this disease to run a limited course with freedom from heart-complication, and in giving the patient the greatest amount of comfort and diminution of pain during this period. I would, therefore, specially recommend:

1. That, in all cases, the patient should wear a flannel garment, and be laid between blankets.
2. That, on the first evidence of pain in a joint, a thick layer of cotton-wool should be smoothly wrapped round it, and firmly bound with a flannel bandage. This, if the pressure be *equally* applied, gives immediate comfort to the patient, as well as keeps the affected joints at rest—a point so specially referred to, as of benefit, by Dr. Weber.
3. That milk should be the chief article of diet in most cases during the early period of the disease; its efficacy and appreciation by the patient being greatly increased when combined with soda or potass water in equal parts. I am, etc., A. MYERS,

Assistant-Surgeon Coldstream Guards.

Coldstream Guards Hospital, Windsor, January 1869.

BEQUESTS.—William Loxham Farrer, Esq., of 66, Lincoln's-Inn-Fields, has bequeathed to the Cancer Hospital, Brompton, and the Free Hospital, Gray's-Inn Road, each a legacy of £400.—A legacy of £500 has been bequeathed to St. Mary's Hospital by the late John Griffith Frith, Esq., of Wimpole Street, Cavendish Square.

OBITUARY.

HENRY G. WRIGHT, M.D.

BY the premature decease, in his forty-first year, of Dr. Henry Wright of Harley Street, the profession in London loses one of its most accomplished and gifted members. Remarkable for social brilliancy, for wit, literary culture, and most amiable personal qualities, he was one of those who in this metropolis widen the reputation and deepen the hold of their profession by the possession of accomplishments which all can appreciate, and of the literary culture which adorns any profession.

Dr. Wright was educated at a public school in Gloucester, commenced his medical studies in Hereford Infirmary, and pursued them in Edinburgh and Paris. He graduated as M.D. of Edinburgh in 1851, and obtained subsequently some minor hospital appointments. Later, Dr. Wright was appointed Physician to the Samaritan Hospital—an appointment which, with others, he held at his death. As a medical author, he was best known by his little book on *Headaches, their Causes, and their Cure*, which has gone through many editions; and by his later elaborate, learned, and beautifully written treatise on *Uterine Disorders, their Constitutional Influence and Treatment.* Some of his best writings were anonymous. Those who remember the "Annotations" of the *Lancet* when they were first started, and did so much for the reputation of that journal—brilliant, witty, and learned notes, in every line of which there lurked a joke, a sarcasm, or a counsel, barbed or sheathed in classic guise—will have the best idea of his happiest and most effective style. Some of his contributions to the *Saturday Review* have been remarkable for their strength and brilliancy of style and thought. A chosen friend of Jerrold, Thackeray, and many of the wits past and present, and an able satirist, he was a man of gentle instincts, kind heart, and generous forbearance. Few men of the like literary habit have made more friends and fewer enemies. As a physician, he was judicious, kind, discriminating, and successful. He had conquered for himself a position in practice and in the profession which men "out of the hospital groove" find it very difficult to acquire. He dies at a moment when happy marriage, worldly success, and the esteem and affection of many friends, had made life very smooth for him, and its prospects very fair. His resignation and gentleness during an illness of some months (pleurisy, followed by empyema) were very touching.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

DR. BEALE'S DEMONSTRATIONS.—The Radcliffe librarian gives notice that, by direction of the trustees, demonstrations in histology will be given during the present term in the library at the Museum, by Professor Lionel Beale, F.R.S. The subject of the course will be the minute structure of nerve tissues and of the constituent elements of the brain in the higher animals and man. The demonstrations will be illustrated by specimens shown under the highest powers of the microscope, and by diagrams. They will commence on Tuesday, January 26th, at 8 P.M., and will be continued on all following Tuesdays during Term. All persons desiring to attend are requested to leave their names either at the library in the Museum, or at the City Public Library, not later than Saturday, the 23rd instant. No fees are required for this course.

UNIVERSITY OF CAMBRIDGE.

LECTURES ON MATERIA MEDICA.—The Downing Professor of Medicine gives notice that he or his deputy will deliver a course of Lectures on Materia Medica, Pharmacy, and Therapeutics during the ensuing Lent and Easter Terms. The lectures will be delivered in Downing College on Tuesdays, Thursdays, and Saturdays, at Twelve o'clock, commencing on Tuesday, February 2nd. Fee for the course £3: 3. Members of the class who are desirous of further assistance, may also attend at the lecture room on alternate Tuesdays, at 7.30 P.M. when examinations will be held on the subjects discussed in the previous lectures, and the student's knowledge of drugs and their adulterations will also be practically tested.—The Museum, containing a full and complete collection of the various substances in the Materia Medica, is open daily.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS.

At the meeting of the Council of the Royal College of Surgeons, held Thursday, January 14th, the Honorary Medal of the College was granted to Mr. W. L. Crowther, of Hobart Town. The Hunterian Oration and Dinner was fixed to take place on Monday, February 15th. At this meeting, a Report was read from the Committee, appointed some time ago, upon the Income and Expenditure of the College. The result proves, after very close and patient examination, that the annual income of the College may be taken to be some three or four hundred pounds in excess of its expenditure. Mr. Partridge's term of office as an Examiner has expired.

Royal College of Surgeons of England.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on January 12th; and, when eligible, will be admitted to the pass examination:—

H. D. T. Savary, William Renwick, T. H. Cooper, and S. L. Herbert (Students of King's College); G. B. Wadsworth, F. W. Joy, J. O. Betts, and H. C. Cole (of the University College); B. A. Hewitt, W. J. Johnson, E. W. Alabone, and F. D. Grayson (of Guy's Hospital); W. A. Parker, Herbert Tatum, T. W. Hill, and L. E. Aitkens (of St. George's Hospital); Lewis Thorpe, W. H. Meredith, and J. P. Gaunt (of the Birmingham School); J. R. Liston and Alfred Herbert Norton (of St. Mary's Hospital); E. F. Brodie (of Dublin); Alfred Wright and W. M. Turner (of the Charing Cross Hospital); T. S. Horsford (of the London Hospital); C. P. Bellamy (of the Middlesex Hospital); Nathan Smedley (of the Liverpool Hospital); and Lord Tattersall (of St. Bartholomew's Hospital).

The following gentleman passed on January 13th:—

Thomas Hill, C. J. Wharry, and R. S. Robinson (Student's of St. Bartholomew's Hospital); Charles Allwork, A. F. Trenerry, and J. H. Ewart (of Guy's Hospital); S. T. Cass and S. A. Julius (of King's College); A. F. L. Dorin and Malcolm Morris (of St. Mary's Hospital); J. A. Kite and E. J. Pugh (of University College); W. W. Cooke and T. H. Wagstaff (of the Middlesex Hospital); E. W. Pocock (of St. Thomas's Hospital); J. J. McAndrew (of the Charing Cross Hospital); and Robert Humphrcys (of Liverpool).

It is stated that fourteen candidates, out of the sixty examined, failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their anatomical and physiological studies for a period of three months. The pass examination in Surgery, Pathology, and Medicine, commences this day, Saturday.

At a meeting of the Council of the Royal College of Surgeons on the 14th inst., Mr. Henry James O'Donnell, of Albert Terrace, London Road, Surgeon to the Surrey Ophthalmic Hospital, was admitted a Fellow of the College, his diploma bearing date Aug. 16th, 1839.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 7th, 1869.

Harrison, Garland W. L., Park Place, Stoke, Devonport
Howell, John Alexander, Wansey Street, Walworth Road
Robinson, Rawdon Briggs, New Barnet
Sanders, Edwin, St. Bartholomew's Hospital

At the same Court, the following passed the first examination.

Lloyd, Robert Hodgens, Westminster Hospital
Rowlands, Daniel George, Guy's Hospital

MEDICAL VACANCIES.

The following vacancies are declared:—

BALLINROBE UNION, co. Mayo—Medical Officer for the Cong Dispensary District.
BRISTOL GENERAL HOSPITAL—Assistant House-Surgeon.
CELBRIDGE UNION, co. Kildare—Medical Officer for the Lucan Dispensary District.
DREADNOUGHT HOSPITAL SHIP—Assistant-Surgeon.
DUIRINISH, Skye—Parochial Medical Officer.
EDINBURGH, University of—Professor of Chemistry.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.
FIFE AND KINIVER DISTRICT ASYLUM, Cupar—Assistant Medical Superintendent.
GLASGOW—Medical Officer for District No. 3 of the City Parish of.
GLASGOW EYE INFIRMARY—Assistant-Surgeon.
GRAIG COLLIERY, near Merthyr Tydvil—Surgeon.
HENLEY UNION, Oxfordshire—Medical Officer for the Nettlebed District.
HERTFORDSHIRE INFIRMARY, Hemel Hempstead—House-Surgeon and Secretary.
KENT AND CANTERBURY HOSPITAL—Physician; Assistant House-Surgeon and Dispenser.
KILDALTON and OA—Parochial Medical Officer.
KING AND QUEEN'S COLLEGE OF PHYSICIANS, IRELAND—Censor.
LOCHCARRON, Ross-shire—Parochial Medical Officer.
MAGDALEN HOSPITAL—Surgeon.
MARTLEY UNION, Worcestershire—Medical Officer to the Workhouse; Medical Officer for District No. 5.
MELTON MOWBRAY UNION, Leicestershire—Medical Officer for the Melton District No. 1.
MERTHYR TYDVIL UNION, Glamorganshire—Medical Officer to the Workhouse; Vaccinator for the Dowlais District.
MIDDLESEX HOSPITAL—Obstetric Assistant.
NORTHERN HOSPITAL, Liverpool—Dental Surgeon.
NOTTINGHAM DISPENSARY—Resident Surgeon; Assistant Resident Surgeon.
QUEEN'S HOSPITAL, Birmingham—Physician.
ROYAL BERKSHIRE HOSPITAL, Reading—Physician.
SEAMEN'S HOSPITAL SOCIETY—Assistant-Surgeon.
ST. PANCRAS, Middlesex—Medical Officer for District No. 5.
SOCIETY OF APOTHECARIES—Secretary to Court of Examiners.
STOKE NEWINGTON DISPENSARY—Assistant Resident Medical Officer.
TADCASTER UNION, Yorkshire—Medical Officer for the Tadcaster District.
TORBAY INFIRMARY AND DISPENSARY, Torquay—Physician and Two Surgeons.
WANDSWORTH & CLAPHAM UNION—Medical Officer for the Workhouse.
WEST LONDON HOSPITAL, Hammersmith—Physician.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

Bowkett, T. E., jun.. Esq., appointed Surgeon to Out-patients at Poplar Hospital.
*Edis, Alfred W., M.D. Lond., appointed Assistant-Physician to the Hospital for Women, Soho Square.
Galton, J. C., Esq., M.A. (Oxon.), appointed Clinical Assistant at the City of London Hospital for Diseases of the Chest.
McDowell, F. Victor, Esq., appointed Demonstrator of Anatomy in the Ledwich School of Medicine, Dublin.

BIRTHS.

Smart.—On January 11th, at Bedminster, Bristol, the wife of *John N. Smart, Esq., Surgeon, of a daughter.

Hill.—On Nov. 4th, 1868, at Lambton, Newcastle, New South Wales, the wife of John James Hill, Esq., Surgeon, of a son.

DEATH.

Daniell, Alfred Horatio, Esq., Surgeon, at Kegworth, aged 47, on January 12th.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Mr. J. Williams, Manchester; Dr. Henry Barnes, Carlisle; Dr. J. M. Bryan, Northampton; Dr. T. A. Compton, Bournemouth; Mr. C. Johnson, Lancaster; Dr. Inglis, London; Dr. Saunders, London; Dr. A. Miller, Edinburgh; Caritas, Norwich; Dr. Chevallier, Ipswich; Dr. Mapother, Dublin; Mr. W. W. Reeves, London; Dr. Grattan Guinness, Dublin; Dr. G. H. Kidd, Dublin; Mr. C. G. Wheelhouse, Leeds; Mr. George Black, Glasgow; Dr. L. Sullivan, Cork; Mr. F. Bainbridge, Harrogate; Dr. J. Lowe, Lynn; Dr. O. F. Wyer, Leamington; Mr. J. C. Cook, Lincoln; Mr. J. J. Ritchie, Leek; Mr. A. Fleischmann, Cheltenham; Mr. Crosby Leonard, Bristol; Mr. Alexander Bruce, London; Mr. J. Trotter, Old Elvet, Durham; Dr. Dyce Duckworth, London; Mr. R. C. Todd, Portswood; Mr. R. O. Blythman, Rotherham; Mr. F. T. Phelps, Exeter; Mr. H. Terry, jun., Northampton; Dr. C. B. Fox, Scarborough; Dr. W. B. Mushet, London; Dr. Aitken, Edinburgh; A Constant Subscriber.

LETTERS, etc. (with enclosures) from:—

Sir Wm. Jenner, Bart., London; Dr. Samelson, Manchester; Dr. W. T. Greene, London; Mrs. Baines, London; Dr. Broadbent, London: Dr. Grimshaw, Dublin; Dr. Pavy, London; Mr. Galton, Exeter; Mr. Harry Leach, London; Dr. Phillips, London; Mr. Bowkett, jun., London; Dr. R. King, London; Mr. Horace Swete, Weston-super-Mare; Mr. Thomson, Oldham; Mr. T. R. Jessop, Leeds; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. Aquilla Smith, Dublin; Dr. J. G. Swayne, Clifton, Bristol; Dr. F. T. Roberts, Liverpool; Dr. G. H. Philipson, Newcastle-upon-Tyne; Mr. R. Dunn, London; Mr. James Paget, London: Mr. John Hamilton, Dublin; Mr. A. Myers, Windsor; Mr. J. Sampson Gamgee, Birmingham; Mr. J. N. Smart, Bristol; The Honorary Secretaries of the Bath and Bristol Branch; Mr. C. J. Thompson, Bristol; The Honorary Secretary of the Obstetrical Society; Dr. C. Parsons, Dover; Dr. Hodson, Bishop Stortford.

BOOKS, etc., RECEIVED.

The Science and Art of Surgery: being a Treatise on Surgical Injuries, Diseases, and Operations. By John Eric Erichsen. Fifth Edition. Enlarged and carefully Revised. Illustrated by Six Hundred Engravings on Wood. Vols. I and II. London: 1869.
Address to the Students of St. George's Hospital on the Opening of the New School, October 1st, 1868. By Henry W. Acland. London: 1868.
The Half-Yearly Abstract of the Medical Sciences: being a Digest of British and Continental Medicine, and of the Progress of Medicine and the Collateral Sciences. Vol. XLVIII. July to December, 1868. London: 1868.
A System of Physical Education, Theoretical and Practical. By Archibald Maclaren. With Illustrations. Oxford: 1869.
The Chemist and Druggist Almanack and Pharmaceutical Text-Book, 1869.
Transactions of the Odontological Society of Great Britain. Vol. I. London: 1868.
The Register and Magazine of Biography, January 1869. No. I. 1869.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

SATURDAY ....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Drs. Thorowgood and Sedgwick, Messrs. Adams and R. Dunn, "Report on Mr. Hainworth's Specimens of Diseases of the Pancreas and Mesenteric Glands, with Obstruction of the Gall and Pancreatic Ducts"; Mr. Hunt, "On the External Use of Chloric Ether"; Mr. Victor de Méric, "How Syphilis begins and ends."

WEDNESDAY.—Royal Microscopical Society, 8 P.M.—Hunterian Society.—Geological Society.

THURSDAY.—Royal Society.—Chemical Society.

SATURDAY.—Association Medical Officers of Health.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each. By post, 1s. 8d.

THE CLIMATOLOGY OF HEALTH-RESORTS.

WE are much indebted to Dr. Compton (Bournemouth), Dr. Parsons (Dover), and Dr. Cornelius Fox (Scarborough), for offers to forward regularly meteorological reports from those stations. We have now an excellent body of observations promised from the best known winter sanitaria. Dr. Treutler, Kew, who has for some time supplied us with similar data from that station, has undertaken to collate these reports for publication; and each of our correspondents will now receive communications from him, as to the common form which we shall supply for tabulation, and the dates and times of communication.

P. O. L. seems to be actuated by the best motives; and a little mutual explanation between himself, his patient, and his medical friend, will, no doubt, suffice to prevent any difference arising.

THE "HOSPITAL FOR DISEASES OF WOMEN", PIMLICO.

SIR,—My attention has been directed by Dr. Parkinson Oates to a paragraph in the BRITISH MEDICAL JOURNAL, dated December 12th, 1868, objecting to the form in which the letter of the Hospital for Diseases Peculiar to Women and Children is drawn up.

With regard to these objections, will you kindly permit me to state—1. That the Committee of the Hospital would not have allowed the private addresses of the medical officers to appear on the letters, had they not found that it was customary to do so; or at least, that such was the practice in the majority of cases. Of course, I do not allude to large institutions, such as St. George's Hospital, etc. 2. That the intimation to patients, that they may purchase a letter for five shillings, which will entitle them to medicine and attendance for one month, has not been acted upon for some considerable time, and will not appear in our next issue of letters in the new year. I am, etc.,

C. A. SOLBÉ, Clerk, B.A., Honorary Secretary.

9, Vincent Square, Westminster, January 1869.

P.S.—Our medical staff has lately been very much increased, and the hospital is being placed on an entirely new footing.

*** We are not aware that it is customary to place the private addresses of the staff on the printed letters of admission to hospitals. We shall be glad to receive from Mr. Solbé, for publication, the list of institutions upon which the statement which he makes is based. It is a custom which we believe to be improper and undesirable, and we shall be glad to see the matter more thoroughly sifted. We are glad to learn that the five-shilling charge is to be eliminated from future letters of this charity.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

MR. J. LAFFAN (Dublin) will find the greater part of the information which he requires in Dr. Buckle's *Hospital Statistics* (Churchill, London). We are not aware of any other source. He will find in our back numbers an analysis of expenditure, which is more recent and more conveniently arranged.—Dr. Belcher, of Hatch Street, Dublin, has charge of the Dublin Hospital Reports of this JOURNAL, and will receive any communication from Dr. Laffan on the subject of his postscript.

CIVILITIES TO HOMŒOPATHISTS.

SIR,—Will you kindly express an opinion on the following subject?

A homœopathic practitioner has lately settled in a town hitherto proverbial for its high tone and professional propriety. The homœopath has thought fit to call and leave his card upon the legitimate practitioners of the healing art, who are divided in their opinions as to what course they ought to pursue. Some intend to acknowledge the civility by leaving a card in return, on the ground that such a step can only be construed into an act of courtesy due to the new settler. Others see great impropriety in recognising the call of the homœopath in any other light than an impertinent intrusion. They consider that his call is a *professional* one; and that to return it, or acknowledge it in any way, would give an indirect countenance to a dangerous heresy, and just that moral support which its advocates are desirous of obtaining.

Your careful and detailed opinion may not only be of service now, but may serve as a guide in other localities where similar circumstances may arise.

I am, etc., CARITAS.

P.S.—Can those gentlemen who acknowledge the advances of the homœopath, consistently oppose his election to our hospitals and medical societies?

*** We are of opinion that such visit should not be returned. It is obviously a professional visit; it is only on professional grounds that a medical man settling in a new neighbourhood can feel justified in calling and leaving cards on other medical men. Except on professional grounds, he would have no other right to do so than to call on the squire or the lawyer, or the private families of the place. Since professional intercourse is impossible between ourselves and this class of practitioners, such a call is intrusive, and should not be returned.

UNPROFESSIONAL CONDUCT.

WE have received copies of a circular-letter, which Mr. Harry Lobb, M.R.C.S.E., L.S.A., is forwarding to chemists and to members of the medical profession, offering per-centages on patients addressed to him, and enclosing a pamphlet on "The Galvanic Generator for the Relief of *all Forms of Disease arising from Nervous Exhaustion.*" We have forwarded one of these communications to the Secretary of the College of Surgeons, with a request that he will take the opinion of the Council whether this kind of conduct is not such as to call for the interference of the College under the Medical Act. The well-known paper on "Hypogastria", of recent notoriety at the Royal Medical and Chirurgical Society, is included in the pamphlet.

PHILANTHROPIST should consult Dr. Hawksley's admirable *Essay on Education and Training*. London: Churchill. 1868.

PENALTIES FOR NEGLECT OF REGISTRATION.

SIR,—Permit me to correct an error in your Irish intelligence of this date, to the effect that "penalties for neglect of registration are not enforced in Ireland."

I held the appointment of Registrar for the district of Moira, co. Down, for three years, during which time I was instructed by the Registrar-General to summon several persons for neglecting to register, and full penalties were in every case enforced. I am, etc., W. T. GREENE, M.B.

138, Old Kent Road, S.E., January 9th, 1869.

COLOURED SOCKS.

IT is, we are informed, intended to hold a meeting of gentlemen who have suffered from wearing the above socks, on Friday, at three o'clock, in B room, Cannon Street Hotel, for the purpose of collecting evidence as to the nature of those dyes and their effects upon the health of persons wearing such articles, and "placing the subject in its full and right light before the public."

PRINTING FOR THE BLIND.

SIR,—In this day's impression of the *Times*, I find there is a paragraph copied from your JOURNAL, on the subject of printing books for the blind; and, as you ask for the opinion of those who are personally interested in the matter, I am very glad to give you mine. I have never been connected with any school for the blind; and am, therefore, free from prejudice or bias with regard to any particular system of instruction; but eighteen years' experience has given me a decided preference for books embossed in large Roman letters. Let it, however, be understood they must be really large and well defined, with nicely sharpened ridges, such as are used in Mr. John's History of England, the Gospel of St. Mark, etc. The type used in the New Testament, the four volumes edition, I consider very much too small. Unlike those persons mentioned in your paragraph, I began my reading on an arbitrary system (Lucas); but soon discarded it on account of its false spelling, which caused me to make all sorts of mistakes when writing to my friends. The use of Roman letters seems to bring us nearer to our seeing friends; and, though we read by the sense of touch instead of sight, I see no reason why we should not use the same alphabet. If called upon to contribute towards embossing any fresh books, I should more readily do so, if the full-sized Roman type be adopted; next to this, I would recommend Moon's characters, which are so clear, that almost every one can distinguish them; but I strongly object to any phonetic system, and I consider abbreviations often lead to mistakes. You are at liberty to publish this letter, if you feel disposed to do so. With many apologies for troubling you with so long a letter, I am, etc., WILLIAM GARRAD.

Bucks, Colchester, December 4th, 1868.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Jan. 13th; The Brighton Examiner and Fashionable Directory, Jan. 5th; The Lincolnshire Gazette, Jan. 10th; The Western Morning News, Jan. 11th; The Nottingham Journal, Jan. 11th; The Aberdeen Journal, Jan. 7th; The Aberdeen Herald, Jan. 10th; The Oldham Standard, Jan. 9th; The Japan Times' Overland Mail, Nov. 18th; The Birmingham Daily Post, Jan. 8th.

AN ADDRESS

DELIVERED AT THE

MEETING OF THE MEDICAL TEACHERS' ASSOCIATION.

Friday, January 15th, 1869.

BY SIR W. JENNER, BART., M.D.LOND., D.C.L.,OXON, F.R.S.,
PRESIDENT,
PHYSICIAN TO THE QUEEN; PHYSICIAN AND LECTURER ON CLINICAL MEDICINE IN UNIVERSITY COLLEGE HOSPITAL; ETC.

GENTLEMEN,—I am fully sensible of the honour done me when an Association, such as this is, composed of so large a proportion of the *élite* of the profession, elect me its President. The remarkable zeal in the promotion of the objects of the Association shown by the distinguished surgeon who has preceded me in this chair, and the great ability he displayed in the discharge of his duties as President, render the position at once more honourable to hold, but more difficult to hold with credit.

I should proceed at once to the business of the evening, were it not that my post affords me an opportunity of saying a few, a very few words on a point regarding which I, as a teacher of clinical medicine, entertain a decided opinion. No one long engaged as a teacher in a medical school can fail to have arrived at a conclusion in respect of the wisdom of the regulations and character of the examinations of the various licensing bodies; and, so far as my memory serves, while I never met a man who approved of the regulations or the examinations, I am not sure that I ever met two men who agreed as to the precise change that ought to be made: so many men, so many opinions.

Now the opinion of so large and distinguished a body of teachers as constitute this Society ought, and must, exercise great influence on all questions of medical education. The opinion of this Association must have great weight in moving the several licensing bodies when they meet to frame regulations to guide the studies of medical students, and to frame the rules by which their examinations are to be conducted. But to have such weight, to exert such influence, the opinions expressed by this Association must represent the convictions of an overwhelming majority of the teachers who compose it. No licensing body would long resist the public opinion of the associated teachers; but the public opinion of the teachers, as distinguished from the opinion of individuals, has to be formed; and one great advantage attending the meetings of this Association is the opportunity they afford for ventilating and discussing the opinions of individuals, and so of forming a general public opinion among teachers on the subject of medical education and medical examinations.

I desire now, in a few words, to express for myself the opinions I entertain with regard to one important point in connexion with the question of medical teaching. At the same time, I do not wish to press the acceptance of my opinions on the Association. I desire only, so to say, to ventilate them.

The present tendency, it seems to me, is to educate the student too widely in the collateral branches of science, and too little in the practical; and not only to educate him too little in the practical, but—and this is the essence of the matter—to examine him imperfectly in the practical branches. The license of the special licensing bodies ought to ensure to the public (for whose interest, and not for that of the profession, they have charters) a supply of men competent to treat them in sickness. The object and end for which they enjoy privileges are that they may send forth clinical physicians and clinical surgeons. Now, as a teacher of clinical medicine, I doubt if their regulations are so framed as to tend to attain this end in regard to my department; and I doubt still more if their examinations are so conducted as to ascertain if the student has attained this end. Clinical medicine can be learned only by those who attend regularly in the wards of the hospital; because in the wards only has the student an opportunity of witnessing the daily progress of acute illness, of watching the effect of remedies, and of seeing the relation between the symptoms during life and the changes after death on which those symptoms depend. The practice of the physician to the out-patient department affords to the student valuable supplemental clinical instruction.

Our hospitals yield abundant materials for clinical teaching, and the physicians to those hospitals are a body willing and competent to give the best clinical instruction; but the students who should profit by these opportunities comparatively rarely visit the medical wards. It is said, "It is easy to take a horse to the water; the difficulty is to make him drink." Now, speaking as clinical teachers, I think most of us could say that the difficulty is to take the horse to the water. Once get him there, and we could make him drink. Let the licensing bodies make the student attend the wards of the hospital, and then, with rare exceptions, he will leave with a fair amount of clinical knowledge, and such kind of clinical knowledge as will enable him to add to his stock with every case he sees. Now I doubt if any regulations as to the time, order, or method of the student's studies will secure his attendance in the wards—his diligent attendance—his regular attendance; will ever, in fact, succeed in forcing him to do that which it is essential for him to do if he is to be a clinical—that is, a practical—physician. All school rules and regulations, however successful they may be for ordinary attendance in the theatre, break down when applied for the same purpose in the wards.

There are two things which it is essential for the licensing bodies to do, if they are to fulfil the end for which the public created them—viz., 1. So to dispose of the collateral studies that the student shall have *time* to devote to clinical study; I mean the student who desires to complete his education within the shortest possible time allowed, and so at the least possible expense. 2. So to conduct examinations as to give a marked, an unmistakable, prominence to the importance they attach to the student possessing clinical knowledge.

For my part, after long reflection, and after talking over the subject with many practical men, teachers and examiners, I see but one mode of attaining this object, and that one would be, I believe, effectual. It is this—namely, to test the candidate's clinical knowledge before submitting him to examination. Thus I would have the student made to understand that he must know, and must show to the examiners practically that he knows, how to percuss, how to palpate the abdomen, how to examine by auscultation the heart and lungs, how to test for albumen or for sugar, how to examine a heart, a lung, or a kidney after death; that he must show that he knows practically how to diagnose a largely hypertrophied heart, a solid lung, a pleura filled with fluid, a big liver, ascites, psoriasis, purpura, and such like simple things. To learn practically these things, he must go into the wards and the dead-house of the hospital; and, the horse being once at the water, it would be the fault of his teachers if he were not forced to drink deeper than the shallow. The student must, however, if the end of forcing him into the wards is to be attained, be fully satisfied that he will be rejected if he be not a clinical physician; and the only way I say, in my opinion, to impress this on his mind, is to reject him *at once* for ignorance of practical knowledge. It must be made clear to him and to his hospital fellows who are to follow after him, that this knowledge is that without which he will not be admitted to the written or *vivâ voce* examination proper. Fail in this, and no amount of book or lecture knowledge will save him; for he will have no opportunity for displaying his learning. Knowledge would then take its proper place in relation to learning in his mind; and the medical wards of the hospital be as much frequented—as regularly frequented—as are the more popular lecture theatres.

As to any attempt to determine the mode by which clinical teaching is to be effected, it would appear to me to be far worse than useless. Every teacher will, if he be worth the name, have his own method; he will understand best how to convey the practical knowledge he possesses to the student, and the student will soon learn where he is taught with the most certainty the knowledge the licensing body compels him to possess. And one great advantage that the various methods adopted by different teachers of clinical medicine possess is, that it enables the student to select for his special teacher that one whose method the most perfectly suits his mental constitution.

I hope on some future occasion this subject may again be brought before the Association in such a form as to permit it to be discussed, and the advantages and disadvantages of compelling the student to satisfy the examiners that he possesses clinical knowledge, before being admitted to his examination proper, be stated at length.

ON THE PLUGGING OF MINUTE VESSELS IN THE GREY MATTER OF THE BRAIN,

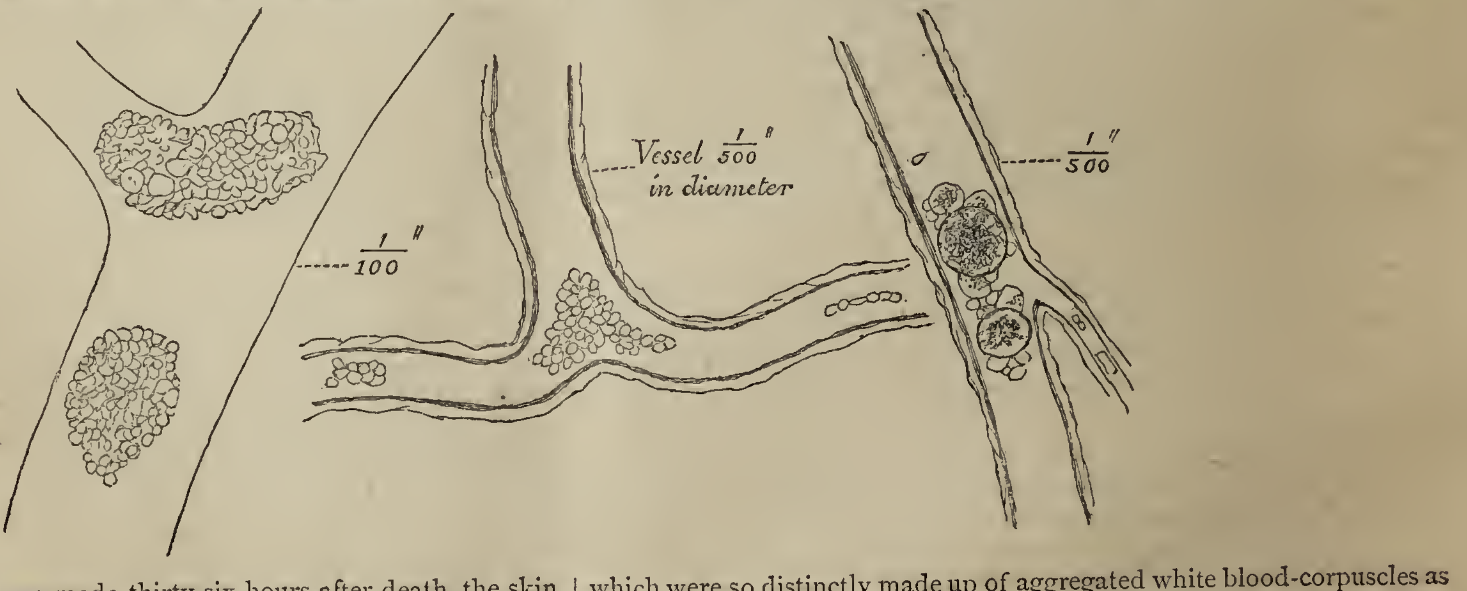
AS A CAUSE OF THE DELIRIUM AND STUPOR IN SEVERE FEBRILE DISEASES; AND ON OTHER SYMPTOMS OF THE "TYPHOID STATE".

By H. CHARLTON BASTIAN, M.A., M.D.Lond., F.R.S.,
Professor of Pathological Anatomy in University College; Assistant-Physician to University College Hospital, and to the National Hospital for the Paralysed and Epileptic.

THE patient who was the subject of the following observations was admitted into University College Hospital, under my care, on December 28th, 1868, whilst I was temporarily doing duty for Dr. Wilson Fox.

*History.**—He was a large and apparently strong, man, a gate-porter, but formerly had been a policeman; accustomed to drink a good deal of late. On Dec. 20th, he was getting into a Hansom cab, when he fell, and cut his head on the kerb-stone. On the 23rd, his forehead and face began to swell, and became red; the part first affected being in the neighbourhood of the cut. He was obliged to give up work on the 24th. The inflammation continued to spread over his face and head; and on the 27th he became delirious.

On admission into the hospital on the 28th, a cut was seen behind and above his left ear, from which issued a slight purulent discharge. His face and head were much swollen, and of a deep red colour; the redness disappearing imperfectly on pressure. The erysipelatous inflammation affected both sides of the face, and extended round the neck behind the ears. The eyelids were much swollen, so that the eyes could not be seen. He was put to bed with difficulty; since, being in a low delirious state, he offered some resistance. Pulse 124, weak, and compressible; respirations 36; temperature 100°. F. He was very delirious all night, could not be kept in bed, and was, therefore, tied down. The next morning, he talked a good deal, and occasionally shouted out "Police" and "Murder". He was not violent, but very restless and talkative. He took food and stimulants well. A dose of calomel had been administered on admission, which acted freely; and, after that time, he took thirty-minim doses of tincture of perchloride of iron in saline mixture every four hours. On the afternoon of the 29th, four minims of tincture of aconite were added to each dose of his mixture. The patient became much quieter during the latter part of the day; at night, he became comatose; and he died at 4 A.M. the next day (Dec. 30th). The patient struggled so much, that it was found impossible to carry out the thermometrical observations. The temperature seemed, however, to rise after the examination on the 28th, when it stood at 100° F.



At the *Autopsy*, which was made thirty-six hours after death, the skin and subcutaneous tissue of the scalp were found to be enormously thickened, more especially over the back part of the head, where the depth of both, on section, was about one inch. The inner two-thirds of this depth of tissue was composed of a purulent lymph-like material, not diffluent, but of a soft gelatinous consistence. There was no increased vascularity of the pericranium, which was firmly adherent to the bone, and with no trace of pus beneath. The calvaria presented no unusual characters. The dura mater seemed somewhat thick and opaque, but there was not the slightest increase of vascularity. Two or three of the branches of the middle meningeal arteries on each side were somewhat prominent, and seemed partly filled with some colourless substance; though pale in colour, they did not collapse or flatten when the back of a scalpel was passed over them. The sinuses were not much distended with blood; and what they did contain was mostly dark and fluid, though there were also some not very large yellowish gelatinous clots in the longitudinal sinus. The arachnoid was healthy, and there was no increase of fluid beneath it. All the minute vessels of the pia mater were much injected, though there was no trace of anything like lymph in its meshes. The consistence of the brain seemed uniformly good, with the exception of the fornix and adjacent parts, which presented a "wet" appearance, and were easily lacerable. All parts of the brain showed a decidedly abnormal amount of vascularity, and this was particularly evident on the venous side of the circulation. The veins of the surface of the lateral ventricles and those of the choroid plexuses were all notably distended with dark blood, though there was no obstruction in the *venæ magnæ Galeni*, or in the straight sinus. The lateral ventricles, however, contained only a small quantity of pale serum. The "red points" were very abundant wherever sections were made through the white substance of the hemispheres. The heart was healthy, and contained some dark fluid blood in its right cavities, together with a large yellowish gelatinous clot in the ventricle, partially adherent to its walls. The lungs were congested, especially at the bases, though otherwise healthy; on section, they poured out a thick, blackish-looking blood. The liver was congested; consistence about normal; mottled with pale fawn-coloured patches here and there. The kidneys were large, with a pale groundwork, almost hidden by well-marked vascular injection, which gave the surface a tolerably uniform purplish aspect.

On *microscopical examination* of some minute vessels and capillaries taken from the grey matter of the convolutions, every specimen looked at showed minute embolic masses in various parts of the course of the small arteries and capillaries, of a most unmistakeable nature, though apparently of recent origin. Distinct masses, of irregular shape and size, could be seen, made up of an agglomeration of white blood-corpuscles. In some cases, the masses were small, and formed by the union of three or four white corpuscles only; whilst, in others, large irregularly shaped aggregations could be seen within some of the bigger vessels, which may have been made up by the mutual adhesion of two or three hundred of such corpuscles. The largest mass actually measured was $\frac{1}{100}$" long by $\frac{1}{250}$" broad. In other parts, large rounded bodies were seen, whose nature was not at first sight so obvious; though, after a little careful examination, I became convinced that these had, in all probability, been formed by the complete fusion of corpuscles into a single mass, which had afterwards undergone more or less of a granular degeneration. (Fig. 3.) All intermediate grades could be detected between masses which were so distinctly made up of aggregated white blood-corpuscles as to allow each individual corpuscle to be recognised, and those last spoken of, where the fusion was complete, and degeneration had commenced. Thus masses might be seen in which the corpuscles were partly distinct and partly fused, and others in which fusion of all the corpuscles had taken place, so as to produce masses similar in general appearance to that of the white corpuscle, and in shape and size to those of Fig. 3, though without the granular degeneration which these last displayed. In many cases, the masses of white corpuscles were impacted in the small arteries and capillaries after the fashion of real embolisms, and the vessels behind were gorged with blood for some distance. In very many cases, however, the masses were seen in vessels which they were too small to occlude; but then it should be recollected that these vessels had been forcibly torn from the convolutions; and that the strain exerted upon them, communicated to the fluid with which they were distended, would be quite adequate to dislodge many of them from the situations in which they had been impacted. It is, of course, obvious that such masses as those seen in Fig. 1, if they had not previously been impacted in an artery, must have been on the very eve of being so at the time of the man's death. Vessels from all parts of the convolutional grey matter showed similar occluding masses within.

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* For these notes of the case, I am indebted to Mr. Cheyne, Dr. Fox's assistant.

An examination of portions of the *liver* showed the cells of the organ to be uniformly large and distended with granules; whilst here and there were to be seen areas in which actual fatty degeneration had taken place. In the thin sections which were made, several of the hepatic arteries were seen to contain masses of white blood-corpuscles similar to those in the vessels of the brain; and a condition of thrombosis was seen in many of the portal veins; that is to say, in the sections of some of these, there was seen within them (instead of the well-formed red blood-corpuscles, mixed with masses of white corpuscles, which were recognisable in others) only a dark reddish granular *débris*, such as results from the breaking up of red blood-corpuscles, together with intermixed single and aggregated white blood-corpuscles.

The *kidneys* presented appearances in every way analogous. Both organs were extremely congested. The renal epithelium throughout was granular and swollen, so as almost completely to fill the tubules; and many of the vessels were blocked up with aggregated white corpuscles, like those in the liver; whilst others showed evidences of a mere arrest of blood, and subsequent disintegration of red blood-corpuscles.

The *spleen* was, unfortunately, not examined.

It should be distinctly understood, however, that, whilst the vessels of the pia mater and other parts presented in their interior these irregular aggregations of white corpuscles, they showed no appearances (such as a lining of these next the walls of the veins) which could be considered in any way characteristic of inflammation of the part itself.

(*To be concluded.*)

SOME PHENOMENA OF ANÆSTHESIA BY PROTOXIDE OF NITROGEN.

By F. Woodhouse Braine, F.R.C.S., London.

The topic of anæsthesia being at the present time before the medical profession, I send a few notes, that may prove interesting to those who have the subject under consideration, on the anæsthesia following the administration of protoxide of nitrogen.

It is curious to remark how often, as unconsciousness comes on, the ruling idea is one of noise and motion combined. Some patients think they are seated in, or running after, an omnibus; but many more imagine themselves in a railway carriage, travelling faster and faster, till they suddenly seem to enter a dark tunnel, and then all is a blank to them. Sensual emotions are not unfrequently excited in both sexes. A man, who had been married about three months, stated, on awaking, that he had been dreaming of his wife; and an unmarried hysterical girl certainly gave evidence, by her movements, that she was quite aware of one of the duties of married life; and, moreover, in this case, the idea was still present when she was able to speak, for she addressed the administrator in terms far fonder than the occasion warranted; while another girl, who had behaved in a similar manner, said, "I hope I have not said anything naughty." Both these cases brought forcibly to one's recollection, many trumped-up cases of felonious assault, and how extremely inadvisable it is to have recourse to anæsthesia without a third person being in the room.

At a recent meeting of the Odontological Society, it was stated that the nitrous oxide had been administered in a few cases of pregnancy; but, delivery not having at that time taken place in any one of these cases, the fœtus *in utero* was unknown. A lady, one of the above cases, whom I put fully under the influence of the gas twice during the eighth month, has just been confined with a fine healthy boy; so that, in this case at least, the gas cannot have interfered with the nutrition of the child, for it weighed at birth eleven pounds and a half.

When administered to a girl, aged 19, with cavities in the apices of both lungs, the patient was insensible at the end of forty-five seconds. The respiration suddenly became very shallow and panting, while, instead of the rosy hue which generally appears over the face and lips on the removal of the face-piece, the lips and face became more dusky before the red tint appeared; the pulse was not affected, but the respiration, for more than half an hour afterwards, was very shallow and hurried.

CASES OF EXTRAUTERINE FŒTATION, DETECTED AT AN EARLY STAGE OF GESTATION.

By EVORY KENNEDY, M.D., Dublin.

There are some diseases of such rare occurrence, that a physician with large opportunities never meets a case throughout a life's practice; whilst his acquaintance with them is restricted to their histories, as reported in the repertories of rare medical cases, or allusions to them in popular systems. I am about to draw attention to some cases of this kind which I have had an opportunity of observing and detecting during life—an opportunity that rarely offers, as their general recognition is delayed until after death. The cases to which I allude are those in which the human germ is found *without*, instead of within, the uterus.

The first case of the kind which I met in practice was in the year 1829. A young woman, supposing herself pregnant for about three months, was attacked with excruciating pain in the region of the uterus, spreading over the abdomen, with fulness and tension in the seat of the uterus. On a careful examination, the distension was found greater than should have been, according to the period of her supposed pregnancy. The pulse was small and rapid; the countenance pallid and shrunken. The uterus, on vaginal examination, was not enlarged in a manner corresponding to the period; but a doughy resistance, or feeling like a soft tumour, was perceptible on pressing towards the upper floor of the vagina. The tumour in the region of the pelvis increased gradually in size for two days. The pulse became smaller and more rapid; sickness of stomach occurred; gradual prostration, with bloodless aspect, followed; and she expired, with all the appearance of a patient dying from internal hæmorrhage. On examination shortly after death, the cavity of the pelvis was found filled with clotted blood, which rose considerably above the pubes. The uterus was but little enlarged, and was pressed downwards and forwards towards the pubes; and an ovum was found, corresponding to about the ninth week, imbedded in the clot. The right Fallopian tube, with the tissues of the broad ligament torn and jagged, exhibited a dilated cyst, in which had rested the ovum.

This case, which I give from memory, as it occurred immediately after my entering the profession, naturally became impressed deeply on my mind; and, I doubt not, the impression it made prepared me to expect the occurrence of similar cases. I was not fated to be long delayed in my search for its analogue; and of it I took accurate notes at the time, which I now reproduce, but abbreviated.

On November 1st, 1830, I was summoned to see Mrs. ——, and was informed that she had miscarried about a fortnight before, at which time she had had some hæmorrhagic discharge, and a clot came from the vagina. She was then bled by Dr. Madden of James Street, in consequence of complaining of severe pain in the lower part of the abdomen. She had so far recovered from the attack as to be able to be up, going about her house. She was again attacked on the night before my visit with violent pain over the pelvic region; on examining which, a tumour could be distinctly felt, occupying the place of the distended bladder, but firm, solid, and painful to the touch. The pain was constant, but sometimes very violent for a few minutes, and extended round to the back and loins. Her countenance was pallid, and expressive of extreme distress and suffering. The pulse was 112, and small. She made frequent attempts to pass urine, which came away with pain and in small quantities. The bowels had been acted on, from saline medicine taken the day previously. Leeches were now applied over the abdomen, and a full anodyne administered. Early on November 2nd, I was sent for in haste, and found her suffering from extreme pain in the abdomen and loins, and vomiting. The pulse was 130, and scarcely perceptible; her countenance was exsanguine, her lips blanched, her extremities cold, and her body covered with clammy perspiration. The tumour in the abdomen was more perceptible. There was now a fulness observed generally over the lower part of the abdomen, which gave a doughy sensation on pressure. I now formed the idea that my patient was sinking from hæmorrhage. But the question arose, Whence was the hæmorrhage? On a vaginal examination, the os uteri was found tilted back and towards the right side; and so completely was it displaced, as to escape detection for some time. It, however, was open; and the tip of the finger could, without difficulty, be insinuated within it. Nor did it at all exhibit the characteristics of an impregnated uterus. The upper part of the vagina could be, at the same time, felt pressed down into the pelvis by some semi-solid substance, giving exactly the idea of clotted blood. The patient had stated that she reckoned herself about six or eight weeks pregnant, and did not know accurately whether the ovum had come away when she was ill a fortnight since. The menstrual discharge, although it had not ceased, appeared in very small quantity last month. Under these circumstances, therefore, I concluded that this patient had an extrauterine impregnation; that the vessels supplying this from the cyst had given way, or were ruptured from some other cause; and that she was now sinking from hæmorrhage into the peritoneal cavity. I explained the nature of the case to the lady's husband, with the extreme danger (I might have added my impression of the certain fatality attending it); and asked for further advice, when Dr. Collins was called in. Dr. Collins agreed with me in the view I had taken of the case; and, to place the matter beyond doubt, I introduced within the os uteri a catheter, which I passed up for about two and a half inches; and this could be distinctly felt (through the abdominal parietes) on moving it by the hand pressed over the pubes. Opiates, chicken-broth, and stimulants were freely administered; perfect quiet was enjoined; the limbs were encased in flannel; and at 9 P.M. the pulse was more perceptible. She was in less pain, and in other respects as in the morning.

Nov. 3, 9 A.M. She had slept well; drank freely of broth and wine-whey. Pulse 120. The opiate injection remained up. She felt stronger; the extremities were warm. There was rather more fulness over the pubes. She had little pain now, unless on pressure or motion. There was a slight sanguineous discharge from the vagina. The opiate enema was ordered to be repeated at bedtime, and the aliment to be continued as before.

Nov. 4th. She slept several hours in the early part of the night; but became very restless and uneasy towards morning. Pulse 140, and very weak. The countenance was completely bloodless; the canthus quite white; and the tongue as if parboiled, the under surface appearing to want its vessels. The bowels had now been without action for days. An injection was ordered to be administered; this not acting, two grains of calomel were given, which acted; and the pulse fell at the evening visit to 125. She was ordered to continue aliment freely, and to have claret *ad libitum*.

Nov. 5th. Pulse 128. She slept well; in other respects she was as on the previous day.

Nov. 6th. Pulse 128. The bowels acted from the injection; she slept well, had less abdominal uneasiness, but could not bear pressure.

Nov. 7th. She imprudently sat up. The pulse rose again to 135, with much prostration. Stimulants were more freely given, and perfect rest enjoined.

Nov. 8th. She had a good night; pulse 120. The calomel-pill was repeated.

From this, she continued much the same, unless on one occasion, when exertion again brought up the pulse, and the tumour seemed more diffused, extending rather higher up in the abdomen. On the 18th, she was so far recovered as to sit up without inconvenience. At this time, the doughy resistance or tumour extended up to near the umbilicus, and her pulse still kept up to 120. The face was bloodless, and she was easily exhausted on the slightest effort. Her subsequent recovery was slow, but complete; and took the course of a case much reduced by hæmorrhage. The tumour gradually became absorbed; and, when I last saw her, very little of it was perceptible, low in the abdomen. Unfortunately, I lost sight of this case, owing to her leaving her residence in Dublin, and I was unable to trace out her subsequent history.

This case seems to have been identical nearly with the first, or fatal, one recorded. The rupture occurred in the cyst, in all likelihood, placed in the Fallopian tube. Blood was poured out into the cavity of the abdomen, and a clot formed and closed up the vessels, so as to give time to rally and make fresh blood. By over-exertion, the clot appears to have been displaced again and again, and draining to have recurred from the ruptured vessels, apparently slowly, but evidently in sufficient quantity to add to the effused clot sensibly, and to keep down the vital powers. Eventually the vessels became impervious, and she steadily rallied, exactly as a hæmorrhagic patient usually does.

The next case I saw, eighteen years since, with Dr. Dwyer. The opinion at which we arrived as to its nature was disputed; and it is only somewhat more than a year since the result of the case declared itself. I shall give the first part of the case in the words of Dr. Dwyer, and the latter part in the words of Dr. Churchill, who have kindly supplied me with the details, I having only seen the case in consultation with the former gentleman at its early stage.

"Mrs. —— has had one child, at this date (October 1844) 10 years old. About two years since, she fancied herself pregnant; her menstruation having become scant and painful, accompanied with profuse leucorrhœa, occasionally tinged red. I treated her for these symptoms; and, on her recovery, did not again see her until Sept. 4th, 1846, when she was suffering from symptoms of early pregnancy. Her last period had been on 16th July, 1846; it was natural, and she expected her confinement at the end of April 1847. She now commenced suffering from *malaise*, with uneasy sensations in the uterine region; and, on Oct. 20th, these became so acute that Dr. Kennedy was called in to see her with me. Fomentations and sedatives were directed, and with relief, for some days; when, suddenly, there set in agonising pain in the right uterine and iliac regions, attended with vomiting and great prostration, with extreme shabbiness of pulse, indicating apparently some peritoneal injury. Dr. Kennedy was at this time out of town; and Sir Henry Marsh saw the case with me. Opium was now administered freely, one grain of solid opium being given every second hour for some hours; and fomentations were repeated, followed by a blister and brandy. She gradually obtained relief, improved in health, but always experienced more or less sense of uneasiness and weight in the right iliac region. I discontinued my attendance on November 7th; but was subsequently informed that she had quickened. I was called to see her on Nov. 26th; and, on examination with the stethoscope, detected in the right iliac region, which felt full, a distinct placental *souffle*. I did not visit her for nearly four months from that time, and was again called to see her in March 1847, when she suffered great distress from pressure and, as she termed it, a bursting feeling at intervals. I now sought for the sounds of the fœtal heart, but always in vain. A bandage and mild aperients afforded relief; and, on April 25th, 1847, I was summoned by the nurse-tender then in attendance upon her, who supposed her in labour. She stated that she had been all night complaining; and added that, as the pains continued, she thought it well I should know. The pains subsided, and the threatening went off for ten days, when, in consequence of the pain returning, with uterine discharge, I was suddenly summoned, and immediately asked for a consultation with Dr. Kennedy."

Here Dr. Dwyer's report terminates; and I shall now state the rest of her case in its early stage, with which I am myself familiar.

On a close investigation of her case, we satisfied ourselves that the os uteri was patulous. The neck was not obliterated. A resisting fulness was felt at the upper part of the vagina, pressing on its upper floor, and more perceptible at the right side of the uterus; the neck of which was traceable and but little enlarged, beyond what would be the case if unimpregnated. It was pushed over to the left side. A steel-sound was introduced by me into the os uteri and passed up for upwards of three inches; and Dr. Dwyer could distinctly feel the point of the sound pressing up the fundus of the uterus against his fingers placed above the pubes. We now arrived at the conclusion that the case was one of extra-uterine pregnancy, most likely of that form in which the ovum had rested low in the Fallopian tube, close to the wall of the uterus; and further, as the pains had yielded under treatment, principally sedatives, and as there was no indication of internal hæmorrhage, at least, to any serious extent, from the rupture of the cyst if (this had taken place), we determined that no more decided interference was then called for. We informed the patient's friends of our opinion; and endeavoured to reconcile them to the idea that, at some future time, nature would assist in accomplishing the throwing off the fœtus, by abscess pointing in the vagina, or elsewhere; when assistance could be rendered more safely than by attempting any operation at the moment. This opinion was very unpalatable to the friends, and so ungraciously received, that we were relieved from further attendance upon the case, and the lady placed herself under the care of an eminent physician, since dead, who arrived at conclusions different from what Dr. Dwyer and I had done as to the nature of the case. What these were, we never could exactly ascertain; further than that, in his opinion (an opinion I feel bound to say with justice, highly thought of in the profession), the lady "was not —nor had she been—pregnant, and consequently did not carry about a dead fœtus."

Eighteen years passed over. The lady, I have been informed, continued in a complaining state, but was able to go about, and did not evince much appearance of delicacy. She was said to have suffered from general debility, and, for several years, from a profuse menstrual discharge, as well as from rather constant sanious—purulent or leucorrhœal—discharges. These symptoms, and her general delicacy, ascribed in a great measure to the mistake which her physicians had made in pronouncing her pregnant when not so, and treating her accordingly, caused much interest to be taken in her, both within and without the profession, especially when this lady's case came upon the *tapis* between mutual friends. It should operate as a warning to the younger members of the profession, who pride themselves upon an astute diagnosis. For eighteen long years, we reaped the full benefit of ours before the mystery was elucidated; and the only answer the two doctors could give to the repeated attacks and insinuations about the error they had committed, was "*wait*"! But, happily for the sake of science and truth, the mystery was eventually cleared up, and happily for the doctors they survived its elucidation. Some months since Dr. Churchill and Dr. Butcher were called to see this lady; and I shall best conclude the case by giving Dr. Churchill's account of the result in his own words.

"I was called to see Mrs. ——, in a state of debility, worn out with discharges from the vagina of long standing; and, on examining *per vaginam*, I found behind the cervix uteri, and a little to the right of the mesian line, a small opening as large as a goose-quill, into which the finger-nail entered, and grated against a hard substance, which was concluded to be bone. Higher up, a small tumour could be felt in the posterior wall of the uterus. On consultation with Dr. Butcher, this opening was enlarged by me; and Dr. Butcher removed the bones of a fœtus in detached portions denuded of soft parts, and much discoloured, indicating development to about the third month. Some bones were subsequently expelled with the discharges; and the cavity, on being examined by me, seemed to be large enough to contain a good sized walnut. Her health improved immediately after the healing of the abscess, which was speedily accomplished, and her periodic health became regular and moderate, with total subsidence of sanious and leucorrhœal discharges, to which she had been for eighteen years more or less liable."

The question that remains an open one in this case is, whether any rupture of the cyst occurred; and, if it did, at what period of the pregnancy? If rupture occurred, it must have been about the 25th of October, when the acute abdominal suffering occurred, for which Sir Henry Marsh and Dr. Dwyer treated her; but she evinced no symptoms of internal hæmorrhage; therefore, if the rupture occurred, no serious amount of blood could have made its way into the abdomen. The absence of any increased size or tumour in the abdomen further confirms there having been no hæmorrhage in this, as was the case in the two preceding cases. Another feature of interest, that creates a doubt as to the exact period at which the development of the germ ceased, is the fact of Dr. Dwyer having detected the placental murmur exactly a month after the occasion of the violent pains on the 25th of October. It will, no doubt, be in the recollection of my hearers, that, in the year 1833, I put forward some cases of murmur existing after the death of the fœtus, but altered and more abrupt in its character; and this may probably have been the case here.

THE APPLICATION OF MODERN IDEAS TO INFANTILE THERAPEUTICS.*

By T. P. HESLOP, M.D.,
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[*Concluded from page* 46 *of last number.*]

LET me digress for a moment, for the purpose of pointing out that the knowledge of the generalised actions of drugs should direct us to the utility of combining several similar ones in coping with disease. In this way, the maximum of effect is produced with the minimum of danger. Brown-Séquard tell us that he has seen greater benefit accrue from the use of many remedies combined together than from either of them alone, and furnishes us with a formula for a pill containing seven neurotic agents of great potency. These considerations are in opposition to the principles of one school of medical thought, which relies on the effects of a single drug administered at one time, and inveighs harshly against polypharmacy. It is, however, probable that in abstaining from associating medicines we yield advantages, while we run dangers otherwise capable of being obviated. By such association we lose the charm of simplicity; but is not disease a deviation from the simplicity of nature?

The principle of the universal effects of our therapeutic measures, and consequently of their necessarily limited use, was once very well seen in the effects of blood-letting. This belongs to the direct class of measures; in pursuance of their belief that they could jugulate the inflammatory process in pneumonia, our predecessors took away from fifty to one hundred and twenty ounces of blood. They sought to obtain their end by emptying the lungs of blood, and, out of the sudden great loss of the nutritive fluid, to create a profound impression; in other words, a shock throughout the system. Doubtless they sometimes actually gained their object; at others they destroyed the subject of the inflammatory process. Even when the pneumonia was strangled, they brought about endless evils by the immense depletion practised. These eminent men lost sight of the principle I just mentioned. They acted as if the lungs could be emptied of their blood without devitalising the medulla oblongata and the semilunar ganglia; as if the respiratory organs had a nutritive supply independent of the rest of the body; and as if this independent mass of blood could be separately abstracted from the system by means of an opening in one of the veins at the bend of the elbow. These assumptions seem to us absurd; but they may teach the lesson that our indirect medication by drugs must submit to the limits imposed on the direct medication by blood-letting, and that any part of the system is only reached when the whole has been penetrated.

Moreover, the practitioners of the past forgot that we cannot soften or harden, eliminate or cicatrise. They did not know that exudation, proliferation, and vasation are equally outside the reach of the modifications of art. In what their blood-letting did result, as compared with other methods, is easily seen in the table given by Dr. Jaccoud, in his clinical lectures. The mean mortality in pneumonia, treated by blood-letting alone, by Dietl, and at Edinburgh, was 27.06 per cent.; by tartar emetic alone, by Dietl and Rasori, 21.38 per cent.; by mixed treatment, *i.e.*, expectation in mild cases, blood-letting and emetics in serious cases, by Grissolle, Laennec, and Skoda, 14.25 per cent.; by pure expectation, *i.e.*, abandoned to itself, 7.4 per cent.; by tonic medication exclusively (Bennett), 3.10 per cent. Jaccoud's comments on these figures are the following. "The mortality is lowered in proportion to the diminished energy of the treatment; and the pretended curative virtue of these medications is thus estimated with a mathemetical severity. As for digitalis, the comparative researches of Thomas of Leipsig, have established the fact that, in spite of its powerful action on the pulse and temperature, it does not diminish by one hour the duration of pneumonia, and in no way modifies the natural defervescence. The figures shew you, besides, that the minimum mortality is obtained by the exclusively tonic treatment, *i.e.*, with quinine, wine and a light alimentation, even during the stationary period. This is a most remarkable result." (P. 71.)

If these ideas are of moment in general medicine, they are of infinitely greater weight in the domain of pædiatrics. Infancy is the period of acute diseases, and especially of those which run a rhythmic course, with a well defined ætiology, a period of incubation, of rise and of decline. If we exclude infantile paralysis, some cutaneous disorders, and the chronic wasting derived from improper or insufficient food, we have here only to deal with what, to adopt Dr. Gull's phrase, must be called the storms of pathology. It is true that rachitis, scrofula, hereditary syphilis, do not belong to the category of acute diseases, being eminently chronic. But an exact classification must exclude them from the list of diseases proper.

They are, for the most part, germinal in origin, and find their centre in intrauterine, or even in ovarian life. They are malformations not less real than hare-lip; though, instead of being confined to an external part of the body, they infect its whole life. From hygiene, alimentation, time, and the long-continued employment of analeptic medication, we mainly hope for the restoration of the tissues to the physiological standard.*

The diseases of children run on at a pace which baffles art. In a moment, laryngismus or a convulsion may compromise life. In twenty-four hours, scarlatina, croup, and diarrhœa, will often run their fatal course. In a few days, pneumonia, some forms of meningitis, intussusception, and noma, pass through all their stages. In most of these and many other diseases, we can avail ourselves only of indirect treatment, the limits of whose efficacy are far narrower than among adults.

The most powerful direct means of arresting the course of disease, that of blood-letting, is closed to us in infancy. Loss of blood is ill borne in children; the shock attendant upon it is worse borne. The wild efforts of our ancestors to conquer nature and subdue disease by this form of depletion are both more noxious and more fruitless among the young than among the full-grown. My last illustration of this was a case of gangrene of the lips after measles. Great hæmorrhage ensued, but it did not prevent the child from dying of pneumonia some days afterwards. The child is unable to resist an amount of disease which would scarcely be competent to endanger the life of a man. There is a higher unity of the system in childhood, as Barthez and Rilliet have pointed out. The whole is more impressionable and sympathises more readily and more deeply with the several parts than in adult life. A convulsion, syncope, or diarrhœa, may come to vanquish our hopes long before the full pathological development of the particular disorder has been completed. Owing to this condition of things, while the drug administered may be rendering service, its effects may be frustrated by an accident; or it may become itself the cause of accidents, for the nerves, vessels, and blood of the part are but a fraction of the physiological integer.

The peculiarities of children in the pathological state meet us on all sides. An intense febrile accession of the most alarming nature may occur, vanishing in a day or two, without giving the smallest clue to its causation. The most fatal of their diseases, tubercular meningitis, is often heralded by symptoms so trivial as to escape the notice even of the parent. Hoarseness and stridor may mean exudative croup, demanding active medication; catarrhal croup, requiring only the simplest procedures; or, the onset of measles, disappearing of itself as the eruption comes out. Vomiting may be the only marked sign of disorder. Over-eating, improper food, gastric catarrh, the advent of scarlatina or of meningitis, may be the thing signified by it. Though time is so important, our diagnosis has to wait, and on it must wait our therapeutics, for a random stroke among infants is full of peril.

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* Read before the Birmingham and Midland Counties Branch.

* I make a reserve in reference to mercury in syphilis.

Still more remarkable is the fact that diseases well defined in adults show a less marked structural change in children, and entail death when ordinarily this termination would not be feared. Hence the practitioner who fails to note the principle just named, the higher impressionability of the organism in early years, will see children die unexpectedly, when the physical changes of the organ are far less in extent and development than would appear likely to endanger life. Even typhoid fever presents important differences as compared with the same disease in adults. The characteristic lesions of the intestinal glands, submucous tissue, and spleen, are very moderately developed among children. Ample evidence of this is to be found in the classical works of Barthez and Rilliet, and Alfred Vogel, whose observations I have often confirmed. The practical deduction to be made is, that we must not estimate the gravity of the case from the absence or presence of severe diarrhœa, hæmorrhage, or perforation. We must also infer from this order of facts, that the child's strength may need all we can do to sustain it, from the general sympathy of the body with the special processes going on in organs, while the evidences of those processes may be little developed.

Typhoid fever supplies us with a striking illustration of the object of this paper. There is scarcely a drug, mineral or vegetable, which has not been advised as curative of this malady. From quinine to mercury, remedy after remedy has been declared able to control its course. What are the facts? Under the most varied treatment, only from 5 to 10 per cent. die, the mild and severe cases being collected together; and I believe that under a judicious expectation these results may be improved, As to drugs, the last English writer on children's diseases, Dr. Hillier, speaks in a manner so decisive, that I must give the passage. "In the vast majority of cases of typhoid fever in children, drugs are scarcely needed. The points to be attended to are: to keep the patient in bed in a well ventilated room, to attend scrupulously to the removal of all discharges, to bathing the skin once or twice daily with tepid water, and to a frequent changing of the bed and body linen. Diet is also of supreme importance; it must be light, fluid or pultaceous, and nutritious. Milk and beef-tea should form the chief articles of nourishment; they may be combined with arrow-root, semolina, vermicelli, or ground rice. Eggs may also be given, beaten up in milk, or combined with wine or brandy. If there is great thirst, cold water, in small quantities at a time, or cold tea may be given. No solid food should be given until the end of from twenty-one to twenty-eight days, and must be forbidden for a longer period if diarrhœa continue. I have already spoken on the use of stimulants. They are indicated, in the majority of cases, from the end of the tenth or twelfth day." The author goes on to treat of the measures needful to restrain excessive diarrhœa, etc.; but the above quotation gives a complete view of the general treatment of the disorder, and offers an excellent model of the numerous attentions demanded of the physician apart from the employment of medicines.

I have occupied myself at such length with the exposition of principles, that I have left no space for their detailed application. Notwithstanding, I must refer to one branch of therapeutics, having an essential relation to the peculiarities of children. I allude to the use of alcohol. It has been already remarked that the modern practice of medicine takes more heed of the patient than of the diagnosis. If, as I believe, excesses have been committed in England in this aspect, the balance on the whole inclines to the side of profit. The description just given of the specialities of the child's physiology and pathology, has been to little purpose if it have not become apparent that the careful stimulation of children is even of more moment than among adults. A practitioner should always deliberately ask himself this question at the bedside of a child—Is his strength giving way? In infancy, it is indispensable that a well-adapted food should be frequently given; the temperature becomes lowered with great rapidity under certain unfavourable conditions; while long-continued pain and large and numerous discharges soon exhaust the power of resistance. We have, in alcohol, a precious resource, in aid of food, enabling us often to preserve the child even under the most unpromising circumstances. Here British medicine has achieved a real advance, of which abundant proof can be found in the essay, published last year by Dr. Gingeot of Paris, "On the Therapeutical Employment of Alcohol among Children." It is confessedly based on work done in this country, and contains valuable evidence of the utility of this agent in many severe diseases. I am convinced that it is not yet used among children as systematically as is desirable. I would, however, add the caution, that excessive stimulation is to be sedulously avoided in childhood. The amount of brandy ordered by some physicians in children's diseases fills me with astonishment, for its perturbative effects in large doses are most grave at an early age. All the good it is capable of rendering is obtainable from an ounce to an ounce and a half in twenty-four hours. Much less than this is all that is required in very young subjects.

I wished to add something on the use of mercury, opium, antimony, purgatives and blisters, in reference to children; though, in truth, I find it easier, as the Roman said of Carthage, to be silent than to speak little of them. I shall content myself with stating that he who least often and least freely avails himself of these and similar means of medication, will be the most successful in practice; and that he who pays most attention to prevention and hygiene in their comprehensive sense, will save the largest number of lives. In this latter aspect, our field of labour is hourly expanding; and every member of the profession must feel it to be a noble task to work a portion of that field.

I will conclude by declaring that in infantile pathology there are two salient points to be kept in mind; and Dr. Jaccoud has so well stated them in reference to one disease, that I shall quote his words. "In short, do not forget that there exist pneumonics, and not pneumonias; and you must not confound rational therapeutical reserve with the inertia of a foregone conclusion."

LETTSOMIAN LECTURES

DELIVERED BEFORE

THE MEDICAL SOCIETY OF LONDON IN 1869.

By WILLIAM ADAMS, F.R.C.S.,

Surgeon to the Royal Orthopædic and Great Northern Hospitals, etc.

LECTURE I.

Acute Rheumatic Affections of the Joints; their Pathology and Treatment.

After referring to the great advance made in the modern treatment of joint diseases, a result obtained by our more exact knowledge of structural anatomy, and the physiology of nutrition, as well as the study of inflammation in its physiological and pathological bearings, Mr. Adams proceeded to consider whether the classification and description of joint-diseases should be made upon an anatomical or on a pathological basis. He preferred the pathological arrangement, considering that the anatomical basis might lead to a much too narrow view of the pathology of diseases of the joints, in reference to the constitutional conditions upon which they depend.

As some authors consider the synovial membrane, and the cancellous tissue of the bone, to be the only structures liable to primary inflammation, Mr. Adams produced some evidence to show that both the ligaments and articular cartilages were frequently the primary seat of disease; the *ligaments* suffering from inflammation after sprains and injuries which, when occurring in strumous constitutions, frequently led to complete destruction of the joint, as seen in hip-joint disease; which, Mr. Adams believes, generally commences in the round ligament.

The *articular* cartilages are liable to changes of nutrition, scarcely separable from the effects of inflammation in its more chronic form, such as fibrous degeneration; and also hypertrophy, and subsequent ossification, which Mr. Adams first pointed out as occurring in the production of osteophytes in chronic rheumatic arthritis. They are also believed to be the seat of true inflammatory changes, as represented by the textural changes of cell-nutrition; and Professor C. O. Weber considers that suppuration may occur in the texture of articular cartilage. Mr. Adams, however, expressed some doubt upon this point, though admitting the other inflammatory changes.

A very large proportion of all the cases of joint-disease met with in practice, are associated either with a rheumatic or with a strumous constitutional condition; and the influence which these constitutional conditions exert on the local affection, Mr. Adams proposed to make the special subject of the present lectures, thus regarding joint-diseases from a constitutional point of view.

The first, and indeed the great question to be considered, is—To what extent is the inflammatory process, when affecting the joints, modified with respect to its results, or so-called terminations in adhesion, suppuration, and ulceration, by the constitutional conditions of rheumatism and struma? Mr. Adams believes the general law of rheumatic and strumous inflammation to be that in the rheumatic form, whether acute, subacute, or chronic, there is no disposition to the destructive processes of suppuration and ulceration; whilst a disposition to those destructive processes constitutes the chief pathological characters of the strumous inflammation.

Does suppuration ever occur during the progress of acute rheumatic inflammation in the joints, the eye, the pericardium, or pleura, or in any other structures of the body? Mr. Adams believes that suppuration never does occur as the result of rheumatic inflammation in any organ or tissue of the body, but that rheumatic inflammation always exhibits the same tendency to terminate in the effusion of serum, and plastic lymph, by the organisations of which adhesions are formed.

In the eye, the ophthalmic surgeon has no fear that rheumatic iritis will terminate in suppuration or ulceration; its termination in adhesion is constantly seen, and its prevention is the chief object of treatment. In the pericardium and pleura, when attacked by rheumatic inflammation, the physician looks forward to the same termination. Rheumatic inflammation, therefore, exhibits itself essentially as a productive process, and strumous inflammation as a destructive process.

In the general pathology of rheumatism, it is of importance to ascertain whether there are any modifying influences which may alter the ordinary progress and termination of rheumatic inflammation. The most important modifying influences are those of struma, syphilis, gonorrhœa, and leucorrhœa. Of these it may be said that none of them produce any essential modification as to the results of the rheumatic inflammation. No tendency to suppuration or ulceration is induced by any of these complications, but still each of them exerts some special influence on the progress of the rheumatic inflammation.

Mr. Adams proceeded to the description of *Acute Rheumatic Synovitis*: its general characters, symptoms, and progress. The doubt expressed by the late Dr. Todd, as to the true inflammatory nature of the joint-affection, was removed, by reference to the *post mortem* examinations of several patients who had died from cerebral or cardiac complications of rheumatic fever, from the fourth to the twenty-fifth day. In all these examinations, the morbid appearances were essentially of a similar character, viz., inflammation of the synovial membrane, with effusion into the joint of serum, with albuminous shreds, or flocculi of lymph floating in it. In no instance was the existence of pus, or of any ulceration of the articular cartilage described. Mr. Adams regretted that so few *post mortem* examinations were on record, in which the joints had been examined in patients who had died during an attack of rheumatic fever.

In the treatment, he spoke of the value of the hot-air bath, applied whilst the patient is in bed, and alkaline fomentations to the inflamed joints. The action of alkalies, both externally and internally, he believed was not so much in neutralising the excess of acid in the system, as in their tendency to fluidise the blood, by their direct chemical action upon the fibrine, which is known to be much increased in quantity in this affection; the effect of this in the local application was to remove the condition of stasis of the blood-corpuscles, always existing in inflammation. The action of mercury was also discussed in reference to its power of diminishing the quantity of lymph effused, of preventing its organisation, and promoting its absorption, especial reference being made to the experience of ophthalmic surgeons in the treatment of rheumatic iritis.

The next affection described by Mr. Adams, was *Acute Rheumatic Synovitis in an Aggravated Form, Localised in one Joint during the early stage of Rheumatic Fever, Gonorrhœal, or Genital Rheumatism.* These cases at their commencement exhibit the ordinary symptoms of rheumatic fever; but, instead of metastasis of the articular inflammation occurring, the inflammation in an aggravated form quickly localises itself in one joint, usually the knee or the hip-joint; so that the joint-affection quickly becomes the predominant feature. The acute symptoms generally continue from three to five months. Suppuration is often feared, but no liability to this process exists. It terminates neither in suppuration nor in ulceration, but in the effusion of lymph and organisation of adhesions within and surrounding the joint. A specimen, exhibiting these conditions, was shown to the Society.

The most frequent cause of this affection is the previous existence of gonorrhœa, but sometimes a history of leucorrhœa only can be traced. Hence the propriety of the term genital rheumatism The explanation of these cases, depending upon a mild form of purulent infection, was considered by Mr. Adams as very doubtful, as only one joint is usually affected, and there is no tendency to suppuration; whilst, in pyæmia, several joints are generally involved, and suppuration constantly follows; the pathology is therefore obscure.

The constitutional and local treatment are the same as in the ordinary form of acute rheumatic synovitis, but the intense pain can be best relieved by the subcutaneous injection of morphia. Possibly, the American plan of extension by weights, proved to be so successful in removing the most acute pain of hip-joint disease, and also the pain in some cases of inflammation of the knee-joint, might meet with equal success in this affection, and is worthy of trial.

For the removal of the remaining stiffness of the joint, the use of the steam-bath, shampooing, and passive motion were recommended to be commenced early; and, if these failed, forcible extension under chloroform was to be used, and repeated every two or three weeks, very little being attempted each time, the restoration of motion thus being very slowly and gradually obtained.

ON THE TREATMENT OF CHOLERA.

By AQUILLA SMITH, M.D.,
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THE records of Medicine furnish many instances in which writers at an early period, without any knowledge of pathology or of the many other appliances of modern science to the art of medicine, have shown that they were not inferior to practitioners of our own time as close observers of many diseases; and that they occasionally adopted modes of treatment which have been revived in modern times, or unconsciously put forward as original views based on the accumulated experience of modern observers. As an example of a clear and accurate description of ordinary cholera, I quote the following from Aëtius, who, according to Le Clerc, flourished in the fourth century; while Freind asserts, "It is plain, even from his own books, that he did not write till the very end of the fifth or the beginning of the sixth century." (*History of Physic*, 2nd edit., vol. i, p. 4.)

"Cholera appellatur, quum ob multas cruditates vomitus biliosus et nidorosus et acidus aboritur, ad plures horas continuè perseverans, et venter infernè eadem excernit: sequiturque sitis, et exudatio, et impeditus pulsus, musculorumque manuum ac pedum, maximè verò surarum contractio et tensio. Siquis igitur mox in principio aut coacervatim, ea quæ efferuntur cohibere aggrediatur, is majoris mali auctor erit: inutilia enim quum sint, evacuatione opus habent. Quare convenit, si non sponte ferantur, opportunè irritare, aquâ tepidâ exhibitâ, ac ægro vomere jusso. Aqua enim mulsa mordacitatem operatur, torsionesque auget: aqua verò oleo mixta, auget fluxiones. Quare aquâ tepidâ potatâ vomant, quotiescunque quidem cibis nimiùm fuerint expleti, priusquàm illi corrumpantur. Adjuvare etiam oportet per sedem excretionem; alienum enim velut venenum insidens, et ventrem ac intestina rodit. Per vomitus itaque opportunam provocationem, vomitus ipse solvitur et cessat, et humores ex universo corpore attrahit.—At vero ubi intolerabilis effusio existat, et pulsus emolliatur, apprehendatque frigiditas et exudatio, aliquando etiam singultus, ad vinum transeundum est mediocriter adstringens.—Vini multitudo vitanda est, ac omni arte conandum ut ipsos sopiamus.—Alvo autem adhuc egerente, amylum cum decoctione capitum papaveris per clysterem infundatur: simul enim et cohibet et refrigerrat, et somnum inducit." (*Medicæ Artis Principes*, fol., 1567; Aëtius, *Tetrabiblos*, iii, Sermo i, cap. xii, p. 450.)

This description of cholera corresponds in the following particulars with the disease with which we have been for some years past too familiar; viz., vomiting and purging, continuing for many hours; thirst and sweating; an embarrassed pulse; cramps, chiefly in the legs; coldness; and at times hiccup.

Epidemics of cholera and fever bear so close a relation to sporadic cases, when one or the other occurs in a severe form, it may be assumed that the principles of treatment which are applicable to the sporadic form of cholera may be resorted to when the disease is epidemic. Sir Thomas Watson, in "A Lecture on Cholera and Diarrhœa", published in the BRITISH MEDICAL JOURNAL of July 18th, 1868, admits that he finds "it necessary to modify considerably some advice that he formerly gave as to the treatment of a disorder which appears to be again increasingly prevalent throughout the country," and to a great extent adopts the views of Dr. George Johnson "On the Pathology and Treatment of Cholera", published in the *Medico-Chirurgical Transactions*, vol. L. Dr. Johnson says: "I will proceed at once to state the main conclusions at which, after a careful study of the disease, I have myself arrived, together with the reasons which have led me to these conclusions. Upon them I invite comment and criticism." (P. 103.) It is not my purpose to impugn any of the opinions set forth by Dr. Johnson, but merely to "comment" on them so far as to show that, in some respects, they were anticipated by Aëtius about the beginning of the sixth century.

Dr. Johnson's first proposition is, that "the phenomena of cholera result from the action of a morbid poison" (p. 103); which differs little from "alienum enim valet venenum insidens, et ventrem ac intestina rodit, et humores ex universo corpore attrahit."

Dr. Johnson also says that "the action of repressive drugs, while the cause [of diarrhœa] continues in operation, is either *nil* or mischievous"

(p. 123); and Aëtius expresses a similar opinion in very decided terms: "Siquis igitur mox in principio aut coacervatim, ea quæ efferentur cohibere aggrediatur, is majoris mali auctor erit."

Finally, Dr. Johnson says, "There is no disease which so forcibly impresses upon us the necessity of a *cathartic* method of treatment, in the widest sense of that term" (p. 125); while Aëtius says, "Adjuvare etiam oportet per sedem excretionem."

Aëtius, having condemned "repressive drugs", and pronounced them to be useless, tells us that the patients "evacuatione opus habent", and advises that, when the discharges are not freely carried off, vomiting should be excited by tepid water, and the patient be directed to vomit. He objects to sweetened water, but recommends "aqua verò oleo mixta", which "auget fluxiones"; and adds, "Per vomitus itaque opportunam provocationem, vomitus ipse solvitur et cessat."

I may add, that Aëtius recommends, in the advanced stage of the disease, the moderate use of a mild astringent wine; and that an attempt should be made to procure sleep, for which purpose he prescribes a decoction of poppy-heads with starch to be administered as an enema.

It is worthy of observation, that every particular of the treatment of cholera recommended in the brief account of the disease given by Aëtius is sanctioned by the high and respected authority of Sir Thomas Watson.

ON THE USE OF OBSTETRIC INSTRUMENTS.*

By JOSEPH GRIFFITHS SWAYNE, M.D.,
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In treating of obstetric instruments and their use, I intend to restrict my observations to those which are employed in assisting labour, and to give as much as possible the results of my own experience as to the best manner of using them. I propose taking the stages of labour in the order in which they occur, and describing the instruments which are adapted to each. In the first stage of labour artificial assistance is scarcely ever necessary, because delay in this stage seldom arises from mechanical obstacles, and is very rarely dangerous as it is in a protracted second stage. Still, however, it is sometimes necessary to have recourse to artificial dilatation of the os uteri. The cases requiring such aid are of three kinds. In the first class of cases we have to anticipate nature, and commence dilating the os uteri artificially; as, for instance, in the induction of premature labour. In the second class, we have to assist the powers of nature when they are inert and sluggish, or when they meet with a greater mechanical obstacle than they can overcome, as in protracted first stage from inefficient uterine action, or from rigidity of the os uteri. In the third class, we are obliged to hasten the natural process of dilatation on account of complications, such as convulsions, which render a speedy termination of the labour necessary. The instruments for accomplishing these purposes are various. They effect their object as dilators by powers of expansion which are the result either of inherent elasticity, or of their capability of being distended by fluids injected into them. Accoucheurs have at different times invented a great variety of these dilators; but those which have now come into common use are of three kinds, and have all in turns been employed by me according to the exigencies of each particular case. When the os uteri is so contracted that it will not admit the tip of the index finger, dilators of the smallest and most rigid kind must be had recourse to. For this purpose none are so good as tents made of the dried stem of the sea-tangle (*Laminaria digitata*). These are much more expansible, and therefore much superior to those made of gentian-root, which, until lately, were more commonly used than any other vegetable substance for the purposes of dilatation. They are readily obtained at most surgical instrument makers' shops, where small boxes are usually sold containing ten or a dozen pieces of tangle, most of which are about one and a half inch in length, and about the thickness of a porcupine quill. When one of these pieces of tangle is inserted into the os uteri, and left there for some hours, it will imbibe moisture and swell to the size of a man's fore-finger. They are easily introduced into the os uteri, but not so easily retained, for their hard polished surface causes them to be readily extruded, and it is generally necessary to keep them *in situ* by means of a plug. The best mode of introducing them is to pass them up through a full-sized speculum, by means of a dressing, or polypus-forceps. A soft silk handkerchief, previously well oiled, should then be passed up to keep the tent *in situ*, and the speculum withdrawn. Some improvements have of late years been made in the laminaria tents; for instance, Dr. Greenhalgh, at one of the meetings of the Obstetrical Society, in 1865, exhibited a new form of Uterine Tent, made from the stem of the *Laminaria spiralis*; the peculiarity being, that it was a hollow tube instead of the solid stick heretofore used; and, at a subsequent meeting in the same year, Dr. Barnes showed an instrument made for him by Messrs Weiss, for the purpose of facilitating the introduction of the perforated laminaria tent. It consisted of a wire stem, on which the tent was mounted, connected with a flexible tube like a catheter. The tent thus supported was introduced into the os uteri as easily as an uterine sound, and being there, by pushing up the flexible tube, the wire was withdrawn from the tent, leaving this *in situ*.

In cases, however, which require a greater amount of dilatation, something more efficient than the tangle tents must be used, and for this purpose nothing is better than pieces of compressed sponge. These may be made of various sizes and lengths, from an inch long, for instance, to as much as two inches and a half. They may be bought ready made; but, for my own part, I always prefer making them myself, which I do in the following manner. Having selected a conical piece of sponge of firm texture, and not exceeding two and a half inches in length and two in thickness at the base, pass a strong loop of tape through the base of the tent. This is for the purpose of withdrawing it after it has dilated to its full extent. The sponge, previously well washed and cleansed, is then to be dipped in a solution of gum arabic of the consistence of thick syrup. A metal stilette, previously well greased, is then to be thrust down its centre from the base nearly to the apex. For this purpose an ordinary kitchen skewer will answer very well. The sponge is then to be compressed firmly by a piece of strong whipcord, which is to be rolled round it very tightly in regular spirals, lying close to each other, from the apex to the base of the cone, where it is fastened off, much in the same way as a boy would wind a piece of string round a peg-top. After this the tent is to be put in an oven or on the hob of a fire-grate and left until it is quite dry. The cord is then unwound and the stillette withdrawn. After the inequalities on its surface have been removed by a rasp, the tent should be smeared with cerate or with spermaceti ointment, and is then ready for use. To apply it, it should be mounted on an uterine or an ordinary metal sound. If the os uteri be very high and the tent required be small, it will be more convenient to pass it up through a full-sized tube speculum. If, however, the os uteri be somewhat dilated, so as to admit one or two fingers, the tent required will be too large to introduce properly in this way. The best plan, then, is to place the woman on her left side, in the ordinary obstetric position. Having inserted the tips of the fore and middle fingers of the left hand into the os uteri, pass the tent up along the groove between the two fingers into the os uteri nearly as far as the base of the cone. A silk handkerchief, well oiled, is then to be introduced into the vagina as a plug to keep the tent in its place. When the plug can be inserted through a speculum the operation is rendered much easier, and is much less painful for the patient. After the tent has remained some time in the os uteri it absorbs the moisture secreted by the part, the gum arabic is slowly dissolved, and the sponge, thus released from the power which held it together, swells by its own elasticity to four or five times its bulk in the dried state, and thus most effectually dilates the canal of the cervix. There is one great objection to sponge-tents, however, and that is the horribly offensive odour which they acquire after they have been retained many hours in the vagina; and there is, indeed, some danger from absorption of the putrid discharges which are thus kept in contact with the mucous surface. On that account, I make it a rule never to leave one of these tents longer than twelve hours in the cervix uteri, but always remove it before that time, and substitute a fresh one if required. Certain improvements have recently been made in the sponge-tents, principally with a view to obviate this inconvenience. For instance, Dr. Aveling deodorises them by introducing into their central canal about two grains of finely powdered permanganate of potash, and this is found to answer the purpose very well. Mr. Ellis prefers carbolic acid, and uses the cacao butter or oil of theobroma, in preference to mucilage of gum arabic, for keeping the tent together. About a drachm and a half of pure crystalline carbolic acid is to be mixed with an ounce of the butter, whilst kept in a fluid state by being held over a small flame or placed in a hot water bath. In making the tent, the dried sponge is to be folded round a metal stilette, and compressed by winding tape round it. It is then to be immersed in the melted cacao butter "for a few seconds, so as to saturate only the outer layer of the sponge, and this it does, penetrating readily through the tape. The tent is then placed in a very cool place, and, after it has solidified, the tape is cut and unrolled. All that is now necessary to complete it is to dip it once more into the same preparation—which for this latter purpose must be much cooler than before, and of about the consistency of cream. By this means a smooth and uniform covering is given to the tent, and it is ready for use." (*Obstetrical Transactions*, vol. ix.) Mr. Ellis lays great stress upon the advantages of making these tents of an ovoid form, so as to adapt them more readily to the shape of the cervical canal, and of a length not exceeding two inches.

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* Read before the Bath and Bristol Branch.

By far the neatest and most ingenious method of dilating the os uteri is by the use of elastic bags into which water can be injected. We thus obtain a close imitation of the dilator which nature employs during the first stage of labour, viz., the bag of the waters. The best bags for this purpose are those which have been recommended by Dr. Robert Barnes. They are made of caoutchouc, and are of a fiddle shape, having, when distended, a narrower, cylindrical, central portion, dilating at each end into a bulging expansion. The object of this is to prevent the bag from slipping forwards into the uterus or backwards into the vagina. The bag is prolonged into a long narrow tube, with a stop-cock at the end to keep in the water when injected; the injecting medium is the ordinary Higginson's syringe. Three bags of different sizes are sufficient. To facilitate the introduction of the flaccid bag into the cervix uteri, a small pouch is attached outside, to receive the end of the uterine sound, which, guided by the finger of the left hand applied to the os uteri, serves to push the bag into the cervical canal. I have myself frequently employed these bags, and have found that, when they can be applied, they dilate the os uteri more speedily and certainly than any kind of tent; and they have this advantage also, that the vagina need not be plugged to keep them in place. The chief objection to them is the difficulty which there is in introducing them when the os is not in the slightest degree dilated. This can readily be understood when we consider that the bag has to be folded round the sound before it can be introduced; and it is always better to use the largest sized metal sound which can be procured, in preference to the ordinary uterine sound, because the extremity of the latter, being smaller, is much more likely to be forced through the India-rubber pouch which receives it.

The next subject for our consideration is the class of cases which require artificial dilatation of the os uteri. And the first cases which naturally engage our attention are those in which it is advisable to induce premature labour. Now, it is by no means necessary that the os uteri should be artificially dilated to induce premature labour, for we can bring on uterine contractions by the old methods of puncturing the membranes, or separating them partially from the uterus, or by the administration of the ergot of rye, or by the more modern plans of injecting water, or passing up a foreign body, such as a catheter, between the membranes and the uterus, or by electricity or galvanism. Nevertheless, I believe that in theory it is much more scientific to imitate nature and commence the labour by dilating the os uteri, than to invert the process and induce expulsive action previously to dilatation; whilst, in practice, it is undoubtedly much safer for the child, and most probably for the mother also. I therefore always commence the process by the dilatation of the os uteri, and for this purpose I begin with a small sponge or (if the os be very contracted) tangle-tent. After this has been left in the canal about ten hours, I remove it, and introduce a sponge-tent of larger size; and so on, leaving each tent in for about the same time. It usually requires three of these tents to dilate the os uteri to the size of a crown, and at least thirty hours will generally elapse before uterine contractions take place. If it is desirable to complete the labour more speedily, we may do so with the elastic bags; but, on the whole, I prefer in most cases the more slow but sure action of the sponge-tents. I usually find that when the os uteri is pretty well dilated efficient pains will set in; but, should this not be the case, they may be excited by puncturing the membranes and giving ergot. I do not think it is safe to continue the dilating process more than three days, as the long-continued presence of the tents is not unlikely to produce great irritation and inflammatory softening of the uterine neck. I once saw a case in which rupture of the uterine neck, ending fatally, was in all probability due to this cause. It was necessary in this case to induce premature labour at the end of the eighth month. For that purpose sponge-tents and India-rubber bags were used, but the os uteri was high and the dilatation difficult, and the process occupied nearly a week. At the end of that time, violent pains came on, and the child, which unfortunately presented transversely, was expelled without assistance in a doubled state. The great strain was too much for the already weakened fibres of the uterine cervix.

The next class of cases admitting of artificial dilatation are those in which the first stage of natural labour is protracted, either from inefficient uterine action or from rigidity of the os uteri. In by far the greater number of these instances, as all here present can testify, time and patience are the sole requisites, and the issue may be left to the powers of nature, which will at last accomplish her object safely. Nevertheless, we occasionally meet with an os uteri so minute or so unduly rigid as to require artificial dilatation. For this purpose, no dilators are so good as the caoutchouc bags, provided the os uteri be large enough to admit the tip of the forefinger. If it is too minute for this, it will be necessary to commence the operation with a tangle-tent.

In the third class of cases, artificial aid is required for the purpose of hastening the natural process of dilatation, on account of some complication of labour, such as convulsions, which render speedy delivery necessary. In these cases the quickest method is the best, and no dilators are so good on that account as the elastic bags. The first size can generally be used, for the os is always dilated to some extent, accoucheurs being mostly of opinion that it is not good practice to deliver artificially, in such cases, unless some symptoms of labour have already set in. I witnessed a case of puerperal convulsions not long ago, in which these bags were of the greatest service in thus shortening the first stage of labour.

In my next communication, I propose treating of those instruments which are used to assist the second stage of labour, more especially the forceps.

THERAPEUTICAL MEMORANDA.

ON THE USE OF CHARCOAL RESPIRATORS IN DISEASES OF THE LUNGS AND AIR-PASSAGES.

By William Marcet, M.D., F.R.S., Assistant-Physician to the Hospital for Consumption.

I have been recommending the use of charcoal respirators to sufferers from phthisis and (as a rule) from inflammatory affections of the lungs and air-passages (larynx and pharynx); and these patients have undoubtedly derived benefit from this very simple means of protection against the admission of impure and cold air into their lungs.

The property of charcoal of acting as a sieve for the removal of fine particles of dust or other mechanical impurities contained in it, is, I believe, not so generally known or acknowledged as its power of purifying air from any gaseous contamination. I had an opportunity some years ago, when assistant-physician to the Westminster Hospital, of judging of the value of charcoal as a means of purifying air from the very finest dust. On this occasion, a chaff-cutter applied to me to be treated for chronic bronchitis of a severe form. He complained of the dust, which he was constantly breathing while at work, causing much irritation in the chest. It then occurred to me that, by wearing a charcoal respirator, my patient might be saved from the obvious cause of his illness. Having procured one of these respirators, made so as to protect both mouth and nose, I went to see the man at work. He was enveloped in a cloud of dust, mostly of the finest description, which was accumulating about the room to a considerable depth. On my standing close to the chaff-cutter, I was actually suffocated by the dust; but, from acquired habit, he could bear it. I then put on the respirator, and was astonished at finding that, in the thickest of the dust, I could breathe as freely and as comfortably as in pure air. The man took to wearing the respirator when chaff-cutting, and often since then gratefully acknowledged the benefit which he derived from it.

It is hardly necessary to insist on the importance of preserving diseased lungs from solid particles suspended in the air which is breathed. I need only remark that, especially in large towns, minute particles of various substances are constantly floating about in the air; and that they must be a constant cause of irritation, from which it is important to preserve inflamed or otherwise affected organs of respiration.

With respect to air contaminated with foreign gases, these may act either as a source of irritation to the lungs or throat, or be taken up into the blood through the lungs, interfering with the already reduced power of nutrition.

Charcoal retains a certain proportion of the heat of the expired air, imparting warmth to that which is taken into the lungs.

A number of my patients attending the Consumption Hospital, Brompton, have been wearing charcoal respirators of a rough construction, from which they derive relief and comfort. Mr. Rooff, of 7, Willow Walk, Kentish Town, has made, at my request, an improved charcoal respirator, which is inexpensive, and will, I think, be found to answer its purpose quite satisfactorily.

The following extract from Watt's *Dictionary of Chemistry* bears directly on this subject:—"Wood-charcoal and other porous forms of carbon have the property of absorbing large quantities of gases. . . . This property of charcoal has been applied by Dr. Stenhouse to the construction of ventilators and respirators for purifying infected atmospheres. In a pamphlet bearing the title *On Charcoal as a Disinfectant*, Dr. Stenhouse observes: 'Charcoal not only absorbs effluvia and gaseous bodies, but, especially when in contact with atmospheric air, rapidly oxidises and destroys many of the easily alterable ones.'"

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. MARY'S HOSPITAL.

SIMPLE SCALP-WOUND, FOLLOWED BY CEREBRAL ABSCESS AND PYÆMIA: TREPHINING: DEATH.

(Under the care of Mr. LANE.)

WE have to thank Mr. MILNER MOORE, Registrar to the Hospital, for the notes of this case.

A boy, aged 17, was admitted on November 20th, 1868, with a large semilunar wound on the left side of his head, commencing below and to the inner side of the frontal protuberance, extending upwards towards the coronal suture, and then curving downwards to just above the ear. Thus a flap of the whole thickness of the scalp was detached from the periosteum; the bone also was denuded of periosteum in front of the frontal eminence to the extent of a half-crown piece. It appeared that, while pulling a pail of water up a scaffold, he had fallen from a height of nine feet upon his head. He did not, however, lose consciousness. The edges of the wound were drawn together with sutures. On the following day, he suffered from slight headache, and his pulse was quick and small. On the 22nd, erysipelas attacked the wound; and on the following day it had greatly extended, so much so that the left eye had become quite closed. He had been ordered twenty minims of tincture of iron; five minims of chloric ether in an ounce of camphor water when the erysipelas first set in; and he was allowed four ounces of port wine. On the 24th, the sickness from which he had suffered had passed away, and the redness and swelling had greatly subsided, so that he could now open his eyelid. There was, however, a collection of pus under the scalp, which was let free next day, to the patient's relief. A discharge from the wound continued from this time, the erysipelas disappeared, and he had improved in general health; when, on Dec. 4th, the fourteenth day, he began to suffer pain in the head; and his pulse, which had been previously under 90, rose to 112. On the 5th, although the pulse had come down to 100, still he suffered from great thirst; his skin was very hot; he had pain in the left eye; and, in addition, the pupils were unequal, the left contracted, and the right dilated. He became and continued delirious during the following day; and, though not so on the 7th, the left side of his face was red and swollen. He, however, again became delirious during the night, and sank into unconsciousness. He now passed his motions under him; but there was no stertor in his breathing, and no paralysis of limbs. Pulse 100. The left pupil now dilated. Another opening was made in the scalp, but he remained as before. Mr. Lane then, under the impression that matter existed under the bone, applied the crown of a small trephine on the exposed portion of bone, removing a piece of half an inch in diameter. Immediately on penetrating the bone, a small quantity of putrid pus began to flow. He remained, however, insensible; and during the night he had several rigors. The discharge, which was of a very offensive character, still flowed as before. The dura mater did not bulge into the opening made by the trephine. His pulse was now 140; and, in the afternoon, slight stertor was apparent. On the 11th, the patient's condition was little changed. The pulse, however, was failing. Mr. Lane punctured the dura mater, and let free some pus. The boy, however, died in the evening.

At the autopsy, on removing the skull-cap, the upper surface of the dura mater was found covered with yellow lymph. Nearly the whole upper surface of the left hemisphere was also covered with lymph and pus. The inflammation had extended to the base of the brain. On cutting into the frontal convolutions, a few small hæmorrhagic spots were seen. Both pleural cavities contained a little fluid; and nearly the whole pleural covering of the right lung was covered with lymph. A few pyæmic patches were present in the bases of both lungs, some of them breaking down; and there were, in addition, a few extravasations of blood in the upper lobe of the right. The liver was fatty. The other organs were healthy.

WESTMINSTER HOSPITAL.

CALCULUS IN BLADDER: LITHOTOMY: RECOVERY.

(Under the care of Mr. FRANCIS MASON.)

THIS patient was a boy, aged 12, who, when he was three years old, passed a small calculus by the urethra. He had remained well until eight months ago, when he noticed symptoms of stone. He was sounded at that time, but no stone could be discovered. On his admission in August last, Mr. Mason detected the stone. There had been no special pain or inconvenience from the presence of the foreign body, and the patient was in excellent health. On August 18th, the patient being placed under the influence of chloroform, Mr. Mason performed the lateral operation of lithotomy, removing with the scoop a mulberry calculus about the size of a kidney-bean, and weighing nineteen grains. The boy progressed uninterruptedly well, all the urine passing by the urethra on the eighth day. He left the hospital quite well on September 4th, 1868.

EAST SUFFOLK AND IPSWICH HOSPITAL.

ASCITES: FAILURE OF DIURETICS AND PURGATIVES: RECOVERY UNDER TONICS.

By C. M. DURRANT, M.D., Physician to the Hospital.

A YOUNG woman, aged 24, was admitted into the Ipswich Hospital in the spring of the present year. She stated that she had suffered for some weeks from pain and tenderness of the body, which was followed by gradually increasing swelling of the entire abdomen.. On removing her dress, the body was found to be enormously distended, much larger than obtains at the period just before delivery. Fluctuation was distinct over every part, and there was no tympanitic resonance. There was slight tenderness in the right hypochondrium, but firm and deep pressure over the other parts of the abdomen caused no complaints. She looked thin, but her tongue was fairly clean; appetite good; bowels regular; and catamenia normal.

The commencing treatment was very active. The abdomen was blistered, and subsequently repeatedly painted with iodine solution. Diuretics, including digitalis with calomel and squills, even to the extent of producing slight ptyalism, were had recourse to; at the same time, watery evacuations were ensured by the steady administration of elaterium, sulphate of magnesia, etc. This treatment signally failed; a large quantity of water was daily removed, but it as steadily reaccumulated. The question of tapping now became a prominent one; and more than one surgeon who saw the case, deemed it the only available remedy. Pain and fever being still absent, I confess that I was unwilling to adopt this more formidable measure, and resolved on trying the effect of steel in large doses. The tincture of the perchloride of iron was now given three times daily, in doses of twenty minims, with cod-liver oil, and full diet and wine. From the commencement of this treatment, the dropsy gradually but steadily subsided. On admeasurement, the abdomen diminished from four to six inches weekly in size; and, without further varying the treatment, she left the hospital quite recovered.

As the treatment of abdominal dropsy by tonics has been lately under discussion, I have thought that a detail of the above well marked case might prove interesting. At all events, it shews that, when the venous system is unduly and persistently distended, mere evacuant treatment will be insufficient without increasing the vaso-motor nerve-power, and the circulation *a tergo*, by tonics and stimulants.

WHITECHAPEL WORKHOUSE.

CASE OF DEATH FROM RUPTURE OF AN ANEURISM OF THE MIDDLE CEREBRAL ARTERY.

(Under the care of Dr. EDWARD RICHARDSON.)

HERE is a case of rapid death from cerebral hæmorrhage. Contrary to what might, from theoretical considerations, be expected, the most rapidly fatal cases of intracranial bleeding are those in which the effusion of blood is on the outside of the brain. This is not *because* the blood is outside; since we know that blood in the arachnoid "cavity" may lead to death very slowly. Rapid death occurs in those cases of meningeal hæmorrhage in which the blood is *suddenly* poured out in large quantity. It will often be so poured out from rent of an aneurism of one of the larger cerebral arteries. In some instances of rupture of cerebral aneurisms, death follows in a few minutes. It is true that, in other cases, the patient may live some hours or even days. In these cases the presumption is, that the rent in the aneurism has been small, or that possibly, from the aneurism being embedded in a fissure, the blood could not escape very quickly.

A woman, aged 41, had been eight years in the workhouse, and for that time had been imbecile. She could talk very well. There was, until the illness which ended in her death, no other physical ill-health, with one exception. Twelve months ago, she was in the infirmary for an illness of which pain in the head was the striking symptom. The pain lasted one month. *There had been no headache lately.* When in the infirmary, the nurse used to notice that the patient was "cross-eyed." The patient did not vomit.

On November 4th, when she was last seen by the nurse at noon, she was humming to herself. The patient directly after went down stairs, but stopped and sat on a step. Then she lay her head on one side, and her legs were drawn up, but she "did not struggle." In five minutes from the time the nurse saw her, as above mentioned, she saw her again, and then she was in a bed *lying quiet.* There was foam on the mouth, like (the nurse said) "blood and soap-suds together." Death occurred twenty-five minutes later. The nurse, an intelligent woman, spoke carefully, and said she judged of the time from her varied occupations in the interval.

Autopsy, Nov. 6th, 1868, 9 A.M.—Present: Dr. Richardson, Mr. Morton, and Dr. Hughlings Jackson. There was a very large quantity of loosely jellied dark blood under the dura mater and over the arachnoid. It was most in quantity on the right side, but also on the left, and in fact, extended literally all over the brain, base, vertex, and sides. Its origin was a rent in an aneurism of a branch of the right middle cerebral artery. The branch was the middle one in the fissure of Sylvius, but the aneurism, which was as large as a small horse-bean, lay over the posterior branch, and thus touched the convolutions of the sphenoidal lobe, which was very slightly softened close to the aneurism. The blood was here effused *under* the arachnoid for a gradually diminishing extent over an area of two square inches, affecting most the sphenoidal lobe close to the indentation which the aneurism made, and but slightly the adjacent under surface of the anterior lobe. Elsewhere, as said, the blood lay over the arachnoid. The blood in the heart was fluid, or, at the most, very loosely jellied indeed. There were no vegetations on any of the valves. The lungs were congested posteriorly, and their bases were easily broken down by pressure.

It is very important to add, that there was little blood on the outer side of the gums, and that the tongue was indented, no doubt by a bite, but we could make out no actual laceration of the tongue's substance.

ST. PANCRAS INFIRMARY.

TUBERCULAR MENINGITIS: DEATH: AUTOPSY.

(Reported by F. W. GIBSON, M.D., Resident Medical Officer.)

LOUISA M., aged 18 months, was admitted on January 14th, 1868.

History.—The mother of the child stated that the symptoms described below were first observed ten days before her admission, and that previously to that date her health had been good. When admitted on Jan. 14th, the face was pale, the brows knit, and the pupils equal; there was no strabismus; all the muscles of the face twitched continually; the lower jaw was jerked up and down constantly; the muscles of the arms and legs were incessantly tremulous, and this condition increased when she was taken out of bed or disturbed in any other manner. She could move her arms and legs, but could not stand. There was no rigidity of any of the muscles. She cried when touched, seemingly, from hyperæsthesia of the skin. The glands of the neck, arm-pits, and groins were enlarged, hard, and rough. Her appetite was excessive. She had no diarrhœa. There was no notable departure from the normal chest-sounds, no enlargement of the liver or spleen. The tissues of the body generally were much wasted. There was a large unhealthy ulcer on the right foot, and an eruption of scabies covered the chest and limbs. The convulsions and tremors ceased only during the few hours of sleep which she had during each night. Shortly before her death, signs of consolidation at the base of the left lung were discovered. She gradually sank, and died on January 30th.

By *post mortem* examination, a few scattered grey granulations were found with difficulty at the bottom of the sulci between the convolutions near the fissure of Sylvius. The substance of the brain and chord, both to the naked eye and under the microscope, appeared quite healthy. Tubercle was found also in the right lung, in the peritoneum, mesenteric glands, and intestine.

REMARKS.—The continuance of the convulsions and tremors during a period of twenty-six days with no cessation, save during the few hours of interrupted sleep, the great amount and wide extent of the tremors, and the inconsiderable amount of the tubercular deposits in the brain, are the facts in this case to which I would call attention. I may mention likewise that, although the grey granulations were scattered generally through the tissues, the left lung appeared to have escaped entirely. Consolidation of its lower lobe was the only lesion which I could discover.

PROGRESS OF MEDICAL SCIENCE.

THERAPEUTICS.

HYPODERMIC INJECTION AND BLISTERS.—In order to avoid the pain produced by blisters, M. Bricheteau gives a hypodermic injection of morphia at the moment of applying the blister.

THE THERAPEUTIC EFFECTS OF LUPULINE.—M. Méhu finds that the resin of hop, in the dose of twenty to thirty grains, produces often an intense headache; sometimes nausea, and even slight vertigo; and always a state of insensibility, lasting several hours, but without hallucinations such as haschish causes. Each time he has found a subsequent and notable increase of appetite.

A MILK-DIET IN DISEASE.—M. Leclerc and Professor Hirtz of Strasbourg have endeavoured to study accurately the use of an exclusively milk dietary in disease. The quantity of milk calculated for an adult is four pints daily. It should be examined as to quality. Milk is an aliment of easy and rapid digestion, which leaves little residue, favouring diuresis. This *régime*, strictly followed, has rendered great services, especially in organic affections, ulcerations of the digestive tube, hypertrophy of the heart, and dropsies.

DIGITALIS IN ACUTE RHEUMATISM.—Digitalis has been employed in rheumatism by M. Hirtz and by M. Oulmont. Both agree that, under its use, the pulse and temperature fall, the former more rapidly. Ten to fifteen grains of the powder in infusion were given every hour, till sickness or purging occurred. Attacks of acute rheumatism were ended usually on the twelfth or fifteenth day; sometimes on the fifth or sixth. Digitalis, these authors think, acts upon the febrile element, but not upon the rheumatismal element (whatever that may be). It is useless against relapses. In none of the cases treated did cardiac or other complications occur.

THE TREATMENT OF EPILEPSY BY BROMIDE OF POTASSIUM IN LARGE DOSES.—The experience of Sir C. Locock, Drs. Radcliffe, Browns Séquard, Williams (Northampton), Robert McDonnell, and others, has been followed and confirmed by successes by MM. Voisin and Falret. Small doses have failed. Given in doses of from one to three drachms daily, M. Voisin found that, of twenty-four patients, four were relieved from their attacks, six much improved, ten slightly improved, four did not find any benefit. M. Falret, who succeeded to the charge of the patients at the Bicêtre, in a subsequent note, states that this result was confirmed, and gives further details. M. Legrand du Saulle says that, of forty-one patients, one seems cured (since eleven months); five have been free for long periods, three to seven months; six have considerably improved; nine have not been benefited. The rest are under treatment. Thus, all three physicians of the Bicêtre find great benefit result in a large proportion of cases. Small doses are useless.

FORENSIC MEDICINE.

DETECTION OF MERCURY IN POISONING.—The following method was employed by M. Buchner in searching for mercury in the remains of a person poisoned by corrosive sublimate. The organic remains having been disintegrated by a hot mixture of chlorate of potash and hydrochloric acid, the solution is diluted and saturated with sulphuretted hydrogen. After some hours, the sulphide formed is collected, dissolved in aqua regia, and reduced by evaporation to a small volume. A little water being added, a bright piece of copper-wire is placed in the liquid, and, when mercury is present, the wire becomes grey, at the latest, in two days. The copper is withdrawn, dried between folds of blotting-paper, and heated in a wide test-tube. The mercury is more easily distinguished by removing the wire, and placing in the tube a drop of tincture of iodine. M. Riederer, having remarked that the sulphide of mercury which is formed by this process always contains organic matter, has recourse to dialysis. He operates in the following manner. After disorganisation by chlorate of potash and hydrochloric acid, the mercury in solution is precipitated by sulphurretted hydrogen, the sulphide collected dissolved in a mixture of chlorate of potash and hydrochloric acid, and dialysed with 500 c. c. of water; at the end of five days, the water is evaporated, and the dialysis repeated. After this treatment, the solution is again saturated with sulphuretted hydrogen; the precipitate is washed with ammonia and sulphide of ammonium, then with weak nitric acid, and finally treated afresh with hydrochloric acid and chlorate of potash. Operating upon dogs with calomel, M. Riederer has recognised that the greater part of the mercurial compound is eliminated by the excrements.—*Chemical News*, Jan. 15th.

REVIEWS AND NOTICES.

Treatise on Diseases of the Eye. By Stellwag von Carion, M.D. Translated and Edited by C. Hickley, and D. B. St. Roosa, M.D. New York. Pp. 774. London: Hardwicke.

A Treatise on Diseases of the Eye. By J. Soelberg Wells, Professor of Ophthalmic Surgery in King's College, etc. London: Churchill, 1869.

A Manual of Diseases of the Eye. By C. Macnamara. London: Churchill, 1868.

In translating and editing Stellwag von Carion's standard treatise, the editors have rendered a service to ophthalmic practitioners, and have paid a just tribute to the country in which has originated the most important advances in our knowledge and practice in this department. Modern ophthalmology is essentially a creation of the German school of physiologists and surgeons, and to them is due the greater part of our modern exactness of knowledge and improvement in practice, in dealing with the functional and structural defects and anomalies of the eye. In Stellwag von Carion's work are consigned the latest results of the labours of Helmholtz, Donders, Knapp, von Gräfe, Liebreich, Wedl, Schweigger, Weber, Pagenstecher, Mooren, and others of their school. It is, in all respects, an admirable, trustworthy, and most valuable book, remarkable for its completeness, for the mixed learning and acuteness with which it discusses every question within the range of ophthalmic science and practice, and for the admirable exactness and completeness of its literary references. It is illustrated by ninety-six wood-engravings and eighteen chromo-lithographs.

Mr. Soelberg Wells has been inspired by the worthy ambition to produce a treatise of similar aim to that of Stellwag von Carion, and which should replace Mackenzie. He has aimed at doing for English literature, what Wecker has done for French, and Stellwag for German. Nor can it be said that there was not scope for such an enterprise. English practice is by no means devoid of its own characters; and no work which is translated from foreign sources can adequately represent the floating opinions and practice of English practitioners, although they do not fail in justice to all their labours. Mr. Wells has produced a work in which the latest of new opinions and practice are brought together with industry, stated at length, but without tedious diffuseness, and discussed with intelligent appreciation. What is chiefly to be complained of is that, in a work which is of necessity a compilation from innumerable sources, the references are insufficient. The book is too bulky, too costly, and too diffuse for the ordinary practitioner or for the ordinary student; while, for the ophthalmologist, it is robbed of the main part of its value—that of collecting present opinions and recorded facts into a focus—by presenting them without sufficient opportunities of verifying the author's interpretation, or of referring to the original authorities for further details. This is, indeed, a great and characteristic defect in many of our modern English treatises. The great fulness of Stellwag's book in this respect will render it the more acceptable to serious students. Otherwise, the two books may be considered of a nearly parallel character. The illustrations to Mr. Wells's book are lent from Liebreich's splendid monograph; they are better than the original chromo-lithographs of Stellwag; but these have the merit of originality, and it seems a pity that we are to be condemned to be perpetually confined to Liebreich's drawings, which, although beautiful, are far from being the *ne plus ultra* of accuracy.

Mr. Macnamara, the Professor of Ophthalmology in the Calcutta Medical College, has produced a little handbook which may be confidently recommended to students. It is, indeed, the only complete handbook in the language; although Wharton Jones's last edition, with Foucher's additions, and J. Zachariah Laurence's Handy-book, are both good books—the latter especially is entirely reliable, so far as it goes. Mr. Macnamara has, however, produced a complete, well arranged, clear, and condensed manual, which is at present without a rival.

We had marked a number of individual passages in each of these books for discussion and quotation; but refrain from using them, believing that, by placing our readers in a position to judge of the relative characters of the works enumerated, we shall have enabled them to select that which will best suit their respective requirements. No one interested in the subject will regret purchasing either of them; they are all the productions of really honest workers, who have faithfully laid themselves to their self-imposed tasks.

NOTES ON BOOKS.

To the third edition of Dr. Tilt's *Handbook of Uterine Therapeutics* (Churchill), has been added a chapter on the various modes of examining women, to facilitate the diagnosis and the treatment of uterine affections. The chapter on sedatives has been remodeled, so as not only to treat of sedative medicines, but also of the several indications of sedative medication, which are classed as cerebral, ganglionic, ovario-uterine, and anaphrodisiac. The chapter on the complications of uterine diseases has been re-written, and treats of those diseases of the bladder, the rectum, and of the gastro-intestinal organs, that mask or aggravate diseases of the womb. As the work now stands, it gives the author's latest practice, and his appreciation of whatever has been lately brought forward; thus he has given to Dr. Braxton Hicks full credit for advocating the treatment of diseases of the bladder by medicated injections. Dr. Tilt, in the present work, has placed the medical and the surgical aspects of the most common uterine diseases in so clear a light, that it will be unpardonable for any one not to recognise them and treat them as they arise, instead of letting them endure for years, as sometimes happens, with loss of health to the patient, and loss of credit to the practitioner.

NEW INVENTIONS, &c.,
IN
MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

DR. KIRBY'S LABORATORY.

Dr. E. A. Kirby has instituted in Newman Street a laboratory on a large scale, with a view of enabling him to supply facilities to practitioners for what he calls the "ready method" of prescribing. The ready method essentially consists in this, "that the practitioner, instead of prescribing drugs in a state which would require certain pharmaceutical manipulations before they could be administered to the patient, employs medicines which have already undergone all necessary preparation, and are in a state to be administered direct from the hand of the prescriber. Thus, in place of having drugs in a crude state, imposing upon him the necessary operation of combining and preparing them into suitable forms, he supplies himself with the same medicines already prepared for use; so that the whole labour of dispensing is removed, and he supplies Ready Remedies which he can administer the moment he prescribes them. This necessitates, of course, some change in the mode of prescribing, which at the commencement demands, to a certain extent, some thought and painstaking; but the result amply rewards the trouble taken."[*] The medicines, of which Dr. Kirby offers a very full list, are prepared in an elegant and attractive form, as globules, small gelatine *sacs* containing powders, pills, pillules, granules, and grains, all coated with tasteless non-metallic film. Other preparations are conveniently arranged for ordinary forms of administration by draught, etc. For these portable medicines, thus elegantly arranged, Dr. Kirby has devised a suitable miniature dispensary, which may be carried in the carriage or saddle-bag, or in the pocket. Even this latter carries twenty-two remedies. The practitioner visiting a patient at a distance takes with him his medicines, which are "his instruments". We warmly recommend Dr. Kirby's little descriptive book to perusal. His portable medicines and dispensaries are likely to be highly and extensively useful.

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[*] On a Ready Method of Administering Remedies, adapted to the Requirements of Medical Practitioners, especially to those who Practise in Country Districts, India, and the Colonies, containing a Materia Medica, adapted to the Method, and comprising all the Essentials of the Pharmacopœia, Classified Formulæ, etc.; with an Appendix, containing a Concise Abstract of all the Articles Officinal in the New Indian Pharmacopœia, which are not Officinal in the British Pharmacopœia, their Medical Properties, Use, and Dose. By Edmund A. Kirby, M.D., Member of the Royal College of Surgeons; late Physician to the City Dispensary. Published by Henry Renshaw, 356. Strand, W.C.; and at the Laboratory, 14, Newman Street, Oxford Street, W. 1868. Second Edition.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, medical appointments and trials, hospital and society meetings, important inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 23RD, 1869.

HOMICIDAL INSANITY.

IT was fortunate for the recently reprieved convict Bisgrove, and for the principles of humanity, that the present Home Secretary is not a weak man, who mistakes for praiseworthy firmness a resolution inspired by the popular prejudice of the time. It appears that, notwithstanding the blind error of justice by which two men were sentenced to death for a murder of which one was entirely innocent, some persons have felt great dissatisfaction because nobody has been hanged. They have been hardly used; they had looked for two victims, and both have escaped. We cannot, however, sympathise with them, as we cordially approve the humane and just act of the Home Secretary, entertaining no manner of doubt that Bisgrove was an irresponsible lunatic at the time of his entirely motiveless crime.

All who have any practical knowledge of the nature of epileptic insanity, and of the dangerous and violent impulses that occur in connexion with it, cannot fail to recognise the origin and true character of the murder. Bisgrove was an illegitimate child, badly cared for during early life, and of weak health and intellect. For some time before his crime, he had been subject to frequent epileptic fits, which were usually followed by dangerous impulses—to seize a stone, a knife, or anything which might be at hand, and attack those who were near him. Like most epileptics, when not suffering from the effects of his fits, he was quiet and good-tempered, and was liked by his companions. In consequence of his liability to fits, and his inability to take care of himself, he was first set to work in a safe part of the colliery in which he was employed, and was afterwards discharged. He went to sea; but when he returned, after several months, his fits continued to occur, and his mind was weaker; he had lost "his bright look", and had got the heavy, lost look which long continued epilepsy oftentimes occasions. At last, he suddenly killed a man against whom he had no ill-feeling, by dashing a stone on his head as he was lying asleep in a field, without deliberation, without malice, without discoverable motive of any kind, merely because it came into his head that he was to do it. At the trial, not a word was said of his epilepsy; not a word of his weak intellect. His history up to the events of the night of the murder might as well not have been, for any consideration which it received in regard to the question of motive. He was undefended, or rather, what is often worse, was defended only by counsel assigned to him at the last moment by the judge. Found guilty, as his innocent companion in the dock was also, with the approbation of the judge, he would have been executed, had not subsequent inquiry proved beyond question his insanity. It is evident that if the facts of his history had been brought forward and weighed at the trial, and if scientific evidence regarding his mental and bodily condition had been obtained, he would have been acquitted on the ground of insanity; for if there be one fact clearly recognised by psychological writers, it is the dangerous and violent character of epileptic insanity. It is, indeed, that form of mental disorder in which homicidal impulses most frequently occur, as the following quotation from Dr. Maudsley's work will serve to illustrate.

"When the question of the existence of an irresistible impulse is raised in any case of homicidal or other kind of violence, it is, above all things, necessary to keep in view the possibility of the person being afflicted with epilepsy, either in the form of epileptic vertigo, or in its convulsive form. Assuredly the epileptic, who is not insane in the intervals between his fits, must be considered amenable to the laws like any other person. But, if he has committed a murder without any discoverable motive, without advantage to himself or any one else, without premeditation, openly, and in a way quite different from that in which such a crime is usually committed, then it would be an unjustifiable and cruel thing to take no account of his unquestionable disease, and a barbarous act to execute him as a common criminal. 'In such a case', says Trousseau, 'I have the right of affirming before a magistrate that the criminal impulse has been the result, *almost to a certainty*, of the epileptic shock. I would say *almost* if I had not seen the fit; but if I myself or others had seen a fit or an attack of vertigo immediately precede the criminal act, I would then affirm most positively that the culprit had been driven to the crime by an irresistible impulse.' But even though no epileptic fit has preceded the violence, a motiveless and entirely unaccountable crime in a person who has once had, or is subject to, epilepsy, should arouse attention to the possibility of a maniacal attack having taken the place of the ordinary fit—to the possibility of a masked epilepsy."

Bisgrove has now, we believe, been removed to the Broadmoor asylum, where he will receive the care which his terrible affliction demands. Does not his case indicate the urgent need of some reform in the mode of procedure in criminal trials?

MEDICAL EDUCATION.

THE main conclusions at which the Medical Teachers' Association have arrived up to this time, have been summarised thus.

The Association is of opinion that:—

"I.—No Examining Board should grant a diploma authorising medical or surgical practice, and entitling to registration, except after examination in all the subjects of medical and surgical education necessary for what is now called the double qualification.

"II.—Not less than four years of actual study shall be deemed sufficient prior to examination for a diploma.

"III.—Such study must commence after the student has passed an examination in common preliminary education. The examination in common preliminary education should include elementary chemistry, physics, and botany, in addition to the subjects of ordinary education. The four years of study should be thus divided: First year. Chemistry, physics, anatomy, botany, and zoology. Second year. Anatomy, physiology, materia medica. Third and fourth years. Medical and surgical anatomy, pathology, state medicine, and the several departments of practice.

"IV.—There will thus be four examinations for any candidate for a diploma. 1. The examination in *common preliminary education* to be passed prior to the admission to the status of a medical student. 2. An examination at the close of the first year of study in chemistry, physics, botany, and zoology, and in the rudiments of anatomy. 3. An examination at the close of the second year of study in anatomy, physiology, and materia medica. 4. An examination at the close of the fourth year in medical and surgical anatomy, pathology, state medicine, and the several departments of practice.

"V.—Students should be admitted to examinations 1 and 2 on the principle of free studentship.

"VI.—They shall not be admissible to the third examination before the close of the second year of medical study; nor to the fourth before the close of the fourth year. And these three years shall be spent at a recognised medical hospital.

"VII.—It is not desirable that the mode of teaching in the recognised medical schools should be strictly prescribed, but that considerable liberty of action should be allowed to them. No student, however, should be admitted to examination till the authorities of the school at which he has studied furnish him with a certificate that he has studied the subjects included in the examination under their direction, according to the method of their school, and to their satisfaction.

"VIII.—Examinations in scientific subjects should be such as to require a practical familiarity with scientific processes and manipulations, and actual acquaintance with the objects (in natural history, chemistry, etc.), classified and described. In the examinations in medicine and surgery, it is no less necessary that the examinations should, in part, be conducted in wards and out-patient departments, and should be calculated fully to test clinical acquaintance with the characters and treatment of diseases, and with necessary medical and surgical manipulations. The result of the strict application of this rule would be to render teaching by schools of necessity demonstrative and practical, and would tend to enforce regular attendance and systematic teaching in wards and out-patient departments.

"IX.—It is desirable that each subject which is severally taught should also be separately examined in; that the Examiner should represent the best special knowledge of the time, and should be devoid of any pecuniary interest in the number of candidates passed.

"X.—The range of examination in each subject should be more strictly defined than it now commonly is; and that range should be carefully observed by Examiners, exactness of knowledge being held preferable to a smattering over a wide area.

"XI.—The Examining Boards should make returns (for publication by the Central Authority) of the proportion of pluck and pass in the candidates sent up by the several Schools.

"XII.—The above Recommendations apply especially to the minimum, or ordinary pass qualifications of Examining Boards."

On these points there exists only at present, we believe, a difference of opinion, as to whether Botany and Zoology should be made wholly preliminary subjects, or should be included in the first year of medical education. The opinion of the majority of those who were present at the recent meeting, was in favour of eliminating them. Those who hold that, or the opposite, opinion, should not fail to attend the next meeting of the Teachers' Association, which is to be summoned specially on Friday evening next to consider that question. We shall not now discuss it. Sir William Jenner's earnest endeavour to lay stress upon the practical and clinical tests of knowledge, is entirely in sympathy with the feeling of the teachers at large, and was warmly received.

THE PRESIDENCY OF THE MEDICAL COUNCIL.

It has already been stated that Dr. Burrows consented to hold the office of President of the Medical Council only till the commencement of its next session, and that an election will be necessitated then. The profession is also aware, from our announcement, that Professor Syme has most unfortunately lost his seat by the action of the Government. His presence in the Council is most desirable on all accounts, but especially because he has set a-going an inquiry as to professional education of a comprehensive character, which bids fair to lead to good results. There is no other way open at present for him to a seat in the Council but by electing him President. For that office he will be proposed; and his friends feel sanguine, from the expression of opinion from influential members of the Council already obtained, that he will be elected. For this post Mr. Syme combines many eminent qualifications. He is, we need not say, very high in the profession, as near its top as any man. He is an experienced teacher of many years, during which he has taught Anatomy, Systematic Surgery, and especially Clinical Surgery. He has had ten years' experience of the Medical Council, where he has been a leading member. He has an eminently practical and concentrative mind; and, notwithstanding various encounters, he is a favourite of the Council. It is already, and will doubtless be, objected, that he resides at a distance from London. It is, undoubtedly, highly convenient to have the President near the central office and the Home Office; but it is possible that this difficulty may be overcome. Communication by rail, post, and telegraph, is easy now. Mr. Syme is known to be a man whose professional skill and labours have been so richly rewarded as to enable him to make considerable sacrifice of income for any public purpose; and we have reason to believe that he would be ready to go to London as often, and to remain there as long, as his services might be required. The offer of this post to Mr. Syme would be gracefully to honour a man of well-attained distinction, and to secure valuable services at a time when they are most wanted. The question of presidency is one of great importance to the Council and to the profession. If the distance of Mr. Syme's present residence from the seat of the current business of the Council should not prove an insurmountable difficulty—and we see many reasons why it need not—there can, we think, be no question that Mr. Syme's election would be universally popular.

We may call the attention of our members to Dr. Buckle's intended paper, on the "Administration of Hospitals", to be read on Monday evening next, at 8 P.M., at the chambers of the National Association for the Promotion of Social Science, 1, Adam Street, Adelphi.

A meeting of the General Committee of the Marshall Hall Memorial Scholarship will be held on Friday, the 29th instant, at 53, Berners Street, at 5 P.M., Dr. Burrows in the chair, chiefly to consider what form this Memorial should take.

The Newark Dispensary and Hospital are henceforth to be carried on under an amalgamated management. These two institutions are of considerable value and importance; they relieve an average daily number of sixty-three patients.

NETLEY MEDICAL SCHOOL.

Among other contemplated reductions, we learn with regret that there is some talk of diminishing the establishment of teachers at Netley. The two chairs which are threatened are those of Hygiene and Pathology.

GREENWICH HOSPITAL.

We have reason to believe that the present Admiralty scarcely approve of the course of the late Board in carrying out the recommendation of Mr. Ducane's Greenwich Hospital Committee, by increasing the number of admissions from the out-port hospitals. The Civil Lord and the Secretary of the Admiralty paid this week an official visit, and inspected the establishment. It has been stated that the old pensioners would be removed to Netley. It is probably Chelsea which is intended; Netley is a military hospital, and not far from it is the great naval establishmet of Haslar.

THE HEALTH OF THE GUARDS.

A striking proof of the necessity for extending the operation of the Contagious Diseases Act is shown in the health of two battalions of the Coldstream Guards regiment. One stationed in London, where the act does not apply, has thirty men at the present time in hospital with contagious disease; the other, stationed at Windsor, now under sanitary regulations, has only nine men incapacitated from the same cause, yet these nine men form more than half the total sick in the regiment, so fertile a cause of disablement is the "contagious disease".

ANATOMICAL MUSEUMS.

One of the most important duties of the new Commissioner of Police will be to systematise and render effectual the now spasmodic action of the police in using the powers of the law against flagrant violations of public decency. The so-called public "anatomical museums" exist only by the sufferance of the police. Lord Campbell's Act would suffice at once to destroy these haunts of pollution and mischief. We owe it to Mr. Knox that one part of London has been, to some extent, rendered less publicly obnoxious; and we hope that the omen is good in other respects.

SALISBURY MEDICAL SOCIETY.

The first meeting of this newly-formed Society was held in the Board-room of the Salisbury Infirmary, on the 6th instant. There was a large muster of members, and after a brief address from the President, three very interesting papers were read: by Mr. Coates on the treatment of Desquamative Nephritis; by Mr. Davis on a case of Suppression of Urine; and by Mr. Marshall on a case of Puerperal Convulsions. Animated discussion followed the reading of each paper. We wish the Society all prosperity in the course so successfully inaugurated. The list of officers for the first year is as follows. *President:* J. A. Lush, M.D. and M.P. *Vice-Presidents:* J. M. Cardell, F.R.C.S.Eng.; W. G. Davis, M.R.C.S., L.S.A. *Committee of Management:* W. Martin Coates, M.R.C.S.; J. Winzar, M.R.C.S.; E. Young, M.D. *Treasurer:* F. R. P. Darke, M.R.C.S. *Hon. Secretary:* H. J. Manning, B.A., Lond., M.R.C.S.

DIVIDED RESPONSIBILITY IN MILITARY GENERAL HOSPITALS.

THE attempted murder of an orderly of the Army Hospital Corps, by a lunatic patient in the Royal Victoria Hospital, Netley, on Sunday morning last, suggests the question as to whether the General Commandant of the Army Hospital Corps, the Captain of Orderlies, the Purveyor, or the Principal Medical Officer, be responsible for a razor having been available for such a purpose in the portion of the establishment allotted to lunatics. It would be hardly conceivable that, in a hospital solely under the control of the medical authorities, such an event could occur.

MORTALITY FROM SCARLATINA AMONG CHILDREN AT ALDERSHOT.

WE have reason to believe that the statement of the *United Service Gazette*, as to great mortality among the children at Aldershot, chiefly those of the Fifth Dragoon Guards and Tenth Hussars, is rather exaggerated. It is quite true that scarlatina has for some months past been very prevalent in the camp, and that the children of the above-named regiments quartered in the permanent barracks have suffered in a greater proportion than those living in huts. But we have also been informed that only seven deaths of children from scarlatina have been reported between the 2nd of October and the 8th of January. Two women died some weeks ago from puerperal peritonitis, so that an epidemic influence is evidently at work; and the probability of a connection between it and some sanitary defects in the quarters occupied by the regiments whose children have been most affected, is a question to which the medical and military authorities of the camp would do well to direct their attention.

SOCK- AND SHIRT-POISONING.

THE following is from the pen of Mr. Wanklyn, Professor of Chemistry in the London Institution.—In common with a large section of the daily press, the BRITISH MEDICAL JOURNAL has called attention to the risks attendant on the use of poisonous hair-dyes. The danger arising from wearing next the skin articles of clothing impregnated with poisonous dyes is a much graver matter, in comparison with which all the risks run by persons who dye their hair sink into insignificance. The brilliantly coloured socks, flannel shirts, etc., which are now so very common, are a source of danger; for the risk of absorption of poison from a shirt is in itself much greater than the risk of absorption of poison from the hair of the head, and the wearing of coloured shirts is an infinitely commoner thing than the use of hair-dye is ever likely to become. The coal-tar dyes, to which we are indebted for the brilliant colours of the garments in question, are poisonous. Magenta, the well-known red dye—which is, moreover, the basis of beautiful violets and blues, that are prepared from it by well-known processes—is of arsenical origin. All the magenta made at the present time, and, with a very insignificant exception, all the magenta which has ever been manufactured, is a product of the action of arsenic acid on commercial aniline. At first, and, indeed, even when the manufacture had become largely developed, the dye was sent into the market in a highly arsenical condition. In 1863, I examined beautiful crystals of magenta, samples of the dye produced by a very large continental firm, and found them to contain something like 25 per cent. of arsenic acid. Many tons of solid dye, such as that which I analysed, found their way into the market. At the present time, it is unlikely that much magenta of this quality is manufactured; but it is in the highest degree improbable that any magenta is quite free from arsenic, and more than probable that some of the varieties which are manfactured contain a very considerable quantity. In fine, we are justified in regarding fabrics which are dyed with magenta as having been more or less impregnated with arsenic. On the other hand, it will be urged that there can be no absorption of arsenic from a fabric dyed with magenta, inasmuch as the arsenic is chemically combined with the dye-stuff, which, with the fibre coloured by it, constitutes an insoluble compound, and is, therefore, out of the reach of the process of absorption. Unfortunately, however, magenta fades, and is fugitive; it is, in fact, one of the least permanent of all the coal-tar colours; and, as the organic part of the dye decays, the arsenic will be set at liberty, and presented in a form most suitable for absorption. In addition to the possibility of arsenical poisoning from the employment of coal-tar colours, there are other varieties of poisoning to be apprehended. The organic part of these new dyes is unquestionably more or less poisonous. One of the yellow dyes, in particular, is said to be an irritant of a most formidable character. On this subject, and with the object of opening the eyes of the public, I cannot, perhaps, do better than quote what has been said by a manufacturer when reproached with the poisonous nature of his dyes: "They are not more poisonous than arsenic." As a set-off against the fact that the dyes are powerfully poisonous, must be placed the equally certain fact that the quantity of dye-stuff taken up by a shirt is very small. Whilst deprecating any degree of public excitement on this subject, I would urge the necessity of having the whole subject investigated. Possibly the result of investigation may be, that the risk of sock- and shirt-poisoning is small—something like the risk of railway-travelling; possibly, however, the reverse; and possibly we may have to abandon the use of the coal-tar dyes for the colouring of such articles of clothing as are to be worn in immediate contact with the skin.

COMPARATIVE STATE OF VACCINATION IN THE THREE KINGDOMS.

FROM comparative examination of the records of marks of small-pox and of previous vaccination among recruits on enlistment, in the Army Medical Department Report, from 1860 till 1866, it appears that Scotland supplied, during five of the seven years, the highest proportion of men bearing marks of small-pox; during one year, the lowest; and, in the remaining year, it is equal with England, both being in that year lower than Ireland. England and Ireland give each the lowest proportion three times, and each only once stands highest in the list. In marks of previous vaccination, Ireland stands highest in five of the seven years, England in the other two; Scotland lowest in five of the seven years, and England lowest in the other two. In "no marks", England stands highest four times, Scotland twice, and Ireland only once. Hence, in so far as recruits may be considered to represent the general population of their respective countries, vaccination appears to be less generally practised in Scotland than in England, and in England than in Ireland. This, so far as it goes, is rather a curious point, as one would not, *à priori*, be inclined to expect that attention to vaccination would extend more readily among the less generally educated Irish. We remember hearing, many years ago, from a friend, how he had met vehement and successful opposition to his proposal to vaccinate the child of the precentor of a Scotch kirk, who, himself blind from small-pox, considered vaccination to be "a flying in the face of Providence."

PRINTING FOR THE BLIND.

THE last lecture delivered this term by the Gresham Professor of Medicine dealt with the subject of Printing for the Blind. An article that recently appeared in our columns, headed "Fingers and Eyes", has, with the aid of the daily press, produced a discussion, from which excellent practical results may be expected. Dr. Symes Thompson analysed the questions raised, and remarked that the apparent advantages of the Roman character over all arbitrary systems, are more than counterbalanced by the real difficulties it offers to the blind reader. It is not easy to maintain the argument, that the alphabet for the eye and finger must be identical, or the already isolated blind will be further separated from those who see. The fact that the blind read by the sense of touch, at once introduces the physiological reason against giving them the same type as that fitted for the eye. The tactile sensibility of the skin, which has been carefully measured all over the body, and found to vary greatly in different parts—the "limit of confusion" (*i.e.*, the limit at which the two points of a compass cease to be distinguishable as two) is, on the outer side of the arm or leg, two or three inches, and at the fingertip, one-twelfth of an inch. Still even this last differs strikingly from the limit of vision, the eye being able clearly to distinguish particles of 1-400th or 1-500th of an inch in diameter, glittering particles of 1-1100th, or threads of 1-4900th (half the diameter of a silkworm's silk). The nerve-fibres of the retina vary from 1-6000th to 1-50,000th of an inch in diameter. It has been calculated that between one and two hundred millions of these rods exist in the retina of each eye; and, as the size of the retinal rods corresponds with the dimensions of the image of the smallest object of which we can take cognisance, we may judge, by the aid of these figures, of the comparative minuteness of the senses of sight and touch. The true way to lessen the barrier between the blind and the sighted is, to make the literature of the blind as easy to them as our type is to us, fully bearing in mind in what their difficulties consist, and not obliging them laboriously to spell out complicated letters and unabbreviated words just because these look clear and natural to our eyes. We are told that, with practice, the blind can read whole words, as we do at a glance, and many blind readers look almost as if they did so. But the fact is that, as the eye can only see one thing or person clearly at the same time, so can the finger only distinguish one character clearly at the same moment, though a general impression may be gained of the form of the syllable, or even of the word, by the other fingers. The angles and prominences of embossed letters are, of course, much less clearly discernible than the points of a compass; yet, such is the power of education, that the finger may be trained to distinguish slight peculiarities of surface, even at the distance of one-twelfth of an inch; but, at a less distance, we can hardly, on the grounds just referred to, expect a clear definition. Many works have, nevertheless, been printed in Roman letters so small that the finger is quite at a loss to distinguish the letters, and too often the letters are so close together that the difficulty is hopelessly increased. The central part of the tip of each finger is more sensitive than the sides; and it has been proposed by Mr. Mitford, in order to bring this part first into contact with the embossed letters, that the lines of type should run from above downward in a perpendicular direction, instead of from side to side, as in ordinary printing; for, in this latter case, the side of the finger, which is less sensitive than the centre, first comes into contact with the letter. This system, though based on sound physiological data, was, however, never brought into general use. For educational purposes, and for the old and horny handed, a fully written large type, like that known as Moon's, but more nearly approximated to the Roman letter, must be chosen; and the selection and arrangement of this will require care and judgment. While such a type is essential for learners, and for those whose perceptions are dull, there can be no doubt that, in addition to it, for those of active minds and educated fingers, a system containing many signs and abbreviations may be advantageously employed. For the educated blind, it is rarely necessary to print a word in full; they are so quick in catching the meaning, that signs might be freely used, with no interference with the ease of reading, but with great increase in fluency, and therefore in easy comprehension of a sentence. The shorthand idea embodied in Lucas's system might be retained, with changes in detail, and the introduction of Frere's easily felt signs, and with the lines carried alternately from left to right and right to left, so that the finger may pass from the top of the page to the bottom without a break. The lecture concluded with an expression of hope that the committee of blind gentlemen now investigating the question may arrive at a decision which, from its completeness and impartiality, will commend itself to all parties; and that, instead of numerous conflicting systems, we shall shortly have one type universally accepted and received.

SOIRÉE AT KING'S COLLEGE.

On Thursday, the 14th instant, the principal and academical staff of King's College held a grand *soirée*, which was brilliantly attended; between three and four thousand persons were present, and amongst them were a great many old King's men. In the entrance hall was a fountain surrounded by plants and rock, and on each side the double staircase was well illuminated, and ornamented with vases and shrubs. The large hall was full of works of art, some of which had been sent by Her Majesty for the occasion. The pictures which were hung round the walls were from well-known artists, and comprised the works of Goodall, Cooper, Roberts, Frith, Thomas, A. Solomon, and Rosa Bonheur. One of the greatest novelties was the zinconium light, which was tried for the first time in this country; the metal was used instead of the lime in the oxy-hydrogen flame, and gave a most brilliant effect. Its intensity could not be compared experimentally with that of the ordinary lime-light, but it seemed to be as great. In the physical laboratory, which has recently been constructed, a great many ingenious instruments were exhibited. One object which attracted much attention was a diadem, or rather a hollow glass tube made in that shape. Half the tube was coloured with a salt of uranium, and the rest was made of plain glass; when a vacuum was formed and various gases introduced, an electric current was sent through, and most brilliant colours were produced. Mr. Tomlinson exhibited what were called "Cohesion Figures." A drop or two of some fluid, as creasote or benzol, was placed in a small dish of water, and the image thrown on a white screen; as a small globule approached a larger one it was repelled, and in its turn repelled still smaller ones. The large library contained a great many microscopes, with some excellent specimens; these were lent for the occasion by the Microscopical Society. In the medical library were shown some beautiful photographs, chiefly of the cathedrals in this country. The Museum of Natural History was thrown open on the occasion, and some curious fossil remains were shown, besides many objects of interest in chemistry and mineralogy. About 12 o'clock the company began to separate; the halls and corridors having been crowded for the previous four hours. The management of the *soirée*, which passed off with great *éclat*, was entrusted to a Committee, of whom two were chosen from the Professors of each department, while the Principal acted as Chairman.

THE QUEEN'S HOSPITAL, BIRMINGHAM.

The necessity has been felt, and is about to be provided for, of supplying more commodious and better classified waiting-rooms and offices in connexion with the out-patient department. To supply the funds, the working classes are, with admirable good sense and appreciation of their responsibilities and privileges, organising earnest support. The new buildings will afford a further opportunity of improving classification in the wards. A committee of working men was appointed at a recent meeting, and Mr. Sampson Gamgee is chairman of the committee.

PREVENTABLE DEATHS.

Mr. Dyke, Merthyr Tydfil, points out to his Board the excess of mortality from fever, and other probable local causes. Two of the deaths from typhus, it appears from his report, were those of the medical officer of the union-house and a poor man who acted as nurse in the Infirmary. In both cases the contagion was taken in the fever-ward of the Infirmary. At page 49 of the Second Annual Report on Merthyr Tydfil, Mr. Dyke pointed out the errors of construction which he thought had been committed in the building of those wards. The guardians have appointed a new medical officer in the room of Dr. Allday, and, with many flowery speeches, have expressed to him that "he will die as universally respected"—and as much a victim of ignorance and parsimony.

PREVENTION OF ACCIDENTAL POISONING.

At the Derby Infirmary, the other day, a female nurse supplied one of the patients, named John Waite, with what she thought was his medicine, but it turned out to be a lotion ordered for external application. Several hours elapsed before the mistake was discovered, and the usual remedies were then resorted to, but the poor fellow died. This is one of a long series of similar mistakes at various institutions. It is, we think, peculiarly incumbent on the managers of hospitals to take proper precautions against such accidents. One which ought not to be omitted is the use of fluted bottles for all external applications. This precaution, which we have much insisted on, and with great public benefit, is adopted now at the principal dispensing establishments in London, and in the public departments as well as many hospitals.

VACANT EXAMINERSHIP AT THE COLLEGE OF SURGEONS.

WE announced last week the termination of Mr. Partridge's quinquennial period of office as examiner. Who is to succeed him? Mr. Hancock stands next; but Mr. Partridge is eligible for re-election for a further term. There is an opinion in the Court that he is an excellent examiner. He has done much, by urging the introduction of the microscope and of practical tests, to improve the examinations; and it is by no means unlikely that he will be re-elected for another five years. This would complete the term allowed by the charter.

THE PRESIDENT OF THE PATHOLOGICAL SOCIETY.

AT the Pathological Society on Tuesday night, the new President, Dr. Quain, took his seat. Mr. Simon, in his valedictory address, referred to his successor as one who had taken an active part in founding the Society, and steadily exerted himself, from that day to this, to contribute to its success, and as "one of the kindest of men and most successful of physicians." Dr. Quain gave a brief introductory address, which contained matter of interest, and which we shall publish next week. He comes to office at a time when the members are beginning to get very critical, and when suggestions abound for improving the meetings. Fortunately he brings to it excellent judgment and long experience of the workings of the Society.

LIVERPOOL MEDICAL INSTITUTION.

THE annual meeting of the members of the Medical Institution was held on January 12th, when the following officers and Council were appointed for the year 1869:—*President:* John Macnaught, M.D. *Vice-Presidents:* J. Cameron, M.D.; R. Gee, M.D.; E. Whittle, M.D.; D. W. Parsons, L.R.C.P. *Honorary General Secretary;* M. G. B. Oxley, L.K.Q.C.P. *Honorary Secretary to the Ordinary Meetings:* T. Roberts, M.B. *Honorary Treasurer:* A. B. Steele, Esq. *Honorary Librarian:* A. Davidson, M.B. *Members of Council:* T. Bickersteth, Esq.; C. B. Wilson, Esq.; T. Skinner, M.D.; H. G. Rawdon, M.D.; L. E. Desmond, M.D.; R. Hamilton, Esq.; S. Telford, M.D.; W. McCheane, Esq.; J. M. Bennett, M.D.; C. D. Lyster, M.D.; T. S. Walker, Esq.; A. T. H. Waters, M.D.

THE ANTISEPTIC TREATMENT OF WOUNDS.

SINCE the publication of Professor Lister's recent papers in this JOURNAL, the attention of the profession has been drawn more carefully to the precautions necessary, and to the mischief arising from the repeated and direct applications of this substance to the wound. A highly interesting paper, read by Mr. Berkeley Hill at a recent meeting of the Harveian Society of London, pointed out the special advantages and difficulties of the treatment, and the mode in which the applications in the Glasgow wards differ from those which are commonly made in London under more or less mistaken impressions. Mr. Hill expressed his belief that the imperfect success which had followed the antiseptic use of carbolic acid in many places was mainly owing to imperfect knowledge of its properties. Mr. Hill proceeded to show that the best results were gained by keeping the air as much as possible out of the wound, and by ensuring that what air must inevitably approach the wound should be rendered innocuous by carbolic acid vapour. The solubility and miscibility of the acid in water, oil, glycerine, ether, alcohol, gutta percha, India-rubber, and shell-lac, are very important qualities for its application in surgery. The watery solution is useful where the carbolic acid is required immediately, but only for a few minutes, as in washing wounds which have been exposed to the air to destroy any fermenting matters that may be present. But as carbolic acid quickly evaporates from water, the aqueous solution is useless where the antiseptic quality of the acid is needed continuously. The fixed oils are better suited for this, as they hold the acid more tenaciously. When the wound has been closed and it is desired to disinfect the air round about the wound and any discharge escaping from it, Mr. Lister's lac and carbolic acid plaster laid over the surface is sufficient for this, but for security it is well to increase the supply of carbolic acid vapour by putting at a safe distance from the wound itself (that is, outside the plaster) a layer of lint soaked in oil and carbolic acid. Mr. Hill remarked that further investigations of the action of carbolic acid on wounds show that the antiseptic is injurious if repeatedly applied to them; and, when the chance of putrefaction has been removed, the carbolic acid should not be allowed to enter the wound again. Hence the number of preparations for retaining the carbolic acid round about the closed wound without letting it actually reach the interior. Mr. Hill narrated the local anæsthetic effects of carbolic acid, how patients dressed with it escape pain during the healing of their wounds, and also constitutional disturbance. The acid taken in large doses produces delirium or peculiar motory and sensory paralysis of a temporary kind; and applying it to very extended surfaces, as burns, might be dangerous from its rapid absorption into the blood. The acid is expelled from the body by the lungs and kidneys. Mr. Hill showed the Society a specimen of the urine passed by a patient whose stump was dressed with carbolic acid. Of a normal colour when passed, a few hours' exposure to the light and air gives the urine a dark-brownish green tint, turning red if strong nitric acid be used. This urine may be left long exposed to the atmosphere without undergoing fermentation. Besides the antiseptic qualities of carbolic acid, Mr. Hill pointed out its value as a destroyer of parasitic diseases, and in checking the progress of spreading venereal sores. Mr. Hill related several very interesting cases of amputation, compound fracture, and other severe injuries, which had healed rapidly and painlessly under the use of carbolic acid. Some of these cases Mr. Hill had seen (whilst on a recent visit to Glasgow) under the care of Mr. Lister himself; others had been treated in the wards of University College Hospital.

MEDICAL BENEVOLENT FUND.

THE annual general meeting of this charity was held on Tuesday, January 12th—Dr. Lloyd Birkett in the Chair. In the Report of the Committee, it was stated that one hundred and six cases had been relieved during the year; the total amount thus expended being £855. In several instances, grants from the Fund had been made conditional on a certain additional sum being raised by the friends of the applicant, with excellent results. The number of annuitants at present is twenty-seven; and it is hoped that the Committee will soon be able to add to these, as the candidates are numerous, and many of them in most distressed circumstances. The Committee and officers for the ensuing year were elected; and the thanks of the meeting were given to Dr. Broadbent, who has held the office of Honorary Secretary since 1864. The successor appointed to the somewhat arduous duties was Stamford Felce, Esq. In conclusion, a vote of thanks to the medical press was moved by T. H. Hills, Esq., and unanimously carried. Every disposition had been shown by the editors of the various journals to aid in bringing the charity before the profession. The principles on which it is conducted cannot fail to recommend it, when they are known. All the work is done gratuitously by members of the profession; and those who require the aid of the Fund have only to show that they are really in need, and that their position is the result of misfortune, and not of misconduct; and assistance is at once given, without canvassing.

THE BLOOD IN SNAKE-POISONING.

DR. FAYRER, in the further account of his experiments on the influence of snake-poisoning in the *Indian Medical Gazette*, Dec. 1st, 1868, states that in no case was anything found, after minute observation, to confirm Professor Halford's observations, published in the account given in this JOURNAL, as to blood-changes and development of new corpuscle after death.

THE BUXTON BATH HOSPITAL.

THE Buxton Bath (Devonshire) Hospital presents an excellent Report for 1868; 1,204 patients have been admitted, of whom 1,058 have been benefited. It is still too much the case, as was set forth in the last Report, that, during the winter months, the in-patients only average the number of from fifteen to thirty; whereas, during the remainder of the year, from one hundred to two hundred patients have to wait for vacancies, and sometimes have to wait during six weeks or two months. It seems to be matter for very serious regret in the interest of the patients, that they should not be sent in equal proportions at all times of the year to a house which is well built, well warmed, well ventilated, which affords every comfort and convenience that can be wished, which is situated in a locality possessing sanitary advantages of the highest character; and whereas the baths and waters of Buxton are known to be quite as influential in relieving rheumatism and its congeners during the winter as at any other time of the year.

SCOTLAND.

THE Reid Concert (says the *Scotsman*) is to be produced this year on a grand scale on February 13th. Mr. Hallé's orchestra will be one of the chief features of the entertainment.

AT the Royal Society of Edinburgh on Monday night, Dr. A. Crum Brown read a valuable paper by Dr. T. R. Frazer and himself, on the Connection between Chemical Constitution and Physiological Action—on the Physiological Action of the Salts of the Ammonium Bases derived from Atropia and Conia.

THE legacy left by Mr. Clark, junior, of Glasgow, to the Royal Infirmary, and which becomes available on the death of Mrs. Clark, amounts to £20,000. The portion of the estate, of the value of £30,000, left for the foundation of bursaries in the University, will be placed at the disposal of the authorities in the course of two years.

UNIVERSITY OF ABERDEEN: THE CHAIR OF MIDWIFERY.

BY the lamented death of Dr. Dyce, the Chair of Midwifery in the University of Aberdeen falls vacant. We hear of two candidates in the field—Dr. Charles Bell and Dr. Andrew Inglis, both of Edinburgh.

BANQUET TO THE CHANCELLOR OF THE UNIVERSITY OF EDINBURGH.

ON Thursday evening of last week, the Right Hon. John Inglis, Lord Justice-General, was entertained at dinner in Slaney's Douglas Hotel, by a large number of his friends, in celebration of his recent election as Chancellor of the University of Edinburgh. The company numbered about one hundred and thirty. The chair was occupied by Professor Maclagan, M.D.

UNIVERSITY OF EDINBURGH: INSTALLATION OF LORD RECTOR.

ON Monday, the Right Hon. James Moncreiff, the Lord Advocate for Scotland, was installed as Lord Rector of the University of Edinburgh. The ceremony took place in the Music Hall, at two o'clock, in presence of the students of the University and a large company of ladies and gentlemen. Mr. Moncrieff's inaugural address was characteristically able and eloquent. He began by paying a graceful tribute to his predecessors in the office; and thereafter gave a sketch of the distinctive features of College experience between 1825 and 1832, when he was a student at the University. He next noticed the peculiarities of the Scotch University system as compared with that of the English Universities; and concluded with some remarks on the much vexed question of classical study.

IRELAND.

ROYAL COLLEGE OF SURGEONS.

AT the preliminary examination in Anatomy, Physiology, and Materia Medica, for the license, held last week, twenty candidates presented themselves, and all were found to be qualified. The second part of the examination will be conducted next week; operations on the dead subject being introduced for the first time. The Examinership in Midwifery will be filled on the 18th proximo.

ST. VINCENT'S HOSPITAL.

IN consequence of Dr. O'Ferrall's death no vacancy on the staff has occurred, as that distinguished physician had been for a considerable time acting only as consultant.

THE LORD-LIEUTENANT.

DR. NUGENT, Dr. Hatchell, and Dr. Stannus Hughes, were among those who were officially present at the first reception of the new Lord-Lieutenant.

ROYAL DUBLIN SOCIETY.

THE success of a series of literary lectures at the College of Science having been remarkable, the Royal Dublin Society is making arrangements for a course of public lectures on Scientific Subjects. If they are modeled on those delivered at the Royal Institution they are sure to be attractive and most useful.

UNIVERSITY AND MEDICAL EDUCATION IN IRELAND.

AMONG the many essays what have lately appeared on Irish topics, is one entitled "Modern Ireland, by an Ulsterman." The work is believed to be from the pen of a member of our profession, as indeed appears from the thorough acquaintance with the subject of medical education which the chapter so headed displays. The book will be most useful to those who are studying the social questions peculiar to Ireland.

HOSPITAL FOR INCURABLES.

A SUM of £634, the balance remaining in the hands of the committee of the national ball given to the Prince and Princess of Wales, in the Exhibition Palace, on their visit to Ireland in April last, is to be given to the Hospital for Incurables, Dublin, for the purpose of founding a wing of that institution, to be called the Alexandra Wing.

THE MEDICAL DEPARTMENT OF THE NAVY.

WE have reason to believe that Dr. Bryson, C.B., the Director-General of the Medical Department of the Navy, having completed his five years' period of service, is about to retire. It is likely that this department will share in the remodelling process about to be applied to all the offices under the Admiralty, and that its duties will be re-arranged, of an entirely professional nature. Whoever may become the successor to Dr. Bryson will find that his duties in maintaining the branch in good working order will be of no ordinary difficulty, with the present depressed state of the Naval Medical List. The three names which are most prominently mentioned as his successor are, Sir David Deas, K.C.B., Dr. Davidson, and Dr. Armstrong. We are told that Sir Edward Hildige, who heads the list of inspectors-general, would decline further employment.

THE CONSTITUTION OF THE MEDICAL PROFESSION.

THE Quarterly Lists for the past year of practitioners registered in England, Scotland, and Ireland, are not without interest. We find, by careful analyses, that the following numbers of new names have been added to the authorised lists.

England	508
Scotland	150
Ireland	167
Total	825

We propose very shortly to publish our annual analysis of the *Medical Register*, showing the constitution of the profession. Since we first commenced this labour, the good results have been apparent in the action of the General Medical Council and of the examining bodies as to double qualifications. The proportion of double qualifications upon the *Register* is increasing.

REPORT

ON THE

MALT LIQUORS SOLD IN THE UNITED KINGDOM:

WITH ANALYSES AND COMMENTS.

ALTHOUGH the recent introduction of the cheaper kinds of wine into this country has led to their being used much more largely than was the case before the alteration of import duty, it appears to have had little influence on the habits of the chief beer-consuming class, and our national beverage is still, for a large portion of the community, as important an article of diet as ever; while its manufacture, employing a large amount of capital and labour, and constituting a gigantic industry, is a great source of trade, of individual profit, and of revenue to the state.

The following statistics* will furnish an idea of the extent of the business of beer brewing in this country.

	MALT.		SUGAR.		Total quantity of malt equivalent to the malt and sugar used in brewing.
	Charged with duty.	Used in brewing.	Used in brewing.	Equivalent in malt, 200 lbs. sugar to 8 bus. malt.	
	Bushels.	Bushels.	Lbs.	Bushels.	Bushels.
1865 ..	48.538,412	45,093,778	3,698,180	140,883	45,234,661
1866 ..	50,163,487	50,777,200	7,628,206	290,598	51,067,798
1867 ..	50,915,828	49,392,856	26,532,403	1,010,758	50,403,614

At the rate of 2½ bushels per barrel, these quantities would represent about 20 million barrels of beer brewed annually in the kingdom.

The general excellence of British beer, in its various modifications, has long been recognised; and although beer is largely consumed in other countries, it has been customary to consider both the method and system of manufacture adopted in this country, as well as the product itself, as being in most respects far superior to any other. But, as in other branches of industry, the preeminence we have held in regard to foreign countries has, during late years, been lessened or done away with by their more rapid progress in manufacturing arts; so in the production of malt liquor, we are now threatened with a foreign competition which would probably have been regarded as ridiculous a few years ago.

Of other countries than this, where beer is consumed and produced, Germany has long been famous, both for the capacity of its beer-drinkers, and for certain peculiarities of the beer made there; especially that kind known as Bavarian beer, which is brewed in a manner somewhat different from that generally practised in this country. During the last thirty years, great attention has been paid in Germany to the brewing of malt liquors by some of the most eminent chemists and scientific men, among whom the name of Liebig stands prominent. The various governments have also given great assistance in promoting and improving the manufacture; so that while very great progress has been made in the *rationale* and practice of the art of brewing, the manufacture has considerably increased, and beer is now largely brewed, upon the Bavarian system, in many other parts of Germany, even in the wine districts, especially in the neighbourhood of the Rhine, and in Austria,† where its production has extended, since 1848, through all the provinces along the Danube, even to the Black Sea. So great, indeed, is the repute of the German brewers, that it is now customary with some of our largest brewers to employ in their establishments German chemists; from which fact, it may be inferred, that persons with the requisite technical skill and scientific acquirements cannot be obtained in this country. At the Paris Exhibition, last year, the Viennese and Bavarian beer attracted great attention; and as it is from this direction that the competition, already referred to in the production of beer, is now commencing to be exercised, it is conceived that it would be of interest to examine what are the qualities of this beer as compared with the various kinds of malt liquor made here.

In making the comparison, the question of actual or possible adulteration will be, for the present at least, left out of consideration, and it will be, meanwhile, assumed that the various kinds of beer are simply the fermented product of malt and hops. Thus considered, beer should consist chiefly of water, alcohol, and extract,—consisting of sugar, dextrin, and nitrogenous substance,—together with carbonic acid, small amounts of acetic and lactic acids, and the saline substances partly originating from the water used in brewing, and partly extracted from the malt and hops.

From this point of view the quality of beer, independently of its characteristics of flavour and aspect, will vary according to the proportions of malt and water used in the brewing. This is indicated by the relative amounts of alcohol, acetic acid, and extract contained in the beer, since the amounts of these constituents together bear a definite relation to the specific gravity of the unfermented wort, which is greater or less according to the proportion of malt to water.

The degrees of attenuation, or loss of gravity of beer-worts, corresponding to various amounts of alcohol produced, by fermentation, have been very carefully determined; so that by estimating the amount of alcohol in beer, and adding the corresponding degrees of gravity lost by the wort, to the specific gravity of the beer after being deprived of its alcohol, the specific gravity of the unfermented wort—or the original gravity of the beer, as it is termed—is ascertainable. The amount of malt used in producing the wort is then indicated by the rule, that it is at the rate of 1 bushel per barrel of beer for every 27 degrees, by which the specific gravity of the wort—or original gravity of the beer—exceeds that of water.

I.—VIENNA BEER.

The chief peculiarity of this beer, like that of Bavaria and other parts of Germany, is due to the fermentation of the wort being conducted very slowly at a low temperature, and so that the yeast produced meanwhile falls to the bottom of the liquor instead of rising as froth to the surface. The beer brewed by this sedimentary fermentation keeps better than that made by the frothing fermentation at a higher temperature, and it bears contact with atmospheric air without turning sour, which is not the case with much of the beer brewed in this country for ordinary consumption. The difference between these two kinds of fermentation, is explained by Liebig as consisting in the greater facility which sedimentary fermentation affords for the oxidation and perfect separation of the soluble gluten of the wort by atmospheric air. In the frothing fermentation, this is, to a great extent, prevented by the thick layer of yeast formed on the surface of the liquor, and then the gluten, in its conversion into yeast, appears to abstract oxygen from the sugar, so that the proportion of this substance to gluten is reduced, and, after the fermentation is completed, some unaltered gluten remains, which, by a subsequent process, determines the conversion of alcohol into acetic acid. In sedimentary fermentation, on the contrary, there is little or no scum formed on the surface of the liquor, and air has free access to it, so that less or none of the gluten is left unconverted into yeast.

The storing or maturing of this kind of beer is another point to which great attention is paid; and instead of being stored in enormous vats, as in this country, casks are used, which are placed in cellars, where a low and uniform temperature is maintained. The basaltic and other porous volcanic rocks, abounding in the Rhine district, afford great facilities for the construction of such cellars, and the rapid growth of the beer-brewing trade there is mainly owing to this circumstance. In Bavaria and the Austrian dominions, ice is largely employed for keeping the store-cellars at a low temperature.

Generally speaking, the beer drunk in Austria and Germany has less alcoholic strength than that consumed here. The strongest kinds, such as those known in Bavaria by the names "Holy Father", "Salvator", and "Buck", rarely contain so much as 5 per cent. by weight of absolute alcohol. The store-beer, or *lager bier*, generally contains about 3·5 per cent., ranging from 4 to 2·8 per cent.; and the ordinary beer for quick draught, *schenk bier*, corresponding in that respect to our porter, contains from 2·25 to 3·5 per cent. of alcohol. In the Austrian dominions, the beer is generally preferred rather weaker than in Bavaria; but in Austria, the organisation of the breweries, and the system of conducting the business, have been developed in such a manner as to assimilate more to the vast establishments we have in this country.

Two kinds of Austrian beer are now being imported into England; one is stated to be brewed by Dreher, at Schwechat, near Vienna; the other, by the Brewery Company at Liesing, also near Vienna. An examination of these, as obtained at the several places where they are retailed, has given the following results.

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* For these data, we are indebted to the knowledge of Mr. G. Phillips, Chemist to the Inland Revenue Department.

† The total quantity of beer brewed in Austria, during 1866, is stated to have been about 4 millions of barrels, of which quantity upwards of 200,000 barrels was brewed in three breweries situated near Vienna and Pesth.

	Dreher's Beer, bought at the Vienna Restaurant, 395, Strand.	Liesing Beer, bought at the Crown Coffee House, 41, Holborn.
Specific gravity	1019.76	1019.11
Alcohol	4.43	4.45
Acetic acid	.12	.12
Extract	7.05	6.82
Original gravity	1062.27	1061.67

Both these samples of beer, when fresh drawn, were tolerably bright, and had a thick persistent foam on the surface. The taste, especially of Dreher's beer, is sweeter and more luscious than that of English beer, different, however, from that of Scotch ale; and there is a peculiar flavour of barley. The hop flavour is distinct in both, and the bitterness more perceptible, a minute or so, after drinking. As will be seen from the above results of analysis, there is no very great difference between the two samples in regard to quality, so far as that can be determined on the principle already described; the proportions of malt used in brewing, as indicated by the original gravities, being for—

Dreher's beer...............2.30 bushels per barrel of 36 gallons.
Liesing beer ....2.28 ,, ,, ,,

Altogether, however, these samples of beer do not appear to be equal in character to the best beer met with in Vienna or Pesth, although the price of sixpence per pint is about three times as much as is charged there.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Annual Meeting, Jan. 5th, 1869.

John Simon, Esq., F.R.S., President, in the Chair.

The Officers and Council for the ensuing year, as given at page 14 of our number for January 2nd, were elected; and also the eminent foreigners proposed as honorary members. A long discussion ensued on the alteration of certain bye-laws, which we noticed in a previous number.

Reports were read from the Morbid Growths Committee on Mr. **Heath's** case of Encephaloid Cancer of the Tongue, and Dr. **Kelly's** specimen of Cancer of the Femur.

A report was also read on Mr. **Adams's** case of Syphilitic Tumours. They seemed to have the appearance of syphilitic gummata, with a considerable amount of fat.

Dr. **Peacock** shewed a specimen of Malformation of the Heart from a child, aged 13, in which there was obliteration of the pulmonary artery by adhesion of the valves. This was a condition not very uncommon in children. It was difficult to see how the circulation was kept up. In the present instance, the patient had been cyanotic from birth, and had suffered from fainting fits.

Dr. **Payne** brought forward a case of Multiple Vascular Tumour, in a female, aged 25, married, who had been admitted into St. Mary's Hospital, under the care of Dr. Tyler Smith. She had had two or three small polypi removed from the uterus. She had an enlarged liver, and had suffered from hæmorrhage from the intestine, in which state she died. The liver, which weighed six pounds, was large and pale, but full of dark red tumours on or near the surface, and in connection with the portal vein. There were a few tumours in the neighbourhood of each kidney. The tumours appeared to be, for the most part, masses of coagulated blood. In the rectum, were a few hæmorrhoids, where some ulceration had given rise to hæmorrhage.

Dr. **Bastian** brought forward a paper on a case of Erysipelas of the Scalp, in which delirium had occurred, and in which he had found a peculiar state of the blood and plugging of the small vessels. We this week publish the paper in detail.—Mr. **Barwell** objected to Dr. Bastian assigning, as the cause of delirium, the plugging of the vessels and capillaries. An inflammatory action of the brain had, he thought, caused the changes and impaction of the capillaries.—Dr. **Bastian** answered that there was no appearance of inflammation. The corpuscles had been swept there.—Dr. **Murchison** said it had not been shown that these appearances had not been present during life.—Dr. **Bastian** had never seen these aggregations in the vessels of the brain in ordinary cases. In the kidney and liver around these parts, acute changes had taken place.

Dr. **Langdon Down** proposed a vote of thanks to the retiring officers of the Society; which was seconded by Dr. **Peacock**, who paid a thoroughly well deserved compliment to Dr. Murchison, the retiring Secretary, who had for four years discharged the duties of the office, and edited the volume of *Transactions* so admirably, and with so much satisfaction to the members.

Mr. **Simon**, in closing the meeting, said that if he, while having the happiness of filling the presidential chair for two years, had escaped any mishap, he owed much to the indulgence of the members, and only less than that to the indulgence of the gentlemen to whom the members had just tendered their thanks. In speaking of the Council, there was one topic he could not help alluding to—the lamented death of Dr. Hillier, one of its youngest, and not the least respected member. All else he had to say were matters of congratulation. The prospects of the Society had never been brighter; its usefulness never greater. The volume of *Transactions* just issued contained abundant matter of the greatest interest to science; and its meetings had lately become increasingly interesting. The Society had derived great benefit from the Committee on Morbid Growths. He referred to the men elected as honorary members—a list which reflected honour on the Society; and congratulated the Society on the result of the ballot for officers in the ensuing year, especially as regards the gentleman selected as President, who was known as one of the most successful of practitioners, and to many as one of the kindest hearted of men. In conclusion, he thanked them warmly for the honour they had conferred upon him in maintaining him in the chair for two successive years.

MANCHESTER MEDICAL SOCIETY.

December 2nd, 1868.

Thos. Mellor, Esq., President, in the Chair.

The following cases were shown by Dr. **Simpson**. 1. A case of Aneurism of the Aorta, pressing on the left recurrent laryngeal nerve, and causing paralysis of the corresponding vocal cord. Great improvement had taken place under large doses of iodide of potassium. 2. Old Syphilitic Ulceration of the Larynx. The epiglottis was almost gone, and, when the patient first came under notice, the whole interior of the larynx resembled a grey slough. It was now studded with granulations of a healthy appearance. The aperture of the glottis was diminished to a third of its normal size, the cords having become united in front. 3. A Polypus of the Nares. 4. Syphilitic Disease of the Nasal Cavities. This case, as well as the other affected with syphilis, had improved much with iodide of potassium and the local application of nitrate of silver. 5. A young man who had been hoarse for several months. On examination, the only discoverable lesion was of the right vocal cord. It was slightly thickened, and it appeared as if a portion of the mucous membrane, to the extent of the posterior two-thirds, had been stripped off and was turned over into the glottic chink. Here it was seen to play backwards and forwards during respiration with a flag-like motion.

Dr. **Little** showed a case of Retinitis in Bright's Disease.

Dr. **Thorburn** showed a Multilocular Ovarian Cyst. The contents were purulent. The patient had been in hospital, where she was tapped, and then sent home for a time, it being intended to excise the ovary afterwards. Meanwhile, however, peritonitis ensued, probably owing to the change from a warm hospital to a cold house, and the patient died. There was only one band of adhesion in front.

Dr. **Thorburn** also exhibited Barnes's Uterine Dilator. He found it most useful in ordinary midwifery practice, and mentioned several cases illustrating its utility. One was a case of shoulder-presentation; the woman had been in labour twenty-four hours. The uterus continued firmly contracted, but the os remained rigidly about the size of a florin; dilatation was accomplished in half an hour, and the mother's life probably saved, by the use of this instrument. Another was a case of placenta prævia, in which the hæmorrhage was stopped by introducing this dilator. A third case was one of prolapsus of the cord. Neither the catheter nor the postural method was of avail in keeping it up, but this was readily effected by inserting the dilator after slipping up the cord. The child was born alive.

Dr. **Wm. Roberts** exhibited a Case of Instruments he had devised for Exploring and Tapping. For exploring purposes, Dr. Roberts thought that an ordinary Wood's syringe was much better than the grooved needle. In the tapping instrument, the trocars had a piece of tubing attached, which was allowed to hang down two or three feet. Through this the fluid flowed, the apparatus acting as a soliciting force on the contents of the cavity to be evacuated. The instrument had been used in many cases without the slightest risk to the patient. He thought that trocars so small might be inserted almost anywhere, and suggested the employment of such an instrument when it became necessary to tap the bladder.

Dr. **Wm. Roberts** also showed a specimen of Encephaloid Cancer of the Kidney, the mass weighing six pounds.

Mr. Bradley showed a specimen of a Fungus which he had found in a jar containing some anatomical preparations. It rested on the top of the spirit; and was formed by the chondrine in the bones undergoing the acetous fermentation.

MEDICAL SOCIETY OF LONDON.

Monday, Jan. 4th, 1869.

B. W. Richardson, M.D., F.R.S., President, in the Chair.

A communication was read from Dr. Balthazar Foster on Etherised Cod Liver-oil; that is, the addition of ten, fifteen, or twenty minims of pure ether to every two drachms of the oil.

Dr. Oppert related two cases of Lead-Poisoning—one of a patient who enamelled playing cards; the other of a man who glazed straw hats.

Mr. Henry Smith exhibited a patient upon whom he had eighteen months previously performed Excision of the Knee-joint. The patient walked excellently without the aid of a crutch or stick, and without a high-heeled boot.

Mr. R. W. Dunn narrated cases to show that, whatever treatment may be adopted, a woman infected with Syphilis before the seventh month of pregnancy is very likely to have a syphilitic child, but after that time the child will be free from syphilitic taint.

Mr. Hancock read a paper on Perforating Ulcer of the Foot. He gave the history of a patient aged 24, who, twenty years before, was affected with swelling and inflammation of the great toe; an opening formed, which continued to discharge. Five years subsequently, the disease attacked the sole of the foot; and Pirogoff's operation was performed with a good result. The author then narrated other cases which had commenced with a corn on the foot, for which amputation by Syme's method was performed. He thought that this peculiar affection had not been sufficiently recognised. M. Cloquet first noticed it in 1837; and subsequently MM. Boyer, Marjolin, and Nélaton had drawn attention to it. It commenced as a phlyctæna on the pad of the foot, after which the dermis became implicated, and at last the subjacent bone. This was the order of the phenomena which had been found over and over again to occur. All writers agree that it commenced in the sole of the foot corresponding to the head of the metatarsal bones, doubtless from the pressure exerted on the part by the weight of the body. It was evidently constitutional and hereditary. Some of the patients alluded to have relatives similarly affected. The disease commenced at the anterior part of the foot, and the heel never suffered. The author concluded by observing that, as soon as a perforating ulcer of the foot was recognised, it was better to remove the whole of the metatarsal bones by amputation, than to use palliatives which condemned the patient to a succession of painful disappointments.—A brisk discussion followed, and the meeting adjourned.

CLINICAL SOCIETY OF LONDON.

Friday, January 8th, 1869.

Sir Thomas Watson, Bart., M.D., D.C.L., F.R.S., President, in the Chair.

The following were elected as officers of the Society for the ensuing year:—*President:* J. Paget, Esq., F.R.S. *Vice-Presidents:* H. W. Acland, M.D., F.R.S.; G. Burrows, M.D., F.R.S.; W. W. Gull, M.D.; Sir William Jenner, Bart.; T. B. Peacock, M.D., F.R.S.; C. J. B. Williams, M.D., F.R.S.; Sir William Fergusson, Bart., F.R.S.; P. G. Hewett, Esq.; J. Hilton, Esq., F.R.S.; G. M. Humphry, M.D., F.R.S.; J. E. Erichsen, Esq.; J. Simon, Esq., F.R.S. *Treasurer:* E. Headlam Greenhow, M.D. *Council:* J. E. Anstie, M.D.; J. S. Bristowe, M.D.; W. J. Marcet, M.D., F.R.S.; C. Murchison, M.D., F.R.S.; F. W. Pavy, M.D.; R. Quain, M.D.; J. D. Rendle, M.D.; F. Sibson, M.D. F.R.S.; R. Southey, M.D.; H. Weber, M.D.; Alexander Bruce, Esq.; Campbell De Morgan, Esq., F.R.S.; A. E. Durham, Esq.; J. Cooper Forster, Esq.; G. G. Gascoyen, Esq.; E. Hart, Esq.; Christopher Heath, Esq.; J. W. Hulke, Esq.; C. F. Maunder, Esq.; Thomas Smith, Esq. *Honorary Secretaries:* J. Burdon-Sanderson, M.D., F.R.S.; G. W. Callender, Esq.

The President delivered a farewell address. (See British Medical Journal of last week, page 44).

Mr. Moore read an account of a case of severe Inflammation about the Hand and Forearm, which was treated with marked benefit by Acupressure of the Brachial Artery.—Mr. Durham referred to the importance of endeavouring to lessen the arterial supply in similar cases by the position of the limb. He thought acupressure a severe measure for the treatment of these cases.—Mr. Carter suggested the employment of digital pressure of the main artery of the limb; and Mr. T. Smith referred to the amount of local irritation caused by the needle.—Mr. Maunder insisted upon the care which should be taken in the selection of cases, and stated that it was not so much a question of the method employed, as of the principle involved in the arrest or cutting off of the supply of blood to the inflamed parts.—Mr. Heath alluded to the desirability of trying the effect of drugs in local inflammation. He instanced the use of tartar emetic and of belladonna, as showing their utility in certain cases.—Mr. Moore replied that he was desirous of simply placing the case on record, as it seemed to him that, in this instance, the remedy had been efficacious.

Mr. Thomas Smith brought before the Society an interesting case of Rupture of the Intestine, in which the bowel was punctured before death to relieve its extreme distension. He referred to various cases in which a similar plan of treatment had been employed, and pointed out the comfort which the patient derived from the use of so simple a remedy.—Dr. Fagge narrated a case which had been under Mr. Birkett's care in Guy's Hospital, in which great temporary relief had followed the operation.—Mr. Holthouse said this plan of treatment was advocated by Mr. Phillips. He commented on the desirability of puncturing the bowel with a needle in certain instances of hernia as facilitating reduction of the intestine.—Mr. Durham referred to Mr. Stocker's experience of the operation, and the utility of the measure in the treatment of a case of strangulated hernia which had come under his notice.—Dr. Stewart pointed out the efficacy of belladonna injections in cases of over-distension of the bowel with flatus.—After some remarks from Mr. Bruce, Mr. T. Smith expressed a doubt whether a needle would be found as useful an instrument as a fine trocar. He, of course, regarded the operation as one to be practised only after the failure of other remedies.

DUBLIN PATHOLOGICAL SOCIETY.

Saturday, December 19th, 1868.

A. H. M'Clintock, M.D., President, in the Chair.

Dr. Duncan exhibited the Brain of a person who had died of a recent attack of Paralysis, which exhibited the combination of Aphasia and Consciousness. The patient was a gentleman aged 65, who had been under Dr. Duncan's care in his Private Lunatic Asylum at Finglas, of which he had been an inmate for about thirty years. He was subject to various well-marked delusions and was somewhat eccentric in his habits, but amiable and inoffensive—frequenting places of public amusement in town and conducting himself with great propriety on all occasions. He was allowed, in consequence, a very considerable degree of personal liberty. Up to the morning of the 11th of December, 1868, he was in the enjoyment of perfect health. On that morning, when his usual attendant went to call him at 8 o'clock, his room was found locked on the inside, with the key in the lock, and no answer was returned. Dr. Wilson, the resident superintendent, was informed of the circumstance, and the knocking was renewed. On looking through the keyhole the patient was observed endeavouring to put on his drawers at his bedside; he subsequently came to the door and attempted to unlock it, but failed, succeeding, however, in taking the key out of the lock. By another key the door was opened from the outside. On admission, he was found labouring under paralysis of the right arm, and speechless. Dr. Duncan saw him about three hours afterwards. The right arm was slightly bent on itself and somewhat rigid; the right leg not at all so. There was perfect mobility of the left arm with which he drew up the bedclothes, as if he were sensible of cold, whenever they were turned down. He appeared conscious, looking from one person to another; and he attempted to take a pinch of snuff with his left hand, but he missed the direction of the box. He made no attempt to speak. His pupils were of their usual size and appearance; and there was no distortion of the features. His pulse was 96. During the night of the 12th, he had three or four epileptiform seizures—the only ones he was ever known to have since his admission; and he died at about half past twelve on the 13th, about fifty-two or fifty-three hours after he was first seen. The *post mortem* examination revealed a brain normal in point of size, weight, and consistency, as determined roughly by observation. There were opacity of the arachnoid membrane throughout, general congestion of the vessels, especially on the left side, and distinct subarachnoid effusion. At a spot corresponding to the junction of the anterior and lateral portions of the left hemisphere, and about midway from above downwards, there was a large patch of sanguineous effusion about the size of a half-crown piece; and extending downwards from this spot to the fissure of Sylvius the same effusion could be traced. There was no clot in the middle artery, nor appearance of embolism; but the tissue of the brain in this spot was rather softer than in the adjacent portions. Dr. Duncan was indebted to his friend Dr. Ward for having examined the brain with him. Dr. Duncan regretted that, owing to the short interval between the moment of seizure and the fatal termination, so little could be determined satisfactorily of the condition of the intelligence; yet he considered the peculiar phenomena presented by that portion of the left hemisphere, which Broca has assigned as the seat of the faculty of speech, contrasted with the condition of the parts on the opposite side, as very remarkable. He looked upon the case as one of sero-sanguineous apoplexy, affecting principally the external parts of the brain, producing more or less hebetude of the intellectual faculties, but not sufficient to induce absolute coma, and expending its force particularly on that spot where the sanguineous effusion was subsequently found; and, hence—if Broca's theory be true—presenting total loss of the power of speech as the most prominent symptom of the seizure. The absence of softening in the spot, to any marked extent, was to be accounted for by the short interval which elapsed between the commencement of the illness and its termination, and by the fact, that the diseased appearances were the result of the seizure and not its cause.

Dr. LITTLE showed a specimen of Syphilitic Disease of the Dura Mater. Over several spots on the upper surface of the brain that membrane was slightly adherent; but the characteristic appearances were limited to the frontal convolutions on the left side. From the anterior division of the longitudinal fissure as far back as the fissure of Rolando, the sac of the arachnoid was obliterated, and the dura mater thickened and inseparably united to the grey matter beneath. Growing from the under surface of the dura mater, and sharply indenting the brain somewhat above and behind Broca's region, was a tumour of the size of a filbert. The man, from whose body he removed the specimen, was thirty-two years of age, and had been under his care in the Adelaide Hospital. When brought to the hospital he had a vacant look; he was very feeble on his limbs, but did not appear more so on one side than on the other. When the person who was with him let his arm go, he tottered in a peculiar way backwards until he came against the wall. For the past three years he had been a lawyer's clerk, and was said to have been a smart intelligent man, but when asked any question he hesitated long, and seemed irritated by interrogation, and ended by answering in one or two words. He could not tell the name of the street in which he lived. Though he had been a soldier in the Bengal Presidency for seven years, he could not remember any station in which he had been quartered except Calcutta. When pressed as to whether he ever had any venereal disease, after long hesitation he said "gonorrhœa"; and on being asked if any other, after much hesitation he replied "chancre." His wife said she had been married to him rather more than two years; that, for some time before and after marriage, he suffered greatly from pains which were worse at night and were most intense in his shin-bones. When first in the family way, she miscarried at the fourth month, and soon afterwards, becoming again pregnant, miscarried at the seventh. At the time of his admission she was close to her confinement, and a few days after his death gave birth to an apparently healthy child. He had, she said, been of very intemperate habits, but not for some months before the commencement of his late illness. During the autumn of 1867 he often gave way to violent and causeless fits of passion, and he had to pass urine with unusual frequency. In the beginning of November 1867, one day, while sitting by the fire, he suddenly complained of severe pain in the left side of his forehead; from this date it had never left him, but beyond his constant complaint of the pain, and an unusual drowsiness, he had no symptom till July 1868, when he began to wander a little in his mind. After some time the drowsiness left him, and he became unable to sleep owing to the pain. On October 3rd, he had three epileptiform seizures, since which his utterance had been very indistinct. Food had appeared to choke him; and if left standing alone he had always moved backwards to the wall. A slight cicatrix was found in the duplicature of the prepuce; several slightly enlarged glands in both groins; and some scars on his legs, about which no information could be extracted from him. He was admitted on October 13th. The day afterwards he was passing his evacuations under him, and took no notice of those about him, and in a few days he died. The case was an example of syphilitic disease of the dura mater, a subject on which our knowledge had of late become much more exact, owing to the careful descriptions of Dr. Wilks and other London and Dublin physicians, and an admirable account of which had been given in the valuable Treatise on Syphilis lately published by Dr. Barton.

Mr. MAURICE COLLIS laid on the table a specimen of great rarity—Rupture of the Female Bladder by violence. The patient, a woman aged 26, went to bed intoxicated on the night of the 7th of December. On getting up in the course of the night she fell across the foot of the bed. She fainted, and on recovering complained of having felt something give way within. She was unable to pass urine; and at the end of two days, when admitted into the hospital, a large quantity was withdrawn by the catheter, mingled with blood and clots. After this, she voluntarily passed urine on several occasions. She died on the 11th, four days after the fall, with symptoms of peritonitis. *Post mortem* examination revealed a transverse rent of the bladder on its anterior aspect, where uncovered by peritoneum. The rent admitted three fingers. Urine had been extravasated extensively anteriorly into the cellular tissue, which was gangrenous. There was no injury to the peritoneum nor any urinous effusion into the peritoneal cavity; but there was, notwithstanding, limited peritonitis, with serous and semi-purulent effusion in the pelvic cavity. There were no adhesions of the viscera. The bladder was small and contracted. The uterus of the natural size, four months after delivery. With the exception of a case brought before this society by Professor R. W. Smith, about the year 1844, there is no record to be found, as far as Mr. Collis knew, of rupture of the female bladder by external violence. In Professor Smith's case, the cause of the injury was a fall over a tub while the bladder was largely distended, during a state of intoxication.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, DECEMBER 17TH, 1868.

ERNEST HART, Esq., President, in the Chair.

On the Pathology of Chorea. By W. H. BROADBENT, M.D.—The object of the paper was to show that chorea is not an affection of the nervous system generally, but of the sensori-motor ganglia only, the corpora striata and thalami. That the cerebral hemispheres are not involved, is evident from the absence of any affection of the mental faculties in a typical case. Again, the disease cannot be due to irritation of the cord, as is seen from the following considerations: 1, the clonic character of the spasms; 2, their control by the will; 3, their cessation during sleep, and diminution when the attention is directed to other objects; 4, the influence of emotion upon them. To these, originally advanced by Dr. Russell Reynolds, are to be added: 5, the slight influence of tickling; and 6, the unilateral character of the movements, which is exemplified in most cases, but especially in hemichorea, several cases of which were given in detail. Hemichorea was shown to be positively exclusive of the cord, except as the instrument of higher centres. Positive evidence was also adduced that the centres affected are the corpora striata and thalami. Reasons were then given for concluding that the symptoms characteristic of chorea arise not from any peculiarity of the morbid change, but out of the function of the particular centres affected. The pathological condition of the ganglia may thus be multiple, and this is further indicated by variations in the clinical history, some of these variations being apparently traceable to differences in the morbid change, others to differences in the extent of the region affected. The most frequent and important cause of chorea was no doubt embolism of the minute vessels of the sensori-motor ganglia, as maintained by Dr. Hughlings Jackson; but cases occur which are inconsistent with this condition. Other possible modes of causation were discussed; and the frequency of chorea in childhood, as compared with infancy and adult life, was referred to the special functional activity of the sensori-motor ganglia at this period of life. The results of treatment were also shown to be in accord with the conclusions arrived at as to the pathology.—Dr. BASTIAN was able to confirm, by the result of a recent microscopic examination, the theory discussed in the paper. He had found the smaller arteries of the corpus striatum extensively diseased in a fatal case of chorea.—Dr. GREENHOW thought the view expressed by Dr. Broadbent eminently interesting and satisfactory. He enumerated the various conditions apparently antecedent to chorea, and thought that this theory happily and logically harmonised various observations.—Dr. CAMPS, Mr. CURGENVEN, and others took part in the discussion; and Dr. Broadbent was thanked for his eminently suggestive and interesting paper.

ODONTOLOGICAL SOCIETY.—At the annual meeting of this Society, held January 11th, 1869, the Officers and Council for the current year were elected as follows. *President*—H. J. Barrett, Esq. *Vice-Presidents: Resident*—R. Hepburn, Esq.; Arnold Rogers, Esq.; John B. Fletcher, Esq.; *Non-Resident*—S. L. Rymer, Esq., Croydon; P. Orphoot, Esq., Edinburgh; George T. Parkinson, Esq., Bath. *Treasurer*—W. A. Harrison, Esq. *Librarian*—Alfred Coleman, Esq. *Honorary Secretaries: Ordinary*—Edwin Sercombe, Esq.; Charles James Fox, Esq.; *For Foreign Correspondence*—John Drew, Esq. *Councillors: Resident*—G. Gregson, Esq.; C. Vasey, Esq.; Edwin Saunders, Esq.; A. Hockley, Esq.; J. Walker, Esq.; Isaac Sheffield, Esq,; J. W. Elliott, Esq.; Thomas A. Rogers, Esq., W. G. Bennett, Esq.; *Non-Resident*, R. Ransom, Esq., St. Leonard's; H. Campion, Esq., Manchester; H. Morley, Esq., Derby; J. Steele, Esq., Croydon; J. S. Coles, Esq., Plymouth. Mr. Fox, the Honorary Secretary, exhibited some improvements in compressed Nitrous Oxide, recently carried out at his suggestion by Messrs. Coxeter and Son. Mr. Hulme, the Honorary Curator, read a long and elaborate paper, which was warmly applauded, upon the formation of a Dental Museum.

CORRESPONDENCE.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL".

THE CORRELATION OF FORCES.

SIR,—In your interesting leader on the history of the discovery of the Correlation of Forces, and the allusion to the doctrine by philosophers in the present century, you should not have forgotten our great countryman Bacon, who assuredly had some insight into the great truth.

In his *Novum Organum*, he shews how heat is produced by motion, and says, "heat is an expansive motion restrained, and striving to exert itself in the smaller particles." Again, "If you are able to excite a dilating or expansive motion in any natural body, and so to repress that motion and force it on itself as not to allow the expansion to proceed equally, but only to be partially exerted and partially repressed, you will, beyond all doubt, produce heat." And then, to dissipate all doubt as to his meaning, he adds, "What we have thus said with regard to motion must be thus understood, when taken as the genus of heat: it must not be thought that heat generates motion, or motion heat (though in some respects this be true), but that the very essence of heat, or the *substantial self* of heat, is motion and nothing else" (non quod calor generet motum, aut quod motus generet calorem, sed quod ipsissimus calor, sive *quid ipsum* caloris, sit motus et nihil aliud).

I am, etc., SAMUEL WILKS.

St. Thomas Street, Southwark, January 1869.

TREATMENT OF TYPHOID FEVER BY GLYCERINE.

SIR,—In the JOURNAL of January 2nd, under the head of "Therapeutical Memoranda," Mr. Shedd of Manchester relates his experience in the treatment of typhoid fever by glycerine. The results are so unusually successful, and altogether so remarkable, that I beg your permission to make a few observations upon them.

Mr. Shedd says: "As soon as there is any tenderness in the abdomen upon pressure, I prescribe drachm doses of glycerine (in the case of an adult), to be repeated three times a day. Under this treatment the temperature gradually subsides, becoming normal towards morning, and rising to 99 deg. Fahr. towards evening. The secretions sooner improve; a profuse perspiration frequently prevails; diarrhœa is quickly checked; and the patient becomes convalescent."

I would first ask, on what day of the fever the "tenderness in the abdomen" has been noted? Secondly: What was the temperature up to and at the time of the administration of the glycerine? Thirdly: What were the "secretions" which "soon improved"? Fourthly: How soon after the exhibition of the glycerine did the patients become "convalescent"? Fifthly: Does Mr. Shedd think that the administration of glycerine will cut short an attack of typhoid fever in a patient who is the subject of abdominal tenderness? Sixthly: Had any of the patients for whom Mr. Shedd prescribed glycerine lung or intestinal complications?

Seeing that Mr. Shedd's patients are said to have been the subjects of typhoid fever, their temperatures, as given by him, were most unusual. At least, in my experience of typhoid, which has not been little, and certainly since I have used the thermometer (a boon for which every practising physician must be very thankful), I have never observed such temperatures as those recorded by Mr. Shedd; and I will venture to say that the experience of the majority of your readers is in harmony with mine. But then I never gave glycerine in typhoid; and, although I have prescribed it in other diseases, I have failed to observe that it had the effect of lowering the temperature in the remarkable manner witnessed by Mr. Shedd in his cases of typhoid. The normal temperature of the body is, I need hardly tell your readers, 98.4 deg. Fahr. Now, the highest rise of temperature observed in Mr. Shedd's cases after the administration of glycerine was 99 deg. Fahr.; that is to say, half a degree and a tenth above the normal line—a range which Dr. Aitken, in his very valuable remarks on temperature in health and disease, tells us is not inconsistent with health. In fact, practically, it might be said that, Mr. Shedd brought down the temperature of his fever patients to normal. Surely, if glycerine have the power of reducing the temperature of the fevered body to "normal towards morning," and of preventing its rising to more than "99 deg. Fahr. towards evening," it is a very remarkable and valuable remedy; and all therapeutists will give such a discovery the welcome it deserves.

But I think, sir, we should be sure of our ground before we venture to depend on glycerine for the treatment of so serious a disease as typhoid or (according to the new nomenclature of the College of Physicians) enteric fever. I say serious, not only because each individual case is always more or less so, but because of its great frequency. The mortality from typhoid is actually very great; and relatively, seeing that it is a preventable disease, it is immense. It is, then, of moment that the proper treatment of typhoid fever be clearly understood. If, on further investigation, glycerine be found to maintain the high position assigned to it by Mr. Shedd, he will have earned our gratitude. But I confess myself to be somewhat sceptical on this point. Glycerine may be of service as a demulcent in typhoid; but I should be loth to rely much upon it in the treatment of this disease. It must be confessed that it has the great advantage of being innocuous, if it do not prove beneficial; and this is not a little to say for any remedy. If, however, on investigation, it be found that the statements of the virtues of glycerine as a remedy for typhoid fever do not bear out the promise of their author, then I think that the effect of the promulgation of such erroneous views is decidedly pernicious for some who have not the leisure or opportunity of conducting careful observations for themselves; neglecting other remedies, they may be led to depend upon it, to the injury of the patient, and their own detriment.

Neither typhoid nor any other fever may be safely treated by any one drug as ague may be by quinine; but in this, as in all other diseases, each case should be treated upon its own merits, the practitioner being guided always by those great principles on which we are all agreed. In brief, it should be the aim, as it certainly is the duty, of the medical attendant, to endeavour to conduct the particular case to a successful issue; and herein may be shown the highest skill. Drugs may not, and indeed often are not, necessary in the treatment of typhoid fever. But the doctor's knowledge and the medical art does not consist alone in giving drugs, valuable as they constantly are. He should direct the careful nursing (and what a world of meaning there is in that expression!), the careful feeding, the wise and discriminating use of stimulants, the hygienic management of the sick-chamber, and generally to guide and control the patient's attendants, his special knowledge in these matters being of the utmost value to the fever patient. Upon these, more than upon any special drug (except when there be serious lung or intestinal complications), depend the successful issue of a case of typhoid fever. Remembering the duration of the disease and special dangers to be averted or avoided, he should, in the words of the greatest physician of this age, "endeavour to obviate the tendency to death."

I am, etc., ALFRED WILTSHIRE, M.D., M.R.C.P.

London, January, 1869.

HOSPITAL MORTALITY.

SIR,—The attention of hospital surgeons must have been powerfully attracted to a letter by Sir James Simpson in the *Scotsman*, of which you gave an abstract in your last number. Sir J. Simpson has been so kind as to write to me on the subject, and to send me the letter referred to. I need hardly say, that everything which comes from such a source deserves more respect, and carries more weight, than common.

Sir J. Simpson's arguments may, I think, be fairly summarised as follow. "There are collected on one side about one thousand cases of amputations of limbs of all sorts, primary, secondary, and for diseases of thigh, leg, arm, and forearm, performed in private practice in the country; and a similar number performed in the hospitals of London and large towns. The proportion of deaths in the former class is only one-third of those in the latter class. Therefore, the balance of deaths is attributable to the construction of the hospitals in which the deaths occurred." Yet surely there are a vast number of other causes which might have produced the effect, even if we allow the correctness of the statement. Its correctness would depend on the similarity of the cases. For instance, in a miscellaneous table of this kind, operations of the most different degrees of danger are mixed together—from primary amputation of the thigh, high up, in elderly persons, which is nearly always fatal, down to amputation of the forearm for disease in the young, which is hardly ever so. Before seeing Sir J. Simpson's statistics, it is impossible to be sure whether the items of which it is composed bear out the result of the general total. Sir J. Simpson tells me, however, that he has separated the cases, distinguishing between the various classes.

However, if we allow that the alleged disparity exists, does that fact bear out the inference which Sir J. Simpson founds on it? Are there no other causes of difference, except the construction of the places in which the cases were treated? Is it not a reasonable and probable idea, that the simpler and healthier habits of the rural population render them more capable of resisting the shock of injuries or operations? In the cases of injury, may not the general run of injuries demanding amputation in the country be less hopeless than those seen in large towns? (See note on p. 562 of the Sixth Report of Medical Officers of Privy Council.) May not the joint-diseases be of a more chronic character? (See Dr. Humphry's observations during the discussion at the Royal

Medical and Chirurgical Society, November 10th, 1868.) May not the amputations generally be of a more selected type in private than in hospital practice? These are only a few out of many possible causes of difference in death-rate. I think every hospital surgeon—in fact, every surgeon who has much experience of amputation—must feel, as I am sure I do, that the result of amputations is far more affected by what has preceded the operation than what follows it, in most cases. With us in London, when we get patients who are not exhausted by age, previous disease, visceral mischief, or intemperance, the results of amputation are good; in opposite circumstances, they are not so. I have clearly shown this, I think, as far as the experience of St. George's Hospital goes, in a paper in the first volume of *St. George's Hospital Reports*, where it is proved that at least half the deaths which occurred after amputation are due to causes preceding the amputation, and, therefore, can have nothing to do with the construction of the building at which the operation took place.

There is a second proposition contained in Sir J. Simpson's letter; viz., that "hospitals seem generally to be much more healthy when first built than after they become used for a few years." I cannot say that any proof whatever is adduced of this fact, to my mind. Mr. Potter, it is said, published the statistics of University College Hospital during the first five or six years of its foundation; and the deaths were only one in six or seven, while the present death-rate is nearly one in three. But Potter's cases were only sixty-six. Now, we know how these death-rates fluctuate. For instance, in a series of fifty-six amputations contained in the amputation-book of St. George's Hospital, there are only ten deaths; and this series is continuous, except for one year (the last but one), the results of which are not so favourable. Had this year been the last, instead of the last but one, Sir James Simpson would have drawn the same conclusion with regard to St. George's that he does with respect to University College—viz., that its salubrity has deteriorated; for our general death-rate after amputations is nearly one in three. Yet St. George's then was very nearly as old as St. George's now, the series having finished only about eight years since. The argument derived from Mr. Liston's casual statement is not worth much, unsupported by any data. Nor do I see the least force in the contrast between Munro's series in 1752 and the more recent experience of the Edinburgh Infirmary. The practice of surgery has altogether changed since then. Limbs are now constantly saved, or are subjected to minor operations, which were then ruthlessly sacrificed; so that all the more favourable cases are withdrawn from the amputator.

I cannot, therefore, at present admit that Sir J. Simpson has proved the startling propositions on which he founds so sweeping a proposal for the reformation of our hospital system; and I cannot but regret that such damaging imputations should be cast upon our great charities in the public press, by an author of Sir J. Simpson's reputation, before they have undergone proper ventilation and discussion in professional circles. All that I have seen, both of hospital cases generally and of amputations in particular, has convinced me that death-rates are very little affected by the details of hospital construction, on which so much stress was formerly laid. I believe the Report on Hospitals, drawn up by Dr. Bristowe and myself for the Medical Officer of the Privy Council, so far settled this question as to show that ordinary death-rates are no test of the salubrity of a hospital; and, for amputations, I still adhere to the opinion thus expressed in the above Report (p. 560): "The death-rate in these, as in other cases, is, by itself, a very fallacious test of hospital salubrity. Before any fair comparison can be made between the results of amputations in different hospitals [how much more between hospitals and private practice], it is necessary to know something more even than how many amputations have been performed on account of accident, and how many on account of disease, or the relative numbers which have been performed at the several seats of amputation. It is necessary to be acquainted with the condition of patients at the time of operation, and with the actual causes of death in those who die after operation."

Sir J. Simpson would have rendered his conclusion more probable, if he could have shown, either that the death-rate after amputation in country hospitals is higher than in ordinary country practice among the same class of the population, or that amputations may be practised in large towns in the patient's own dwelling or other private houses with more impunity than in hospital, the cases and the patients being similar. But to compare things having so many causes of difference as exist between country private practice and town hospital practice, without trying to set aside, in some way, all the other causes, appears to me idle; and it was from that consideration that Dr. Bristowe and myself abstained from collecting such statistics as those which Sir J. Simpson has now got together, feeling that the comparison founded on them could not be otherwise than fallacious.

At the same time, far be it from me to say that the results of our operations in London hospitals are so satisfactory as to indispose us from any change that seems likely to lead to improvement. I have often suspected that hospital wards continuously occupied deteriorate in healthiness, but have never met with precise evidence of the fact. It was believed to be so, and I think with reason, in the case of two successive ships used for the *Dreadnought* Hospital; but the cases of a ship and a building are, of course, very different. I would urge that, before a sweeping charge is brought in public against our whole hospital system, and a change advocated which seems hardly mechanically possible in a crowded city like this (or, if possible, only to a public body commanding the resources of the State), some evidence satisfactory to persons familiar with the subject ought to have been given; and the appeal to the public should have been backed by the verdict of the profession, not merely by the opinion of one authority, however eminent.

In conclusion, let me invite Sir J. Simpson to publish his statistics, assuring him of the most candid and respectful consideration of them on the part of the authorities, both lay and medical, interested in the management of the institutions in question. I am, etc.,

Clarges Street, January 1869. T. HOLMES.

QUALIFIED ASSISTANTS.

SIR,—Will you permit me to say a few words upon the subject of qualified assistants, referred to in your article of January 9th, under the head of "The Value of a Medical Diploma"?

It may be interesting to state that I have on my books at present forty-two vacancies for qualified assistants, in which the salaries offered are as follows:—At £80, two; at £70, one; at £60, nine; at £50, fifteen; at £40, two—all indoor: outdoor, at £100, nine; at £110, two; at £120, two. As a rule, principals rarely can obtain the services of a qualified assistant, where character will bear investigation, *for less than* £60; and *English* assistants *cannot be secured* under £70 a year. Country practitioners declare that they cannot afford this latter rate, and hence accept the services of Irish or Scotch gentlemen at the lower salaries named.

To show the demand for such appointments, however, I may state that on my Assistants' Register I have the names of upwards of eighty qualified gentlemen at present, and that the average number will stand at upwards of seventy. Good English indoor assistants can find employment at once, at salaries varying from £70 to £80. Those on my books may be classified as follows:—*English*, requiring outdoor appointments (being married men), fifteen; *English* indoor assistants, two; *Scotch*, twelve; *Welsh*, one; *Irish*, fifty-three.

Salaries are steadily rising; but I do not see any great hope for the rapid improvement of the position and remuneration of assistants until the principals themselves are better paid. As a general rule, the Englishmen now qualifying have either money or prospects, and purchase successions or partnerships. The Scotch and Irish systems of medical education do not include a knowledge of *private* dispensing; and hence most of the Irish and Scotch assistants cannot undertake the apothecaries' work required in English general practice. But I am bound to say that, where this deficiency is overcome, the gentlemen from the sister island turn out in fair proportion really useful assistants, and secure the confidence and companionship of their employers.

I am, etc., J. BAXTER LANGLEY.

Lincoln's Inn Fields, W.C., January 1869.

REPRESENTATION OF THE PROFESSION.

SIR,—Will you permit me to remark, in reference to the admirable note of Mr. Frederick J. Gant, which treats of the "*direct representation of the profession in the Medical Council*," that whilst agreeing with him as to the "*present relation*," or rather no relation, of the "licensing bodies" to their members in the mass, I am disposed to entertain a lively hope that, at any rate, the President, Censors, and Fellows of the Royal College of Physicians of London are, even now, waking from their too long slumber, and preparing themselves to estimate, at its right value, the very snail-like progress made hitherto towards the "*manhood suffrage*" looming in the future; and destined, in its own good time, to work such beneficial changes in not only themselves, but in the strange specimen of antiquity which they consider themselves to represent (?). Really, Mr. Editor, our "medical corporations" are strangely out of harmony with the day; and that one I have named, occupying so prominent a location in Pall Mall, seems to be especially slow or feudal-like. Started into being during the reign of Henry VIII, it appears to retain even at this hour the peculiar belongings of this exceptional period. In the early part of the sixteenth century, "parliamentary representation" was, as you know well, nowhere to be found. The "relation" of the governing to the governed in the far away time named, was of much the same kind as that which now obtains between the said President, Censors, and Fellows, and the large number of outsiders (members, licentiates, and extra-licentiates) who, as Mr. Gant affirms, and very properly so, pay the required fees, and obtain simply the "full licence to practise medicine or surgery," as well as the rare knowledge that from the days of membership forwards their very professional existence will be, in all essential points, ignored. It strikes me, Mr. Editor, that the "*professional suicide*" mentioned by Mr. Gant will be averted. The pages of each of our medical periodicals proclaim a coming change. Medical politics are, without doubt, looking up, and assuming a healthy tone and aspect. In the interest, then, of progress—of medical political progress, will you allow me to avail myself of your now largely circulated columns, and suggest to the members and licentiates of the Royal College of Physicians in London that a few of the most earnest of them do convene, ere long, a public meeting of their body, having for its object the formation of a committee or deputation to wait on the President and Council of their College, with a view to his and their recognition or creation of the representative principle in its entirety; in other words, to the substitution, by the governing body, of a rule by and for the many in the stead of one; by and for the few, and that few, in point of fact, self-elected.—I am, etc.,

James G. Davey, M.D., M.R.C.P.Lond.

Northwoods, Bristol, Dec. 22nd, 1868.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship.—The examination for this Fellowship will commence on Monday, February 1st, at 10 A.M. Candidates are requested to send in their names on or before Wednesday, January 20th, by letter addressed to the Regius Professor of Medicine, Museum, Oxford.

Lectures on Physiology.—Mr. Chapman will continue his course of lectures on Physiology during Lent Term, 1869. By an arrangement entered into with the Linacre Professor, the physiological series in the University Museum will be available for the catechetical illustration of these lectures. They will be open to the members of Merton, Magdalen, Jesus and Wadham Colleges, and to such other members of the University as have entered to the courses of practical instruction carried on in the physiological department of the University Museum.

THE POOR-LAW MEDICAL SERVICE
OF
GREAT BRITAIN AND IRELAND.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

The Quarterly Meeting of the Association will be held at the Freemasons' Tavern, Great Queen Street, Lincoln's Inn Fields, on Friday, the 29th instant, at half-past seven P.M. Resolutions affirming the necessity for better payment of the medical officers and permanence of appointment in all cases will be submitted to the meeting. It is also proposed to bring forward a resolution that Poor-law medical officers shall be deemed entitled to superannuation allowance, the same as members of the civil service, etc. As this meeting will be the last before the assembling of Parliament, and prior to any attempt that may be made to obtain redress for the grievances of the service, the Council earnestly request that the members and friends of the Association will make an effort to be present on the occasion.

FEES FOR VACCINATING.

At the Pontypridd Board of Guardians, it was stated by the clerk, that in the parish of Gower the fees were 1s. 6d. within one mile; 2s. over one mile; and 2s. 6d. for each case over two miles. Swansea paid 1s. 6d. and 2s. 6d. under the old Act; but under the new Act they paid 1s. 6d., 2s., and 3s., for the respective distances. The medical gentlemen being called upon to speak, Mr. Leigh said the new Act entailed much more work than the old one. He had to attend to his surgery personally, as the Act refused to allow vaccination to be done by proxy unless the representative were a duly qualified practitioner It was also as much trouble to provide lymph for one child as for twenty or more. He was reluctant to object to the payments heretofore made, but it was clear such payments were not even remunerative. He had only £1 : 8 for cases during the last fortnight in his district. Mr. Morgan called the attention of the Board to the fees paid at Stockbridge, which were 2s. 6d. for home cases, and 4s. for each case beyond. The same regulation was in force in Cornwall.—Mr. Maddicks said the vaccination fees amounted to £150 during the last six months. He urged the relegation of the subject for consideration to a committee. To this the chairman objected, unless the committee embraced the whole Board.—Captain Williams moved the adjournment of a settlement of the subject to the next Board.—Mr. Maddicks seconded it.—An amendment was moved by the Chairman that 2s. 6d. be paid for each case.—Mr. Evans seconded this, and the amendment was carried by seven to five.

THE FARNHAM UNION.

We regret to learn from *Knight's Official Advertiser* that an official inquiry has been instituted into charges preferred by the guardians of the Farnham Union against Dr. Powell, the medical officer of the workhouse, who will be remembered in connection with the late inquiry at the Farnham Workhouse. The guardians, it appears, undertake to pay the cost of cod-liver oil and quinine supplied for the workhouse inmates. The charges against Dr. Powell were that he received a commission of about 20 per cent. on the medicines so supplied, and that, the guardians having disallowed a charge for morphia included in the account of the chemist who furnished the drugs, the amount was entered in the next account, with the knowledge of Dr. Powell, as for cod-liver oil and quinine. This is alleged to have occurred nearly four years ago, but the guardians have only recently been made aware of the facts. The Poor-Law Board consider the charges to be proved. Dr. Powell, prior to the conclusion of the inquiry, resigned his office. The inquiry at this date bears something of the character of a tardy revenge.

Interpretation of the Vaccination Acts.

Sir,—The Guardians of my parish, which contains about 10,000 inhabitants, have recently appointed the Assistant-Registrar to be public prosecutor. Finding that some delay was likely to occur, I supplied the Registrar with a printed notice, which was sent to the parents of all children born during the first seven months of this year, threatening them with proceedings to enforce the penalty of twenty shillings, unless certificates of successful vaccination, or of unfitness, were returned within fourteen days of the notice. Seven persons neglected to reply to the notice; and, being unwilling to prosecute if it could be avoided, these were visited privately; and the result has been, that every child born during the time stated, and now residing in the district, has either been vaccinated, or the parents have promised at once to comply with the Act.

But now occurs the difficulty which has caused me to write for your opinion. By the Vaccination Act of 1867, the parent is bound to send the certificate of successful vaccination to the Registrar, but is to *retain* the certificate of unfitness; and, after the public prosecutor has gone to the expense of a summons, he may be defeated by the production of a certificate, the existence of which is unknown to the Registrar. Do you agree with this interpretation? and, if so, is it not a serious defect in the Vaccination Act of 1867? I am, etc.,

B. A.

December 1868.

⁂ This letter raises a very difficult point, and one which requires much consideration. The right interpretation of that portion of the Vaccination Act to which it refers is, undoubtedly, that the parent or guardian is to retain the certificate of unfitness for vaccination. There is no provision in the Act for a duplicate of this certificate; and, as the production by the parent of that certificate (if it is in force at the time any proceedings are taken) constitutes a valid defence (under sec. 34) to a prosecution under sec. 29 or sec. 31 of the Act, it was clearly the intention of the legislature that the parent should retain it (it is also expressly so directed), and we hardly see on what grounds the parent can be expected to part with it. Even if the parents were willing to give up possession of these certificates, we are anything but sure that registrars would wish to be troubled with the registration of such certificates, which may, in each case, be very numerous, because they must be, from time to time, renewed, until the child dies, is vaccinated, or is certified, after three unsuccessful attempts, to be insusceptible of vaccination. With regard to the want of knowledge on the part of the prosecutors of the existence of such certificates, the legislature seems to have specially dealt; for it has guarded against indiscriminate prosecution by authorising the justice, in cases where he thinks the person has been improperly brought before him, to order the prosecutor to pay compensation to the parent, thus enjoining the greatest caution and circumspection in the persons who are proceeded against. There certainly does appear to be a difficulty, and we hardly see how the difficulty is to be overcome, unless the registration portion of the Act be very much extended; for, if the "unfitness" certificates are to be registered, it would appear equally necessary that the "insusceptible" certificates should also be registered. And, though there need not be more than one of the latter, there may be, with regard to the former, for a child in delicate health, twenty or thirty, or even more, certificates, for they must be renewed every two months. It, therefore, appears to us, that it would be difficult to have a record, kept by the registrars, of these certificates, in the same manner as of the certificate of successful vaccination which is only once given to a child. The request of the prosecutor, under threat of legal proceedings, to be furnished with certificates of successful vaccination or of unfitness for vaccination, is clearly illegal so far as the latter certificate is concerned; the legislature having thrown upon the prosecutor the duty of ascertaining, before proceedings are taken, whether the law has or has not been obeyed. The certificate to which we refer is especially directed "to be kept by the parent or other person to whom it is given."

OBITUARY.

ROBERT DYCE, M.D., ABERDEEN.

WE learn with regret of the death of Dr. Dyce, one of the senior physicians and Professor of Midwifery in the University of Aberdeen, from acute inflammation of the lungs, on Monday, the 11th inst. Dr. Dyce was the eldest son of the late Dr. W. Dyce of that city. He was born on the 30th of November, 1798, and so had completed his seventieth year. He took his degree of M.A. at Marischal College in 1816, and thereafter studied for the medical profession at Aberdeen, Edinburgh, and London. He was then attached to the Military Hospital at Chatham; and in 1821 went out on a staff appointment with Sir Lowry Cole, who had been gazetted Governor of the Mauritius. There he became extremely popular with the English residents; but, after five years, Sir Lowry Cole having been transferred to the Governorship of the Cape, he was induced to accompany him thither. There he remained other five years. In 1836, he was induced, at the earnest request of the family and his friends, to settle in Aberdeen, where he succeeded to his father's extensive practice and to several important appointments held by him. In 1841, he was appointed Lecturer on Midwifery in Marischal College; and on the union of the two Colleges, and their erection into the University of Aberdeen, in 1860, this Lectureship was converted into a Professorship, and Dr. Dyce appointed first Professor. His large experience and skill in the special department to which his Chair related, gave him great weight, and caused him to be looked up to as an authority, while his gentlemanly bearing and winning manner were everywhere recognised. He was most kind to the poor. Dr. Dyce was an accomplished and learned entomologist and ichthyologist. As a professor, he was much beloved by the students, who admired his perspicuous style of lecturing, while they felt the kindness with which he uniformly treated them. In his special branch he contributed valuable papers from time to time to the medical periodicals. His last paper appeared recently in this JOURNAL. From the commencement of his practice in Aberdeen, Dr. Dyce acted as Physician to Gordon's Hospital, and up to within the last few years he held the important position of Physician to the Royal Infirmary; on his retirement from which, he was appointed consulting-physician.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on January 19th:—

Crespi, Alfred John Henry, Cheltenham (Birmingham and University College)
Hardey, Edward Peirce, Hull (St. Mary's)
Horsey, Alfred John, M.D.Canada, Kingston, Canada (London)
Howell, John Alexander, L.S.A.. Bombay
Hubbard, John Wells, St. Lawrence, Isle of Thanet (Guy's)
Humphreys, John Henry, Birmingham (Birmingham and University College)
McConnell, James Frederick Parry, Allahabad, East Indies (St. George's)
McMahon, John James, L.S.A., Dundalk (Dublin School)
Middleton, William Henry, Darlington (Manchester School)
Palmer, Frederick Stephen, Brixton (Westminster)
Perkins, Edward, L.R.C.P.Ed., Manchester (Manchester School)
Petch, Richard, Compton Terrace, Islington (King's College)
Redmayne, John Thomas, Clitheroe, Lancashire (Guy's)
Wigg, Henry Carter, M.B.Edin., Victoria, Australia (University College)

It is stated that three candidates failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their hospital studies for the usual period of six months.

Admitted members on January 20th:—

Collet, Augustus Henry, Worthing (Guy's)
Dobson, William, L.S.A., Leeds (Leeds School)
Flowers, William Field, Tealby, Lincolnshire
Gobat, James Timotheus, Jerusalem
Hall, James Ashbridge, Halifax (Leeds School)
Hoar, Charles Edward, Maidstone (King's College)
Holmes, Francis Abraham, Nassau, Bahamas (Middlesex and St. Mary's)
Hull, George Askew, St. Mary Abbots Terrace, W. (University College)
Jones, Charles, L.S.A., Carnaby Street (Middlesex)
King, William Moore, Brighton (St. Bartholomew's)
Lack, Thomas Lambert, L.S.A., Chichester
Laing, Robert, Newcastle-on-Tyne (Newcastle School)
Norman, Burford, Taunton, Somerset (Guy's)
Norton, George Everitt, L.S.A., Upper Baker Street (Middlesex)
Railton, Thomas Carleton, Manchester (Manchester School)
Rudge, Charles King, Bristol (Bristol School)
Salaman, Selim Myer, M.B.Dub., Maida Hill (Dublin)
Wade, Richard Corston, Manchester (Manchester School)

It is added that only two candidates failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their hospital studies for six months.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 14th, 1869.

Franklin, Benjamin, Bedford Place, W.C.
Knowles, John, Northumberland Street, W.C.
Mason, John Dawson, Lewisham Road, S.E.
Ward, William Simpson, Holbeck, Leeds
Wilson, John Bower, Sheffield
Wood, Alexander, Banff, Scotland

At the same Court, the following passed the first examination.

Fox, Hugh Courtenay, London Hospital

MEDICAL VACANCIES.

THE following vacancies are declared:—

BALLINROBE UNION, co. Mayo—Medical Officer for the Cong Dispensary District. (£100 per annum, with Registration and Vaccination Fees.)
BECCLES DISPENSARY—Surgeon.
BERWICK-UPON-TWEED UNION—Medical Officer for Islandshire District.
BINGHAM UNION, Nottinghamshire—Medical Officer for the East District.
BRISTOL GENERAL HOSPITAL—Assistant House-Surgeon. (£50 per ann.)
BUCKINGHAMSHIRE COUNTY LUNATIC ASYLUM—Assistant Medical Officer.
DREADNOUGHT HOSPITAL SHIP—Assistant-Surgeon.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.
FIFE AND KINROSS DISTRICT ASYLUM, Cupar — Assistant Medical Superintendent.
GLASGOW—Medical Officer for District No. 3 of the City Parish of.
GLASGOW EYE INFIRMARY—Assistant-Surgeon.
GLOUCESTER GENERAL INFIRMARY—Assistant-Surgeon.
HALIFAX INFIRMARY— House-Surgeon. (£80 per annum, increasing to £100, with board, lodging, and attendance.)
INFIRMARY FOR PARALYSIS, Charles Street, Portman Square—Assistant-Physician.
KENT AND CANTERBURY HOSPITAL—Physician; Assistant House-Surgeon and Dispenser.
LAMBETH PARISH—Resident Medical Officer for the Workhouse.
LEICESTER BOROUGH LUNATIC ASYLUM—Resident Medical Superintendent. (£350 per ann., with residence, coal, gas, washing, and garden produce.)
LOCHCARRON, Ross-shire—Parochial Medical Officer.
MAGDALEN HOSPITAL—Surgeon.
MANCHESTER TOWNSHIP—Visiting Medical Officer at the Workhouse.
MELTON MOWBRAY UNION, Leicestershire—Medical Officer for the Melton District No. 1.
MIDDLESEX HOSPITAL—Resident Obstetric Assistant.
MIDHURST UNION, Sussex—Medical Officer for the Milland District.
NEWPORT UNION, co. Mayo—Medical Officer for the Achill Dispensary District. (£80 per annum, and Registration and Vaccination Fees.)
NOTTINGHAM DISPENSARY—Resident Surgeon; Assistant Resident Surgeon.
QUEEN'S HOSPITAL, Birmingham—Physician.
ROYAL BERKSHIRE HOSPITAL, Reading—Physician.
ROYAL HANTS COUNTY HOSPITAL, Winchester — House-Surgeon and Secretary. (£100 per annum.)
ROYAL GENERAL DISPENSARY, Bartholomew Close—Physician; Assistant-Physician.
ROYAL SOUTH LONDON DISPENSARY—District Surgeon.
ST. PANCRAS, Middlesex—Medical Officers for Districts Nos. 3 and 5.
SAMARITAN FREE HOSPITAL FOR WOMEN AND CHILDREN—Physician.
SEAMEN'S HOSPITAL SOCIETY—Assistant-Surgeon.
SEASIDE CONVALESCENT HOSPITAL, Seaford, Sussex—Physician.
SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—House-Surgeon (£100) and Assistant House-Surgeon (£65), in each case Apartments, Washing, and Board.
SOCIETY OF APOTHECARIES—Secretary to Court of Examiners.
TIVERTON UNION, Devon—Medical Officers for the Bampton East and Bampton West Districts.
TORBAY INFIRMARY AND DISPENSARY, Torquay—Physician and Two Surgeons.
WEST HERTFORDSHIRE INFIRMARY, Hemel Hempstead—House-Surgeon and Assistant Secretary. (£100 per annum, with furnished rooms, fire, lights, and attendance.)

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

O'CONNOR, T. B., Esq., appointed Physician's Clinical Assistant to the Hospital for Sick Children, Great Ormond Street.
SKAE, Charles Holland, M.D., Assistant-Superintendent of the Fife and Kinross District Asylum, appointed Medical Superintendent of the New County Asylum at Glengall, near Ayr.

◆

LEEDS HOSPITAL FOR WOMEN AND CHILDREN.—At the annual meeting of the subscribers to this institution, the office of consulting physician, rendered vacant by the death of Dr. Hobson, was conferred upon Dr. Heaton. Beyond the reading of the report, which was of a most satisfactory nature, the only other feature of the meeting was a suggestion made by Mr. James Walker in favour of abandoning the principle of funding all sums received as bequests, and of devoting one-half of them to the present wants of the hospital—thus securing for patients the use of the upper floor of the Institution, which still remains unoccupied. The honorary secretary, Mr. IKIN, promised that the subject should receive early attention at the hands of the Committee.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's; 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London. 8 P.M., Casual Communications. 8.30 P.M., Mr. Wm. Adams, Second Lettsomian Lecture, "On Subacute and Chronic Rheumatic Affections; their Pathology and Treatment."—Entomological Society.

TUESDAY.—Ethnological Society of London, 8 P.M. Mr. Hyde Clarke, "On the Proto-Ethnic Condition of Asia Minor, the Chalybes, Idæi Dactyli, etc., and their Relations with the Mythology of Ionia."—Royal Medical and Chirurgical Society, 8.30 P.M. Adjourned Debate on Drs. Gull and Sutton's paper on Rheumatic Fever; and papers by Mr. John Wood on the late Dr. Hillier.

WEDNESDAY.—Hunterian Society. 7 P.M., Special Council Meeting. 8 P.M., Dr. H. G. Sutton, "On the difficulty of Diagnosing Rheumatic Fever from Pyæmia."—Geological Society.

THURSDAY.—Royal Society.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each. By post, 1s. 8d.

ERRATUM.—In Sir Thomas Watson's address, in last week's JOURNAL, page 44, col. 2, line 6, for "rife" read "ripe".

College of Physicians.

SIR,—Surely Dr. Lockie of Carlisle must be in error in stating that any member of the College of Physicians of *London* is in general practice? I am, etc.,

London, January 1869. M.D.

The Red Gum of Australia.

SIR,—I noticed a report in a late JOURNAL about the use of the Red Gum of Australia in diarrhœa. There is some doubt as to what gum it may be. There are of the gum-tree series (Eucalypti) over a hundred species; the gum from all of which being more or less astringent, and generally, when powdered, red or reddish-white. I use in the hospital what I call pulvis kino Australis. It is obtained from the *Eucalyptus paniculatus*—the blood-wood of the colonists. The powder is of a flesh-tint, and contains about the same quantity of tannin as the commercial kino. It is soluble almost entirely in rectified spirit. I prescribe from three to five grains per dose in diarrhœa; and consider it in no degree inferior to kino or catechu. I have inclosed a sample of this kino; and also a sample of the gum mentioned in Pereira's *Materia Medica*, called "Botany Bay kino." What is mentioned about the tree yielding on incision sixty gallons of juice, is an error. This refers to the blood-wood, which occasionally, when sawn down, discharges from spaces between the layers of wood much liquid gum. The occurrence of these gum spaces is accidental, and twenty trees may be cut down without obtaining an ounce of gum. If the gum have remained in the spaces in the wood many years, it becomes solid, and loses its astringency. It, then, is a red colouring matter, soluble in rectified spirit, and scarcely at all in water. It then contains no tannin. I think it must be the gum of the blood-wood that has been called the red gum of Australia, as I see it has been used as a powder. That of the iron-bark (*Eucalyptus resinifera*) is like glue, and scarcely capable of being powdered. I am, etc.,

Brisbane, Australia. JOSEPH BANCROFT.

*** We have submitted these specimens to Mr. Peter Squire, to whom we are indebted for the following note: "I have looked at the Australian gums from the Eucalypti. They are not so astringent as the E. Rostrata gum. You will find a good account of these gums in the Report of the Exhibition of 1851, in which were twenty or thirty varieties of these gums, some of which had not any astringency whatever, and others only in a minor degree. I examined about sixteen of the best of these."

An Appeal.

ASSISTANCE is earnestly entreated for the wife and children of Mr. E. C. Smallman, L.S.A., formerly of Barnet. He is utterly disabled by illness, and is in hospital for operation. The wife and three children are entirely destitute. It is hoped that enough may be collected to make some provision for the children (13, 11, and 6 years old), for whom chiefly assistance is sought. The mother is anxious to obtain a place as nurse, for which she is qualified, or in a similar capacity.

Subscriptions will be received by Dr. Barr Meadows, Dover Street, W., and by Dr. W. V. Pettigrew, 7, Chester Street, S.W.

Life Assurance Societies and Medical Fees.

SIR,—As you are ever ready to promote the interests of our profession, I hope you will find room for the following circular and correspondence, which very forcibly illustrate the skill and cunning which the directorate of some life assurance offices evince to evade the payment of the medical referee's fee. You will observe that by placing one of these printed circulars and lists of queries into the hands of the intending assurer, the secretary makes the request appear to emanate from the former, and thus endeavours to avoid the claim of the medical man for payment for the important duties which he has to perform.

Nothing can be more clear than that the services rendered on these occasions are for the benefit of the Insurance Office. It is the business of these offices to insure lives; it is essential to the profitable conduct of their business that they should be able to discriminate between good, bad, and indifferent lives. To assist them in this discrimination, they consult, through their secretary, the medical attendant of the intending assurer and some (happily now very few), by such a contrivance as the following developes, seek to escape making any pecuniary acknowledgment for the important assistance thus rendered. We have fortunately the remedy in our own hands. It is only necessary that we should make public these attempts, persistently refuse to yield to them, and take care to introduce our patients to some good office where the medical referee is fairly dealt with. I am, etc.,

Bishop Stortford, January 12th, 1869. AN ASSOCIATE.

To the Secretary of the London Life Association.

Bishop Stortford, January 8th, 1869.

Dear Sir,—I have received a printed circular, signed by , requesting me to send you a medical report of his health, habits, etc., with the view of enabling your office the better to decide upon his fitness for life assurance. Before doing so, I beg to be informed whether you will, upon the receipt thereof, remit the usual fee. You will excuse my asking the question, which the style of your circular induces me to put; and I beg to state that I reserve to myself the right to send a copy of this letter and your reply to the BRITISH MEDICAL JOURNAL. I have long been convinced that the service rendered by the medical man who fills up one of these reports is clearly for the benefit of the Company; and have, in common with, I believe, nearly all my fellow associates, determined never to fill up such a report unless the fee is paid by the Company for whom the report is made.

I am, dear sir, yours faithfully, C. F. H.

To C. F. H. Bishop Stortford.

London Life Association, January 11th, 1869.

Dear Sir,—In reply to your letter of the 8th instant, I beg to inform you that this Society does not pay any fee for medical reports. The directors have long been convinced that it is not to the interest of the Society to admit any person to share in its advantages who cannot supply satisfactory evidence of good health without expense to the Society. The paper you have received was given to Mr. , as being a convenient form on which he might procure the necessary evidence. I have not the least objection to the widest circulation of your letter, and my reply. I am, dear sir, your obedient servant,

E. D., Secretary.

P.S.—The printed circular and list of queries referred to above are enclosed.

WE are much indebted to Mr. Jones (Leamington) for his kind offer, and have forwarded his communication to Mr. Treutler.

The College of Surgeons' Examination Papers.

SIR,—I see you offer some Oxford M.B. Examination Papers "to any one interested." I am not interested in them; but if you should happen to possess a spare copy of any of the Fellowship Papers of the Royal College of Surgeons of England, especially of those on Anatomy and Physiology, I should be very grateful for it. I have seen those of last month only. On application to Mr. Trimmer, I received a polite answer, saying that they were not published (they ought to be), and were out of print. I am, etc., J. W. L.

*** Those who have spare copies, might render an acceptable service to J. W. L. and others by forwarding them. It is a pity they are not published by the College in the Annual Calendar, as the Examination Papers of Universities, etc., are published.

MR. EDWIN CHADWICK has forwarded to us a printed statement, in which he says that, on the occasion of his recent candidature for parliament, professional people, medical men, and educationists, expressed to him their acknowledgment of the superiority of his qualifications; but expressed their extreme regret that, from their influential connections, private and professional, they felt pained at being obliged to vote against him. School-teachers are under the thraldom of school managers, doctors of their patients; and this thraldom was manifest in even a higher degree than in the case of working men. He concludes that the ballot is as necessary for the protection of medical as of other voters.

Pure Water.

A CONSTANT SUBSCRIBER (Enfield) will find that the filters of Spencer (see advertisement page), the magnetic oxide filters, are unsurpassed, and are singularly durable. The only filters with which we are acquainted which can compare with them in permanently valuable qualities, are those of the Silicated Carbon Company. We agree with our correspondent that the selection of a really good filter is a matter of the greatest importance. Dr. Divers, F.C.S., Lansdowne Road, Kensington, has been at great pains to make a reliable estimate of the filtering and enduring powers of the various kinds of filter, and is a reliable authority on the subject, which is one of great importance to families and to towns. The most rapid and efficient process for detecting impurities in water is that invented by Professor Wanklyn, of the London Institution, and Mr. Ernest Chapman. It is marvellously delicate, and may be very rapidly performed with a little practice. The older and more tedious process is more costly and less reliable. Of Frankland's process, we have shown the practical defects which mar its beauties; it is not adopted by chemists for water analysis, and is not likely to be. Wanklyn's process is coming into universal favour.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

It is to be regretted that Dr. Watson of Edinburgh has not replied to the statements in the *Scotsman* and elsewhere, to which our correspondent recently referred, as to his meeting in consultation a gentleman from London reputed to be a homœopath. These statements were unquestionably such as to claim notice.

THE INDIAN ARMY MEDICAL SERVICE.

SIR,—In the medical journals and in many of the Indian papers, during the past year, a number of letters from assistant-surgeons of the British Medical Service have appeared, contrasting with their own the pay and other privileges enjoyed by their brethren of the Indian Medical Service. As an old surgeon of the British Service, who has served in every quarter of the globe, and for over six years as a regimental surgeon in India, I beg to record my testimony that in no case have I seen any of the grievances overstated or exaggerated; but I must say that I do not agree with the proposal made by many of my young friends, that promotion to the rank of surgeon should be given at a fixed period of service—such as twelve years. Such a regulation would be fatal to all promotion prior to that date. At the time that I entered the service, promotion was going at from six to ten years, according to station, and afterwards, about the time of the Crimean war, few were over six or seven years in attaining their surgeoncy. As a senior assistant-surgeon can be made to perform all the duties of a surgeon, without promotion or extra pay, the result would be that, so long as regimental surgeoncies were filled up, no one, unless under pressure of a war, would be promoted till he had completed his twelve years' service as an assistant-surgeon.

The true remedy to expedite promotion is, to improve the retirement for the surgeons and surgeons-major. These ranks have benefited but to a small extent by the changes introduced since the Crimean war; the surgeons-major, or, as they were then called, the staff-surgeons, first class, have actually lost ground, as the administrative duties have been taken from them. All the changes have been made with a view of improving the position of assistant-surgeons, and attracting candidates to the ranks of the department, the authorities feeling sure that, if a sufficient number came forward to fill up vacancies at the bottom of the list, enough of these would remain for the higher ranks; consequently, they considered it quite unnecessary to do much for the seniors.

The young assistant-surgeon, with the carelessness of youth, omits, on joining, to stipulate for a fair provision for his old age, or to provide for health lost in the service; and never thinks that he will assuredly, under the present system, in the course of a few years, become a chagrined and discontented surgeon, who will feel, as he becomes older, that his experience and additional responsibility are neither valued nor appreciated by the Government he serves. The increase of pay, on promotion of a senior assistant-surgeon to surgeon, is only two shillings and sixpence per day, and is in no way commensurate with the increased responsibility which that rank imposes; but all this, and much more that I might refer to, would be borne without a murmur were the retirements granted, only more equitable, more liberal, and more definite. The general public fancy that a surgeon can retire on twenty shillings a day at twenty-five years' service. There is no greater mistake. The utmost he can claim at that period of service is eighteen shillings and sixpence, unless a medical board declares that his disability was caused in and by the service. Phthisis, gout, and other diseases termed constitutional, would be put down to hereditary predisposition or constitutional infirmity, and not to service. None know better than the War-office, Horse Guards, and Treasury, how to limit the opinion of a medical board: tie them down to answer a finite question; prohibit a general opinion or explanatory remarks.

The privilege of retiring at twenty years' service is simply a farce. An elderly single man could not live as a gentleman on the retirement allowed at that period of service, much less a married man with a family. How far would twelve shillings a day go in supporting an English household? In calculating the so-called half-pay, much of what goes to make up an officer's income is arbitrarily excluded, and his half-pay is calculated on what might be termed his subsistence money; the value of house-rent or quarters, coal, candles, servants, and forage, being ignored; so that the so-called half-pay is really only one-third pay. Certainly too small a proportion, after having given the prime of life for twenty years and upwards to the service.

The rate of pay and retirements should both increase yearly, and not, as at present, by five-yearly periods, which permits a man who breaks down at twenty-four years and six months' service, to be legally defrauded of the additional pension he could have claimed had he been allowed to serve six months longer; nothing being given for the last four years and six months of his service.

I consider that every surgeon who has completed twenty years' full-pay service, should have a right to retire on twenty shillings a day; and that, for every year's service after twenty, he should have a daily increase of one shilling; and that, if compelled to retire from ill-health before he completed his current year of service, that over three months should carry the odd sixpence, and six months and upwards give the complete shilling. The increase of £18 5s. per annum, and the prospects of administrative rank and emoluments, would be sufficient to induce the few men who enjoy robust health after from twenty to twenty-five years' service (mostly tropical) to remain on from year to year; but it would allow weakly and service-worn men to retire, and thus keep up a healthy current of promotion.

I might refer to the numerous slights put on medical officers; the studied way in which their rank is, on all occasions, ignored and made useless—did I not fear trespassing too much on your time and space. I shall only mention the order exempting medical officers from serving on mixed boards (Queen's Reg., 1868, sec. xiv, par. 788). This order originated from medical officers claiming their legal precedence, in accordance with the general custom of the military service, and objecting to sign after combatant officers junior to themselves in rank. At first sight, it would appear that they had been relieved from what might be supposed a troublesome duty; but this is not the case. The medical officer is now ordered to attend every board, of which he was formerly a member, as a witness, to give his evidence, or a written opinion, if required. Formerly, as one of the board, he could give his opinion freely on all questions submitted to it; now he is in an anomalous position, and may be told by the president to keep his opinion to himself till he is asked for it as a witness!

For the whole of this, I blame the Horse Guards. The tradition of the leech and barber-surgeons and grocer-apothecaries of the time of Queen Anne still clings to them; and it is they, and they alone, who prevent the best men from the schools competing, and open the door to the influx of men, who would never have had a chance of entering had not the best men been kept back, by their obstinately refusing to recognise the right of the highly educated surgeon—in many instances, the son, brother, or father of the combatant officer—to perfect equality. The late absence of Englishmen and Scotchmen from the competitions for appointments shows the general feeling of the profession in these countries, as does also the almost entire absence of the cadet of good Irish family, leaving the field open to the sons of petty farmers, shopkeepers, and tradesmen, who accept the behests of the Horse Guards with becoming humility, but, at the same time, lower the tone of the service, and almost justify the expression so common among the combatants, "It is only our doctor"—an expression which, without stating so, implies that he is inferior. No doubt, in a man's own corps, when he is known to be a gentleman and a medical officer of high attainments, he is duly appreciated and respected; but this does not save him from many slights and humiliations from those who either do not know his worth, or who, taking cue from the Horse Guards, consider they may treat a medical officer, with impunity, in a way they would not venture to treat one of their combatant brethren. I am, etc.,

A REGIMENTAL SURGEON.

MR. LOWE (Lynn) will find, by reference to the back volumes of *Moorfields Ophthalmic Hospital Reports*, that the result of investigations of the most agreeable, least dazzling tint of paper for printing was the selection of such a tint as that which was selected for this JOURNAL by the *Journal Committee*, after careful consultation with practical authorities.

BRANDING IN THE ARMY.

SIR,—You justly stigmatise the infliction of the letters B. C., as an emblem of imperfect and barbarous legislation: and one may fairly add to it the branding of the letter D. If courts-martial are empowered to award such punishment, is it, I would ask you, reasonable to direct a medical officer to be present on such occasions? I was called upon a few days ago to witness (not for the first time) this horrible process of mutilation. It is not an operation in the surgical acceptation of the term. There is no danger associated with it. It is a punishment, and meant to convey disgrace. Under such circumstances, I think it is derogatory to the position and calling of a medical officer to exact his presence. The brutal practice of military flogging has been checked, and it is high time that a simpler and more civilised mode of treatment should be adopted for such blackguards as those who now merit the letters D. and B. C. Let us trust that the abolition of the bounty system, when carried out, will mitigate, if not remove altogether, the inducement which now exists to desertion. I am, etc.,

December 1868. MÉDECIN MILITAIRE.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Jan. 20th; The Merthyr Telegraph, Jan. 9th and 16th; The Newark Advertiser, Jan. 13th; The Leeds Mercury, Jan. 14th; The Scotsman, Jan. 19th; The Buxton Advertiser, Jan. 16th; The York Herald, Jan. 9th; Saunders's Dublin News-Letter and Daily Advertiser, Jan. 18th; The Shrewsbury Chronicle, Jan. 15th; The Oldham Chronicle, Jan. 16th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. C. Kelly, London; Dr. Belcher, Dublin; Dr. R. Murphy, Birr; Dr. Bruce, Crimond; Dr. L. Aitken, Edinburgh; Messrs. Powles and Son, Manchester; Mr. H. Smith, London; Mr. R. S. Hall, Ince, Wigan; Mr. Fennell, Dublin; Dr. G. Oliver, Redcar; Dr. Langstaff, Athlone; Dr. W. Jameson, Dublin; Dr. Wade, Birmingham; Mr. T. Watkin Williams, Birmingham; Mr. Oldham, Dublin; Mr. F. Little, Aylsham; P. O, L., Hull; Mr. Howey, Bromyard; Dr. Rutherford, Edinburgh; Dr. Gamgee, Edinburgh; Mr. F. Mason, London: Mr. F. Le Gros Clark, London; Dr. Septimus Gibbon, London; Dr. A. P. Stewart, London; Mr. Wanklyn, London; Dr. Moore, Dublin; Dr. Haughton, Dublin; Dr. Sibson, London: Dr. G. H. Philipson, Newcastle-upon-Tyne; Medicus, Brighton; Dr. T. Reade, Belfast; Dr. Brock, Oswestry; Dr. W. S. Paliologus; Mr. Watson, London; Messrs. Thorn, London; Dr. Spender, Bath; Dr. Parsons, Liverpool; Mr. T. Longmore, Netley; Dr. J. Waring Curran, Manchester; Dr. A. Linton Bogle, Hay; Dr. Wilks, London; Dr. W. Stokes, Dublin; Dr. J. G. Dudley, London; Mr. T. Pope, Cleobury Mortimer; Dr. Little, Manchester; Mr. G. Greaves, Manchester; Dr. J. J. Bingham, Liverpool; Dr. J. Roberts Thomson, Bournemouth; Homo Sum; Mr. J. Allen, Macclesfield; Dr. A. Ransome, Manchester.

LETTERS, ETC. (with enclosures) from:—

Dr. H. C. Bastian, London; Dr. Leared, London; Mr. E. Chadwick, London; Mr. Glaisher, Greenwich; Mr. J. F. Clarke, London; Mr. Chapman, Oxford; The Secretary of the Medical Society of London; Mr. Nayler, London; Dr. J. Brown, Oldbury; Dr. C. McDowell, Carlow; Dr. Kersey, Wingham; Dr. P. W. Latham, Cambridge; A Member, Oswestry; Dr. W. S. Playfair, London; Dr. Dyce Duckworth, London; Dr. Wiltshire, London; Dr. Broadbent, London; Dr. Rutherford, Edinburgh; Dr. C. H. Kidd, Dublin; Mr. C. J. Fox, London; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. Aquilla Smith, Dublin; Dr. J. G. Swayne, Clifton, Bristol; The President of the Poor-Law Association; The Honorary Secretary of the Liverpool Medical Institution; Mr. Wanklyn, London; Mr. J. Sampson Gamgee, Birmingham; The Honorary Secretaries of the Ethnological Society of London; The Secretary of the Society of Arts, London; Dr. Lory Marsh, Nottingham; Dr. Phillips, London; Mr. T. B. O'Connor, London; Dr. Hardesty, Dundee; Dr. Bryan, Northampton; Mr. W. R. Brock, Oswestry; Dr. Hayden, Dublin; Mr. T. Holmes, London; The Honorary Secretary of the Royal Medical and Chirurgical Society.

BOOKS, ETC., RECEIVED.

The Fifteenth Annual Report of the Rescue Society ending 31st March, 1868. London: 1869.

The Health and Meteorology of Newcastle and Gateshead. By G. H. Philipson, M.A., M.D. Newcastle: 1868.

LIBRARY OF THE

EFFECTS OF HOSPITALISM UPON THE MORTALITY OF LIMB-AMPUTATIONS, ETC.

By SIR JAMES Y. SIMPSON, Bart., M.D., D.C.L.,
Professor of Midwifery in the University of Edinburgh.

ALONG with many other readers of the BRITISH MEDICAL JOURNAL, I feel greatly indebted to Mr. Holmes for the able letter and kindly criticisms which he has published in the last number, upon "Hospital Mortality".

He speaks of my propositions regarding the mortality of limb-amputations in large and Metropolitan hospitals, when compared with the same amputations in private, provincial, and country practice, etc., as "startling." The proportion in favour of the success of these operations in the country is greater than I myself expected when I began the inquiry. When the statistics that I have collated are published, I shall probably take occasion to discuss several minor points alluded to by Mr. Holmes.* In the meantime, I would make one or two remarks in reply to some of his chief observations.

1. When I stated the proportion of deaths after limb-amputation in private rural practice as about one in every nine operated upon, and the proportion of deaths in the practice of our large hospitals as about one in every three operated upon, Mr. Holmes makes my argument run on thus. "The proportion of deaths in the former class is only one-third of the latter class. *Therefore*, the balance of deaths is attributable to the construction of the hospitals in which the deaths occurred."

This, however, is not exactly either the course of my reasoning, or my deduction. There are causes existing which we need not here discuss; and which render, for example, parturition a more dangerous and fatal process in the population of London than in a population of similar extent in the country. But I certainly believe the amputation mortality in Metropolitan hospitals and in the country to be chiefly owing to the present system and construction of our large hospitals, *because* I can detect no other adequate cause for the "startling" dissimilarity of results between them. The severity, for example, of the cases operated upon will not account for the difference. There is a larger percentage of primary amputations—and consequently of amputations of the more dangerous class—in country practice than in the practice of our large hospitals. The supposititious difference between the rustic and urban constitution of the patients will not explain the dissimilarity; as some large hospitals have their operative cases in great quantity from the country; and they bring, of course, their country constitutions with them. Besides, during the late Danish, American and German wars, the diseased and wounded soldiers, placed relatively in palatial hospitals, and in tents and huts like country cottages, recovered far better and quicker in the latter than in the former, but the "constitutions" of these two sets of military patients were surely alike; etc.†

2. In his letter, Mr. Holmes suggests, in reference to the results of limb-amputations as a surgical test, that in these amputations the death rate is "a very fallacious test of hospital salubrity" as between different hospitals; and much more "between hospital and private practice." However he may object to this (the best of all surgical tests) theoretically, he, himself, has used it practically and effectually; for, in the admirable Report on Hospitals, drawn up by him and Dr. Bristowe for the medical officer of the Privy Council, a table is given (copied from the French official archives) of the results of amputations of the thigh, leg, arm, and forearm, in the hospitals of Paris during the single year 1861. Of one hundred and two amputations performed in the different Paris hospitals during that year, sixty-eight proved fatal, or one in every one and a half of the patients died. This mortality is double that of our large and Metropolitan hospitals in this country, for, in them, only about one in three die. When treating of these "startling" death-rates after amputation in the Parisian hospitals, Mr. Holmes and Dr. Bristowe significantly and correctly observe, "*The death-rates* (in Parisian hospitals) *are evidently enormous, and surely not to be explained by differences either in the constitutions of those operated upon, or in the nature of the injuries and diseases for which they were admitted.*" I confess that I know no valid reason whatsoever why I should not turn round and speak in exactly the very same terms of the high amputation-mortality of our large British hospitals (as compared with private country practice), and observe, "the death-rates (in large British hospitals) are evidently enormous (as compared with the same operations in the country), and surely not to be explained by differences, either in the constitution of those operated upon, or in the nature of the injuries and diseases" for which they are brought under the amputating knife.

3. Mr. Holmes thinks that I would have rendered my conclusions more probable if I could have shown "either that the death-rate after amputation in country hospitals was higher than in ordinary country practice among the same class of the population; or that amputations may be practised in large towns in the patients' own dwellings, or other private houses, with more impunity than in hospital."

With a view to the latter idea, I formerly suggested the returns of Dispensary Surgical Practice (See *Transactions of the Social Science Association* for 1867, p. 115). But I am not sure as to finding sufficient data. Could any of your numerous readers assist in furnishing them?

The data from country hospitals, suggested by Mr. Holmes, appear to me to exist already in his own published Report on Hospitals. He and Dr. Bristowe have tabulated, as surgical tests of salubrity, the amputations of the limbs, collated for one or more years, from "12 metropolitan, 23 provincial, and 43 rural hospitals respectively." On calculating, some time ago, the data thus offered regarding the amputation death-rate in these three classes of hospitals, I found amputation of the limbs to be fatal in the metropolitan hospitals in about 1 in every 3 cases; in provincial hospitals in about 1 in every 4; and in rural hospitals in about 1 in every 5½. The 1600 cases reported to me of these amputations in provincial and rural private practice have a much smaller death-rate than in the "rural hospitals" of Mr. Holmes's classification; none of which hospitals, however, have less, I believe, than 50 beds, and some have upwards of 200.

What is the death-rate after amputation in our "cottage hospitals"? I cannot answer the question. Can any of your readers give a reply?

4. The idea of changing our hospitals, in order to increase their salubrity and utility, from palaces—containing aggregations of sick in each flat—into wooden, or brick, or iron villages, is one which I advocated and published above twenty years ago, and have often talked of and discussed since that time. But in this country it has, till lately, met with little support. Since the German War, however, the same idea has been reduced to practice to a small initial extent in that country, in consequence of military exigencies having obliged the authorities to place the sick and wounded in wooden and other temporary buildings, which were found to be much more salubrious than their mansioned and palatial hospitals. To-day I have a letter from Professor Gurlt, of Berlin, in which he states, in regard to the present use of huts, cottages, or tents around some of the chief hospitals in Germany, "They are much in favour with us, because they answer excellently well, and give excellent results. Besides three large hospitals (two civil and one military) in Berlin, they are used in Leipsic, Heidelberg, Darmstadt, Frankfort, Kiel, and other places. There is now a wooden double-walled hospital barrack here at the Charité Hospital, and, as far I know, also at Leipsic, in constant use summer and winter, heated of course in the latter by large stoves." During the late American War there were above 200 temporary hospitals erected, containing above 130,000 beds; more than one million patients were treated in them; and the Surgeon-General to the Army of the United States, Dr. Hammond, declared that they were found "*far* healthier than permanent buildings." Why should we reject in civil practice means found so much better and healthier in military practice?

If hospitals are still to be built upon a large scale, perhaps means may be devised to invest them with greater safety by reducing them far more to the character of separate cottages and tenements, by each ward or room being provided with a ventilation separate and distinct. This has been already accomplished in the construction of some of the new blocks of tenements for artisans lately reared in London and elsewhere. But in our large hospitals, as at present constructed, the commixture of the common and contaminated air in wards, staircases, corridors, etc., utterly prevents this desirable consummation.

In one of the London medical journals I have been accused of bringing forward this subject in too "fierce" and "intemperate" a manner. I am not aware that I have ever used a single fierce word, or thought one intemperate thought upon the matter. On the very contrary, I have ever felt deeply both the vast gravity of the question and the great responsibility of it. The same anonymous author (writing in a very different spirit from Mr. Holmes) doubts if I have read the report of Mr. Holmes, but I have quoted it in the letter which he criticises, and I fear, therefore, he never perused the letter which he professes to criticise; and he implies to his readers that I have written

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* In reference to these minor statistical points, let me here, in self-defence, state that several of them long ago formed a subject of study with me.—See an essay published by me in 1847, on the *Value and Necessity of the Numerical Method of Investigation as applied to Surgery.*

† See the reports of Stromeyer, Fischer, Esse, etc. Besides their superiority in surgical cases, Boerwindt shews their great success and value in typhus, etc.

"nonsense" about the Lariboisière Hospital, of Paris; whilst in anything I have written on the present subject I have never even mentioned or alluded to the Lariboisière till now. But Mr. Holmes has described it in his report as one of the largest hospitals, and "*the model* of the Pavilion system"—very badly, however, because artificially, ventilated. In the year 1861 he and Dr. Bristowe show in their table that 19 limb amputations were performed in that hospital. Of these 19 patients, 4 recovered and 15 died; certainly an astounding mortality, the more so when we consider that no money was spared by the French Government in the erection of this magnificent palatial hospital, and that each of its 600 beds was calculated to have cost upwards of £600.

ON THE

TREATMENT OF INTRAUTERINE POLYPI.*

By GEORGE H. KIDD, M.D.,

Fellow of the Royal College of Surgeons, Ireland; Obstetric Surgeon to the Coombe Lying-in Hospital, Dublin.

TILL Sir James Simpson suggested the use of sponge-tents for dilating the os and cervix, surgeons were often obliged to look on, quite helpless, while women bled to death from polypi in the cavity of the body of the uterus, where they lay with the os completely closed, and often apparently healthy, and, as Sir James has shown, "were generally considered to be beyond the pale of any certain means of detection, or any possible means of operative removal."

The sponge-tent, however, is liable to many objections. It becomes very fetid when it has been a few hours in the uterus; it requires repeated applications before the whole canal of the cervix can be dilated, and it dilates the os externum to an unnecessary degree before it can be got to act on the os internum so as to allow of the exploration of the uterine cavity. The retention of fetid discharges in contact with the inner surface of the uterus is not unattended with danger, but this can be obviated by the use of glycerine as suggested by Marion Sims, or by impregnating the tent with carbolic acid, or permanganate of potash, as more recently proposed by Drs. Ellis and Aveling; but the great objection to sponge-tents arises from the repeated and prolonged applications of them required to get at the cavity of the uterus, and the mode in which they dilate the os externum, far beyond what is necessary, before they act on the os internum. Sir James Simpson, in describing their use, says "the use of the tent for a day generally dilates the os uteri and cavity of the cervix sufficiently, and the employment of the sponge is accompanied with little or no feeling of uneasiness. When it is necessary to examine the state and conditions of the interior of the cavity of the body of the organ, the persevering use of a series of larger and larger tents, for several days, is usually requisite, and the dilatation of the os internum and body of the organ, sometimes but not always, causes a feeling of uneasiness and pain that may require the use of an opiate." Dr. Marion Sims has seen metritis follow the injudicious use of the sponge-tent, and is very specific in his directions to avoid this. He does not allow the first tent to remain in for more than six to eight hours, and "if the second tent fail to dilate the cervix sufficiently it is safer, he says, as a general rule, not to persevere further for a time, but to wait a few days and then resort to it again." In another place he says, "I never use them if I can possibly avoid it, and I never apply them without apologising to my patient for the very unpleasant effects they produce. He who gives us an efficient, pleasant, and cheap substitute for sponge-tents will confer a great boon on Surgery."

My own experience more than confirms all that Dr. Sims says as to the danger of repeated applications of the sponge-tents, for I lost a patient on one occasion from the inflammation set up by the action of the third tent, although it was removed at the onset of the symptoms, and before the os internum was dilated, or any attempt could be made to explore the cavity; and for this and other reasons I have latterly given up sponge and adopted sea-tangle, applied in a manner I shall now describe; and, I believe this substance, when used rightly, supplies the boon to surgery so much desired by Marion Sims, and forms "an efficient, pleasant, and cheap substitute for sponge-tents"; above all, efficient, and, I will add, safe.

When uterine hæmorrhage has been going on for any time, the tissues become relaxed and the os becomes more open than it is in the healthy state, consequently, a fine sea-tangle tent can be passed at once through the whole length of the canal of the cervix, and on to the fundus of the uterus; and, by a little care, a number of fine tents can be packed into the uterus, alongside of one other, when a single tent, though not nearly so large as the bundle so formed, could not be passed at all; and on this fact is founded the mode of dilating the uterus that I adopt. I pack into the uterus, extending throughout the whole length of the cavity and projecting a little beyond it, a bundle of fine sea-tangle-tents, as numerous as I can get in, without using force or causing pain, and leave them there for twenty-four hours. By their expansion, they dilate the whole cavity in an equable manner to such a degree as to allow of the finger being passed up to the fundus as soon as they are removed. Thus the repeated applications, and the irregular dilatations of sponge-tents, are avoided; and, as sea-tangle does not become putrid and offensive, as sponge always does, this source of danger is also obviated. When the woman has never borne children and the os is abnormally small, it may be necessary to apply a small single tent in the first instance, so as to dilate the passage to get in a sufficient number for full dilatation; but of the very many cases in which I have now used this method, I have only met this condition once, and then a single tent of the size of a number five bougie, placed within the uterus for some hours, enabled me to proceed with the dilatation.

The exact mode of fixing the tents is this. The uterine cavity is first measured with the sound, and then a No. 5, or 6, sea-tangle bougie is cut into pieces a few lines longer than the cavity, and the pieces have their ends rounded off. The patient is now placed in the semi-prone position of Sims, the "duck-bill" speculum is introduced, and the anterior lip of the uterus is seized with a fine tenaculum. Having exposed to view and steadied the part in this manner, as many of the pieces of sea-tangle as can be got in, without using force, are packed into the uterus throughout its whole length. Five or six pieces of a No. 6 bougie will dilate the uterus quite sufficiently for the introduction of the finger; but if more can be got in, it will facilitate the subsequent removal of any polypi that may be found. The patient is now put to bed, and a morphia suppository given, which may be repeated, if pain supervene. At the end of twenty-four hours, the patient is again placed in the semi-prone position, and the pieces of sea-tangle are extracted, one after another, with a forceps; and, chloroform having been administered, the right index finger is introduced into the uterus, while the fundus is pressed down and steadied by an assistant, or by the left hand placed over the hypogastrium. If the uterus be high up, or much elongated, it will be better to lay hold of one of the lips with a strong firm vulsellum, and draw the whole organ down to the vulva, where it may be held by an assistant, than to use any excessive pressure over the hypogastrium. If a polypus be discovered, its condition, size, and attachments, must be ascertained by the finger, and then the necessary steps taken for its extraction.

For removing the tumour, I first seize it with a fine vulsellum, guided up to it with the finger. This instrument is then committed to an assistant, and a single wire *écraseur* is introduced into the uterus. The loop of the wire is first passed over the handle of the vulsellum, and the point of the *écraseur* is run up into the uterus along the vulsellum, which serves as a guide for it, till it reaches the neck of the tumour. The finger is now again passed into the uterus, and the point of the *écraseur* being ascertained to be resting against the neck of the tumour, the wire is pushed along the blades of the vulsellum till it is free of them, when the screw of the *écraseur* is worked while moderate tension is kept up on the vulsellum, and thus the wire falls into its place and quickly divides the neck of the tumour, which may now be removed along with the vulsellum holding it. If a good slice of the tumour be taken off, it will be sufficient to ensure its disintegration and removal, so that it is not necessary to spend time and run the risk of irritating the uterus in trying to encircle the tumour at its absolute point of attachment; but if the wire be not carried fairly beyond the vulsellum, it will break when tightened and it will be necessary to fit on a new one and adapt it more carefully to the tumour.

Proceeding in this way, I have removed a large number of intrauterine polypi, and always with safety and comparative ease. One of the cases I have thus operated on, presents features of such rare interest, that I think it desirable to detail it at length, as I believe there is no similar one on record. Twenty-nine simple fibrous polypi having been removed from the interior of the cavity of the body of the uterus at four different operations.

Glandular polypi of the cervix are generally gregarious; where one appears, there will commonly be more found on careful examination. The soft cellular polypus is also frequently accompanied by one or more of the same description, and the glandular may be found along with any of the other forms; but the fibrous polypus is almost always single. Dr. West states that it is rare to find more than one projecting at the same time into the cavity of the organ. This, he believes, is due to there not being room for more than one tumour at a time in the cavity of the womb; for, he says, it is not an uncommon thing, some months after the removal of one growth, to find another occupying the same position, producing the same symptoms, and requiring a recourse to the same operation. In the case I am now about to relate, we not only found repeated growths of the tumours, but numerous tumours in the uterus at the same time; and, in these respects, the case is, so far as I can learn, unique, no similar one having been recorded by any author with whose works I am acquainted.

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* Read in the Midwifery Section before the Annual Meeting of the British Medical Association in Oxford, August 1868.

The patient was an unmarried lady, about 36 years of age, who had been a governess, but had been reduced to poverty by ill-health, consequent on menorrhagia, from which she had suffered for fourteen years. During this time, she had been treated by several physicians, and in many hospitals; but, till she came under my care in the Coombe Hospital, and I insisted on being allowed to do so, no examination of the uterus had been made. When I examined it, I found it enlarged, so that the fundus could be felt above the pubes. It was somewhat irregular in its outline, and its cavity measured an inch longer than it ought to do; but the os and cervix were apparently quite healthy. She was blanched from the loss of blood; her extremities were œdematous; her breathing was short and panting; and her debility was extreme. On consultation with my hospital colleagues, Drs. Ringland and Sawyer, and with Dr. Beatty, who kindly saw the case with us, it was agreed to explore the cavity; and, for this purpose, six pieces of sea-tangle were introduced, on September 5th, 1867, in the manner just described. On the following day, the finger was passed into the cavity up to the fundus, with great ease; and, so well was the canal dilated, that we could even see one of the tumours lying above the os internum; three tumours, each as large as a pigeon's-egg, were found and removed with the *écraseur*. The patient was kept in bed for a week, but suffered no pain or inconvenience; and, at the expiration of ten days, left the hospital.

For a time, the menorrhagia ceased, and she improved in health; but the hæmorrhage gradually returned, and, in the month of March 1868, she applied to be re-admitted into the hospital. The uterus was enlarged even more than it had been before; and again we dilated it, and found a group of tumours filling it up. Dr. Beatty was good enough to lend his valuable assistance; and, with his help and that of my colleagues, I removed nine polypi, some of them large and pediculated, others as small as a pea and sessile.

She recovered from this operation quite as well as on the previous occasion; but, although every tumour that could be discovered was carefully removed, the uterus never resumed its normal size; it remained large, and could still be felt above the pubes. The next menstruation was, however, healthy, both as to the quantity and character of the discharge; but in April the hæmorrhage returned; and in May it was as bad as it had ever been, if not worse. The uterus was now greatly enlarged; it could be felt above the pubes as large as a man's shut hand, and the sound passed into its cavity nearly four inches. On May 16th, we again dilated the os, which was as small, and apparently healthy, as ever. We now removed eleven tumours; four of which were pediculated and grew from the fundus, and were nearly as large as any of those that had been previously removed; the others were smaller and were sessile.

After they were all removed, we painted over the whole surface of the uterus very freely with a saturated solution of the perchloride of iron in glycerine. For some days after the operation, there was fulness, with pain and tenderness, in the lower part of the abdomen; but these symptoms quickly yielded to the use of poultices, and injections of tepid water into the vagina; and, on the tenth day, the patient was able to be up and going about. The uterus, however, scarcely diminished in size. The os closed completely, and got into its normal state, as it did after the previous operations; but the body remained large, and prominent above the pubes. No menstrual or other discharge took place till June 29th, when it again occurred, and became hæmorrhagic in character and very profuse. Consequently, on July 10th, I again dilated the uterus, assisted, as before, by my hospital colleagues and Dr. Beatty, and by Drs. Churchill, McClintock, Atthill, and Collis, and I removed six tumours, one as large as a hazel-nut, the others smaller in size.

After their removal, I applied strong nitric acid freely over the whole of the inner surface of the uterus. I believe this is the first time strong nitric acid has been applied to the inner surface of the uterus. I used it at the suggestion of Dr. Ringland, to whom we are also indebted for its first use in affections of the os and cervix.

On the next day, the patient expressed herself as feeling less uncomfortable than after any of the previous operations; the pulse was 104; there was no tenderness of the abdomen; and the only complaint she made was of having a very offensive discharge from the vagina. I had ordered her a grain of opium every second hour after the operation; I now prolonged the interval to every fourth hour, and ordered the vagina to be syringed out, and a poultice to be applied over the hypogastrium. The following day, the pulse was down to 96, and there was neither fulness, pain, nor tenderness; and the day after, the pulse was down to 80. There was some purulent discharge from the vagina, but not offensive; and she wished to sit up, which, however, was not allowed, but the poulticing and opium were discontinued.

The uterus diminished much in size after this operation; it sunk down into the true pelvis, and could no longer be felt above the pubes. On August 1st, exactly three weeks after the operation, I made a careful examination. The os was closed; the cervix was in its normal condition; there was no discharge. Examined by the bi-manual method of Marion Sims, the fundus could be found, regular in its outline, but rather larger than natural; and, when measured with the sound, its cavity was found to be nearly an inch longer than it ought to be. The patient is still in the hospital, where we keep her, partly to watch the further progress of the case, but more particularly that she may have the benefit of carefully regulated and abundant nourishment. She is taking citrate of iron and quinine, and goes out to walk every day.

We have thus removed twenty-nine tumours from out of the cavity of the body of this uterus, at four operations, within a period of twelve months. The tumours, when examined with the microscope, were found to be simple fibrous tumours, composed chiefly of convoluted fibres. I have already said that I know of no record of a similar case. Dr. West, in his work on the *Diseases of Women*, describes a case of recurrent fibroid tumour, and refers to a similar one published by Mr. Hutchinson, and one published by Dr. Atlee, as probably of the same character; but the history of the patients, and the structure of the tumours, prove the cases to be quite different from that now under consideration.

P.S.—When this paper was read at the Oxford meeting of the Association, the patient was still in the hospital. While she remained there, she menstruated quite healthily. She left on Oct. 9th, 1868, and, in a short time afterwards, undertook engagements as a visiting governess, which she has since continued to fulfil. On January 6th, 1869, she

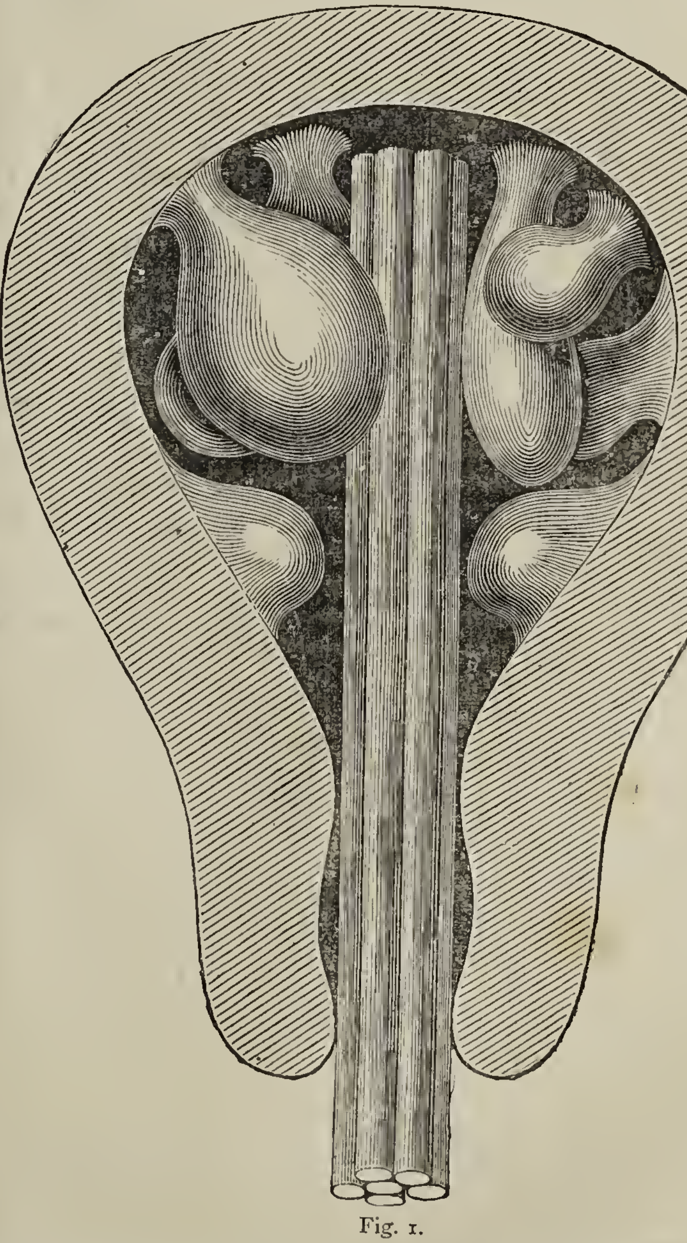

Fig. 1.

called on me at my own house, and reported that her menstruation had continued quite healthy; that the periods, since she left the hospital, had lasted only four days each; and that she only required to use two napkins each day, notwithstanding that she had to walk a great deal, even during the period, in attending to her pupils. She said she felt strong and well, and "had got a blush in her cheek"—all of which her appearance confirmed.

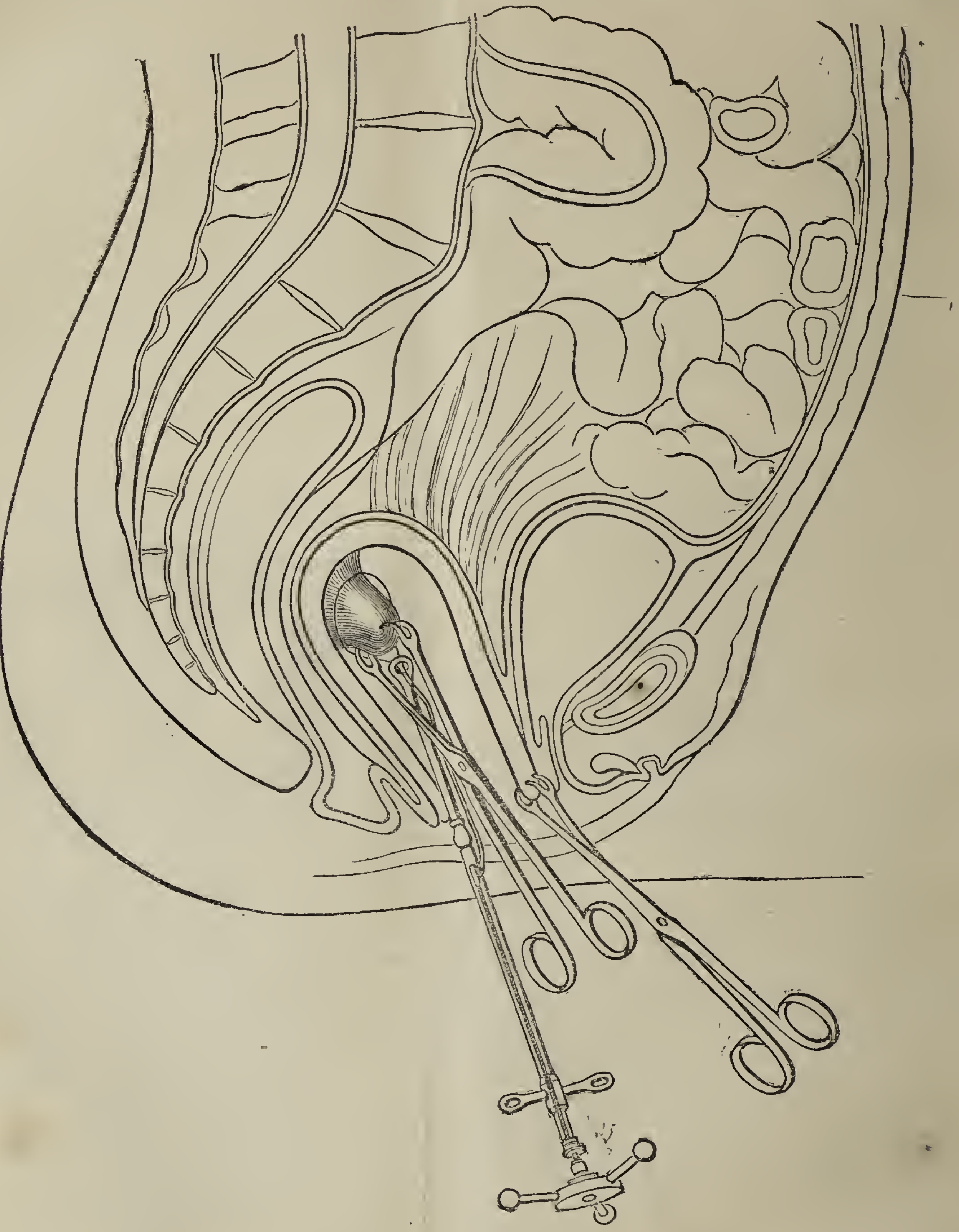

Fig. 2.

The accompanying illustrations are two of a series prepared for a paper I hope to publish in the *Dublin Quarterly Journal of Medical Science* on February 1st, in which I propose to discuss the whole subject of the diagnosis and treatment of uterine polypi, and are introduced here by the kind permission of the editor of that journal.

No. 1 is a diagrammatic view of the condition of the uterus, as ascertained by the finger to exist at the third operation, in the foregoing case; but seven of the polypi are shown, the others having been attached to the anterior wall, which is here supposed to have been cut away. The uterus and polypi are shown of the actual size, and six pieces of sea-tangle are shown traversing the whole length of the cavity, and projecting some distance beyond the os, as they should be, when first introduced, to effect dilatation.

Fig. 2 is also a diagram; it shows an uterus in which there was a single polypus, and exhibits very clearly the remaining steps of the operation. The uterus has been seized by a large, strong vulsellum, and brought down to the vulva. The instrument used for this purpose is large and firm, and with its blades made so that they will not compress the lip of the uterus. A smaller and finer vulsellum is fixed in the polypus; and the *écraseur* is shown about to be pressed up to the root of the polypus, as already described.

ON THE PLUGGING OF MINUTE VESSELS IN THE GREY MATTER OF THE BRAIN,

AS A CAUSE OF THE DELIRIUM AND STUPOR IN SEVERE FEBRILE DISEASES; AND ON OTHER SYMPTOMS OF THE "TYPHOID STATE".

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COMMENTS.

I MAY state, in the first place, that the embolic masses met with in the small arteries and capillaries of the brain, produced by aggregations of the white corpuscles of the blood, were precisely what I had diagnosed during life as the cause of the delirium. As this condition has, I believe, never been met with before, it was, of course, only a presumption that it existed in this particular case—but still a presumption which was based upon evidence sufficient, I think, to warrant its being entertained. I felt extremely sceptical as to the extension inwards or metastasis of the inflammation, and the implication of the meninges, which is so commonly talked of in explanation of the delirium supervening in this and in some other febrile diseases; because, as a matter of fact, such inflammation is rarely met with when the autopsy is made. The hypothesis which had occurred to me—that these symptoms might be due to embolic occlusions in the vessels of the grey matter by means of aggregated white corpuscles—seemed to be the more probable one. I was led to form this opinion from a consideration of the following facts.

Whilst repeating Cohnheim's experiments on the production of inflammation in the mesentery of the frog during last summer, I was much impressed with the amazing activity displayed by the white corpuscles of the blood in inflamed areas of tissue, and by the fact that it was the commonest thing possible to see white corpuscles, which had come into contact in or upon the mesenteric tissue of the frog, after they had passed out through the walls of the veins, cohere together, and finally fuse themselves into a single protoplasmic mass—of varying size, according to the number of corpuscles of which it was composed. Then, whilst in charge of in-patients in University College Hospital, during the months of September and October, I frequently examined the blood of patients (obtained by pricking the tip of the finger with a needle) suffering from rheumatic fever, typhoid fever, pneumonia, etc.; and in some of these, in addition to finding a most marked increase in the number of white corpuscles, I was much struck by the existence of nodules of protoplasmic material, in every way similar in composition to the white corpuscles themselves, though often forming masses from eight to twelve times as large as these. Both the large masses and the individual corpuscles exhibited any single one of amœboid alterations of form and projection, such as the last are well known to display, and both showed these amœboid changes to an extreme degree. From what I had seen in the frog, I thought it was most probable that some of the larger masses, at least, found in the blood of these patients, had been formed by the union and fusion of ordinary white blood-corpuscles, whose mutual adhesiveness had been increased by their condition of undue irritability. But, whatever their mode of origin had been, there they were in existence; and their size was sufficient to prevent many of them from passing through capillaries. One of these cases was an instance of rheumatic fever, in which the temperature rose to 107° F., and was associated with delirium and stupor; and another was a case of double pneumonia in a young man, who was progressing favourably, when, more or less suddenly, maniacal delirium set in, which lasted about thirty-six hours, and then gradually subsided. I was strongly impressed at the time with the probability that the delirium in this latter case at least was due to some accidental plugging of minute vessels of the brain by means of aggregated white blood-corpuscles, and to the consequent total disturbance in the incidence of blood-pressure, and in the conditions of nutritive supply in the convolutional grey matter of the brain. It was, therefore, with a feeling of considerable interest that I proceeded to examine the brain in this case of erysipelas of the scalp, which had been associated during life with delirium and stupor.

Although these anatomical lesions have been met with in only one case,† still this case is so typical of a large number of others, that we may not unfairly suppose that similar anatomical conditions may be causative of some of the delirium and other of the so-called "typhoid" symptoms met with in acute febrile diseases. But it should be understood that these conditions are likely to result, not alone, or so much, from the mere presence of an increased number of white corpuscles in the blood, as from this increase in quantity, together with some altered condition of the blood-plasma which acts upon the corpuscles in such a way as to excite their independent action, and leads them to show that same amount of amœboid activity which they are wont to display within irritated or inflamed areas of tissue. Then they no longer pursue a quiet routine course, in which their individual action is slight, or, at all events, duly subordinated to the necessities of healthy nutrition; but, stimulated into rebellious activity and combining together, they disturb and obstruct the ordinarily facile flow of the nutritive fluid. The mere increase in quantity of white corpuscles in the blood, we meet with in Leucocythæmia and other morbid conditions, in which their presence is less hurtful, and comparatively free from risks of this kind, because there is no febrile elevation of temperature in these diseases—whilst, at the same time, we may presume that no special conditions of blood exist which tend to arouse the amœboid excitability of the white corpuscles. The conditions of blood which seem to me most likely to produce this effect, are such alterations as are brought about in it by an extensive inflammation of any organ or part of the body, combined with an elevated temperature, or perhaps the highly elevated temperature alone of certain specific diseases, such as typhus, which are marked by an increase in the number of the white corpuscles in the blood. But all this part of the subject has to be worked out. I now offer mere suggestions only.

But, in this case of erysipelas for instance, and therefore probably in many other analogous diseases, we must not suppose that such changes and obstructions are limited to the brain. The vessels of this organ, it is true, are much more favourable for examination, on account of the softness of the nerve-pulp in which they are imbedded; but, from the description which I have already given of the microscopical appearances presented by the kidneys and liver, it will have been seen that similar changes existed within the vessels of these organs, as, in all probability, they did within the vessels of other organs. The blood-change is a general one, and throughout every part of the body this blood is carried with its rebellious white corpuscles; so that we may expect that, in all organs alike, the same obliterations of small arteries and capillaries take place, which are so easily recognisable in the brain and pia mater. And just as in the brain these minute obliterations manifest themselves to the naked eye only by their effects—in the form of venous congestion of the organ—so we find this venous congestion of the other organs of the body, in the case I have described, and in "typhoid" cases generally. In an excellent article, on the "Pathology and Treatment of the Typhoid State in Different Diseases" (BRIT. MED. JOUR., Jan. 4th, 1868), Dr. Murchison tersely describes the characteristics of this state, and its *post mortem* appearances, as follows. He says: "In the cases now submitted to your notice, the group of symptoms known as the 'typhoid state' was the same, notwithstanding the varying nature of the primary maladies. These symptoms are a quick soft pulse; a dry brown tongue; the symptoms and physical signs of hypostatic congestion of the lungs; impairment of the mental faculties; stupor, passing into coma; delirium, which at one time is acute and noisy, at another low and muttering, and not unfrequently associated with muscular tremor; involuntary evacuations; and, occasionally, subsultus, carphology, or even general convulsions. The precise grouping of the symptoms will vary in different cases even of the same disease; while in diseases essentially different it may be identical." Does not this seem to point to some underlying identity, in regard to the causation of these symptoms in the different morbid conditions? Then Dr. Murchison adds: "The *post mortem* appearances met with in such cases are—a dark fluid condition of the blood; hypostatic congestion and œdema of the lungs; old disease, or recent congestion, with epithelial engorgement of the tubes of the kidneys; enlargement and softening of the spleen; and, unless the typhoid state have been of very short duration, an accumulation of serous fluid in the lateral ventricles and at the base of the brain, the veins and sinuses of which are usually full of dark blood." Wide-spread congestion throughout the various organs is, in fact, the anatomical characteristic of the "typhoid state"; and, whilst far from asserting that the "typhoid state" is produced in this way alone, I do maintain that minute and wide-spread embolisms of small arteries and capillaries throughout the body would be capable, in all probability, of giving rise to many of the clinical symptoms which are included under this name—whilst they would certainly tend to produce just such general congestion of organs, and, as a result, serous effusions, which are the typical anatomical characteristics of this state. For the wide-spread obliteration of small vessels by the impaction of white corpuscles, must cause much of the propulsive energy of the heart to be wasted, and thereby induce a lagging of blood in the radicles of the venous

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[*] Concluded from page 67 of last number.

[†] So far as I know, no other case is on record in which masses composed of aggregated white corpuscles alone, without intermixture of fibrinous matter, have given rise to occlusions of vessels. I have spoken of the occlusions as "embolic", because the formation of the aggregated masses which ultimately plug the vessels has, in all probability, commenced in some comparatively distant part of the vascular system.

system. There can be little doubt, however, as Dr. Murchison and others have shown, that almost similar symptoms and *post mortem* appearances may be produced in other ways—*e.g.*, from blood-poisoning, in cases of small contracted kidney, where effete materials accumulate within the system. Dr. Murchison says, "it may fairly be inferred that the typhoid state in all febrile diseases, whether they may be due, in the first instance, to a specific poison, or to a local inflammation, admits of a similar explanation. As in the contracted kidney, the blood is contaminated with the products of tissue metamorphosis; but the cause of the contamination is different. It is now well known that, in all febrile diseases, the disintegration or combustion of the tissues is greatly increased beyond the healthy standard. To this is to be ascribed the increased temperature which is the pathognomonic symptom of the febrile state and the rapid emaciation. The products of the increased metamorphosis are mainly eliminated by the kidneys, and appear in the urine. As long as the kidneys are equal to the increased work thrown upon them, the blood is properly depurated, and the typhoid state is warded off. But, if the kidneys be unequal to the task, either from the large amount of effete material to be eliminated, from previous disease in the secreting tissue, or from congestion resulting (as it often does) from their increased work, then the blood becomes contaminated, and convulsions or the typhoid state supervene. This explains why albumen so commonly appears in the urine in the course of all acute diseases of a severe form, and why it is so justly regarded as an unfavourable symptom." Now, to complete this picture, I would suggest that the congestion of the kidney in these acute febrile diseases may be often brought about by diffuse embolism of its small arteries—as it, doubtless, was in this case of erysipelas; and that the albuminuria thus resulting is a symptom in every way comparable, so far as its pathogenesis is concerned, to the delirium and stupor occasioned by similar lesions in another organ.

I need only hint at the important bearing which the possibility of the occurrence of minute embolisms of this kind may have in the elucidation of previously obscure forms of so-called functional disease of the nervous system, as I hope shortly to publish the details of a fatal case of Chorea, in which such embolisms led to ruptures and obliterations of small vessels throughout the corpora striata, and in the course of the middle cerebral arteries generally—this being a case of bilateral Chorea in which delirium was also present.

The therapeutical indications issuing from this view of the pathology of delirium are sufficiently obvious; but no details on this subject would be suitable or possible on the present occasion. I will only say, if we have a diseased condition of the system in which abundantly increased white blood-corpuscles are stimulated into undue activity, so that they give rise to the most wide-spread mischief throughout the body, obviously, if we cannot prevent or control the antecedent condition which determines the increase in the white corpuscles and the change in the blood, we can strive to find out medicinal agents which, when administered, may tend to blunt that undue excitability of these corpuscles, which we have seen to be the principal cause of their aggregation, and the subsequent production of wide-spread capillary embolisms throughout the brain, kidneys, and other organs.

ON THE EXTERNAL USE OF NITRATE OF SILVER IN ORCHITIS: WITH CASES.

By E. Noble Smith, Senior House-Surgeon to St. Mary's Hospital.

Rest being an essential part of the treatment of orchitis, it follows that, among hospital out-patients, cases are frequently met with in which the remedies usually employed are found insufficient to cure the affection, in consequence of the patients being obliged to continue their work. I tried antimony, mercury, and in some cases iron, employing at the same time lotions of spirit, or acetate of lead, and occasionally leeches, and the results were most unsatisfactory. I now use for the first few days evaporating lotions, and give a purge; I then apply, with a brush, a solution of nitrate of silver, of the strength of one drachm of the salt, to an ounce of distilled water, to the surface of the scrotum over the inflamed testicle. In all cases I have found, the following day, great relief to be experienced, and in the majority the pain to have entirely ceased; but the greater part of the swelling and hardness remained; these symptoms are removed subsequently, by attending to the general health, using lotions, and afterwards mercurial ointment—the patient all the while being able to continue his occupation, even when it is laborious. I have generally found one application sufficient; but if there be a slight return of pain, I use the solution again. I could give many cases in illustration. Every case which I have treated with nitrate of silver has ended most satisfactorily. I understand that the originator of this plan of treatment is Mr. Furneaux Jordan.

AN ADDRESS

DELIVERED AT THE

PATHOLOGICAL SOCIETY OF LONDON:

On Tuesday, January 19th, 1869.

By RICHARD QUAIN, M.D., President.

Gentlemen,—Owing to the practical character of our proceedings, and the very limited time at our disposal, it has never been the custom for those who held the office which I have now the honour to fill to address you in a lengthy or formal manner on entering upon their duties. I shall, therefore, occupy your attention but for a few minutes; the first of which shall be devoted to offering you my sincere and grateful acknowledgment for this proof of your confidence; and to the expression of a hope that I may still find myself, at the close of my period of office, in possession of that confidence which I so much value. For my guidance I have the examples of the great and distinguished men who have preceded me in this chair, and whom I follow, I say in all sincerity, with unequal steps. I feel, too, that should difficulties occur, for which it may be added there has been no precedent in our history, I can ever rely on your loyal and generous support. As I now address you, I cannot resist the impulse of memory which takes me back to a period twenty-two years ago, when this Society first came into existence; and I would wish to dwell for a moment on the gratification which I share in common with those who are still amongst us—and they happily are not few—who assisted at its origin. The idea of forming such a society on an independent basis, suggested, no doubt, by the existence of the Pathological Society of Dublin, first occurred to Dr. Bentley, a name still borne in recollection by the early members of this Society. I can never forget the pleasure derived from the first communication I received from Dr. Bentley, then a stranger to me, asking my opinion of the feasibility of carrying out such a project. It was evident that such a society could utilise the vast mass of morbid anatomy which must be found in a population of some three millions of people, and of which, at that time, but a very limited use was made. Teachers in the hospitals, and students in the medical schools, had opportunities of studying morbid anatomy, as it was then studied. But we felt then, as would be the case even now, but for the existence of this Society, that to the busy practitioner, who had little time and few opportunities for making *post mortem* examinations, such a society would supply an immense want. It would bring before him, from hospitals and other sources, specimens which he could not otherwise see; he would hear them described and discussed; he would be made familiar with the subjects against which he was daily contending; he would feel himself cleaned from that rust which is ever ready to accumulate on all of us. Need I say how fully these anticipations have been realised? The best, the busiest, the wisest, of our practitioners in every rank have come hither, never failing, as was said by one of our most learned presidents, "to learn something at every meeting." This kind of *post mortem* examination work, in our idea at the time, constituted a large share of the benefit we expected to receive or to confer. It is true that we anticipated some useful results from bringing together so many minds more or less devoted to the study of pathology, but I question if the most sanguine amongst its founders anticipated the results which have been realised by this Society. It had been my intention to have brought before you an epitome of these results; but when I came to examine our work, when I referred to the admirable index given us by our colleague, Mr. Holmes, I felt that the accumulation of material was so vast that it would be impossible to bring an useful sketch of it within reasonable limits, whilst, in a short and meagre one, injustice must be done to the Society and to its workers. There is little cause for regretting this difficulty. The volumes of *Transactions* published by the Society, accessible and familiar to all cultivators of pathology, are themselves the records of what we have done. There is scarcely any known morbid condition which will not be found investigated, described, and illustrated more or less fully in these volumes. That they are the most valuable storehouses of pathological facts in existence, is proved by the frequency with which the abundant materials they supply are drawn upon by writers on the subject, both at home and abroad. The original members of the Society may well feel gratified at these results. The younger members will fully participate in this feeling if they will refer to the state of pathological knowledge in what, comparing the present with the past, may almost be called the prepathological period—that is to say, five-and-twenty years ago. It is true that *post mortem* examinations were there conducted by zealous and able men, that drawings and models were made and that specimens were collected in museums—that pathology was said to be taught and studied. I well remember the teaching of my friend, the late Sir Robert Carswell, whose pupil I had the good fortune to be, and I mention his name with the greatest respect as the most distinguished pathologist and teacher of that time, and one whose pathological drawings have never been surpassed for accuracy and beauty. Yet, if you refer to his great work, and compare the morbid anatomy and the pathology of that period with those of the present, you will be amazed at the progress made in the interval. It was not the fault of our predecessors that they are so much behind us. Physical science has advanced, and we have taken advantage of its progress. We have taken to our aid the microscope, the test-glass, and the crucible. We search into the depths of the ocean; our predecessors went but little beneath its surface. Comparing our knowledge then, I speak more especially of morbid anatomy, and now as accumulated by this Society by our fellow-labourers at home, and still more by those abroad, I do not hesitate to say that the number, the value, and the accuracy of its facts and observations will bear favourable comparison with like progress in any, as they are called, of the more exact sciences. Indeed, dealing here as we do with inanimate matter, and with the operations of physical agents upon it, we acquire, in many cases, something of that power which gives accuracy and certainty to researches in the physical sciences. Our materials are abundant; our workers able, skilled and untiring; our appliances are efficient. We work under favourable circumstances, or we are free from the disturbances which embarrass us when we have to deal with living beings and with the agencies which influence them. In morbid anatomy, studied thus, we have a safe and true basis for pathological knowledge in its widest sense. It is thus alone we can hope to learn the nature of those conditions, for the cure of which our remedial agents are to be used, and it is thus alone we can hope to get rid of the doubtful and the uncertain in the practice of our art. Encouraged by success in the past, let us strive for greater successes in the future. Let us be firmly convinced that an accurate knowledge of disease is the true key to an accurate knowledge of the means by which it can be prevented, arrested in its progress, or cured. Gentlemen, we have rejoiced in our wealth, but, like some young men who have attained their majority—as we have just done—we find ourselves embarrassed by our riches. We hear representations, I will not call them complaints, of our extravagance. We hear that there is not time to examine and discuss the subjects brought before us, and that we do not derive all the profit from our meetings that they might be made to afford us. There are grounds, no doubt, to some extent, for these representations. The difficulty must be met. But, gentlemen, let me assure you that though your Council may do something—and they have this evening appointed a committee on the subject—to mitigate these inconveniences, much of the remedy is in the hands of the members themselves. Independently of the admirable reports of our committees, which may be read for convenience in the abstract, or as summaries, by the secretary, the subjects brought before the Society may be referred to the following heads :—1st. Specimens of an ordinary character, duplicates, it may be, of specimens previously presented: 2nd. Specimens and descriptions of them of greater pathological interest: 3rd. Pathological essays or summaries of collected cases. It has been suggested that specimens included under the first head should no longer be presented to the Society. The rejection of such specimens would, for many good reasons, be very objectionable, and their interference with the more regular progress of our proceedings no doubt can be obviated by their being simply presented and sent round, with labels indicating such points of interest as belong to them. With regard to the subjects comprised under the second and third heads, it is very certain that the description of many of them may be more condensed when read before the meetings, whilst fuller reports may be reserved for the Transactions. On this subject might I quote, for our guidance, the advice of one who was himself a distinguished speaker and writer, when he says—

"Concise your diction, let your sense be clear,
Nor with the weight of words fatigue the ear."

By such means, and by others of minor detail which your Council is likely to propose, I hope and believe that our meetings will still maintain that interest which has rendered them from their commencement continuously attractive.

In conclusion, let me say that we must not look on the object of our pursuits as specialists, nor on the specimens brought before us as objects of mere interest, however great, or of curiosity however striking or remarkable. All we do here should be done in relation, if not in absolute or indicated connexion, with the other departments of our work. When we see the remarkable objects submitted to us in such rich abundance, we may be attracted by the unique character of some, by the great bulk of others; some may claim attention as illustrating rare skill in diagnosis, others by the rapidly destructive character of their action; some attract notice in consequence of the success with which their nature has been investigated and made clear, others by the obscurity which still surrounds them in spite of all investigation. These points are all worthy of notice; but there is something more worthy still. Be it remembered that these diseased specimens are all so many illustrations of the weakness of our art. If our means of cure were more efficient, our specimens would be fewer. It is true that there is a profound interest in studying, as morbid anatomists, these various subjects; but let us not be fascinated by our pursuit. Let us remember that the duty, the aim, the ambition of our science is to cure disease, and let us look always on these specimens to that end. We may, as we go on, with the mental eye connect them with their origin and their results; we may consider their physical conditions as well as their effects on organs and textures, and thus deduce from their clinical histories their physical signs and their symptoms. Let us thus make our morbid anatomy subservient to our diagnosis; still more so to our methods of treatment and cure. Thanks to morbid anatomy, thanks to the physical sciences, diagnosis can hold its own. Would that we could say the same in reference to the treatment of disease! This is our weakness; here we fail. But, gentlemen, there are grounds for hope that this failure will, ere long, be converted into success, and that therapeutics will keep pace with pathology and diagnosis. We "hear want of faith in physic," too often talked of and too hastily accepted. Beyond all question, the treatment of disease on general principles has improved equally with the other departments of our science. But we aim beyond this: we seek for specifics, and when we fail to find them, we hastily express a want of faith in physic. It seems to me that such conclusions are premature; that, if we knew more of remedies and their action, and if we could bring them more in direct relation with the branch of science which we here cultivate, our success would be greater, and our faith would be stronger. On all sides we see efforts made to realise these objects; we see a powerful one in the younger sister of our Society, so recently brought into existence, and for whom we desire all prosperity; we see it in the investigations by accomplished physicians going on around us; let us wish them, too, all success. And finally, gentlemen, let us hope that the time is not far distant when our treatment of disease will be alike scientific and successful, when our profession will rank as high for its scientific character in the treatment of disease as it is now unselfish in trying to prevent by sanitary laws its occurrence and its spread.

ON LOSS OF SPEECH, OR THE POWER OF UTTERANCE, IN RESPECT TO ITS CEREBRAL BEARINGS AND CAUSES.*

By ROBERT DUNN, F.R.C.S.

Loss of voice may result from a variety of causes, and be dependent upon differing pathological conditions, quite independent of any cerebral lesion or implication of the intellectual consciousness. For instance, aphonia is not unfrequently the consequence of disease of the larynx or vocal organs; at other times, it is occasioned by pressure upon, or change of structure in, the lingual and glosso-pharyngeal nerves, either at their origin or in their course. Dr. Schrœder van der Kolk, indeed, has been led to infer, from the close and intimate connexion between the corpora olivaria and the nuclei of the hypoglossal nerves, that the former are auxiliary ganglia to the latter in the production of certain combinations of movements in the acts of articulation and speech. "For," says he, "speech and the articulation of words require such a multitude of peculiar motions of the tongue, and such an infinite number of varying combinations of its muscular movements, that it cannot appear strange that two auxiliary ganglia should be required for the performance of these functions." After further remarking that "he is acquainted with no other part of the entire spinal cord or brain where the multipolar ganglionic cells are so densely accumulated as in the nuclei of the hypoglossal nerves," and stating his conviction that all motor nerves take their origin from certain groups of multipolar ganglionic cells, he adduces pathological evidence in support of his opinion that the corpora olivaria are the organs for the articulation of the voice, though he admits they are not the organs through which the will directly acts.

The faculty of speech, however, is an *instrument of thought*, and, as such, must have its seat in the nervous apparatus of the intellectual consciousness—that is, in the great hemispherical ganglia of the brain; for, as I have elsewhere said, "language implies a train of thinking. It is the circulating medium of our thoughts—the minister and interpreter of the thoughts, feelings, and emotions of the mind. We reproduce in speech the mutual relations of objects, the relations of our thoughts to objects, and the order and relations of our thoughts to themselves. Hence the wonderful power which articulate words possess on the whole process of thought; and hence, too, their use in forming a broad platform on which the results of all the lower processes of mind are plainly recorded, and from which we commence those higher forms of mental activity which give to reason its all but infinite range and all but omnipotent power." (*Medical Psychology.*)

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* Read in the Department of Physiology at the meeting of the British Association for the Advacement of Science, at Norwich, August 1868.

Now, in all cases of loss of speech or the power of utterance, which are of cerebral origin, there is involved either *functional derangement* or *structural change* in the nervous apparatus of the intellectual consciousness. Out of a number of illustrative instances which have come under my own observation during the last twenty years, I shall content myself with briefly narrating two cases in point—one of structural disease, and the other of functional derangement—in both of which I felt deeply interested at the time of their occurrence, as being of striking significance, and which, unless I am greatly mistaken, throw some light upon, if they do not afford a satisfactory explanation of, the conflicting evidence which has been adduced as to the cerebral seat of the faculty of speech. But, before doing this, I must first make a few observations; and I wish especially to impress upon the mind of every physiological psychologist what ought never, indeed, in this inquiry, to be overlooked or forgotten—viz., that the power of giving utterance to our thoughts and ideas in appropriate language depends upon the due relation being maintained, in its integrity, between the centres of intellectual action and the encephalic motor centres through which the volitional power is exercised in articulate speech. For, although thoughts and ideas may be moulded for expression in the seat of intellectual action, the agency of the will, or volitional power to give them utterance, requires the integrity of the motor centres and their commissural fibres, though the volitional impulses operate in speech. And thus it is manifestly obvious that loss of speech or the power of utterance, when of cerebral origin, may result alike from disease of the cerebral hemispheres, as the seat of intellectual action, or from disease of the corpora striata and their commissural radiating fibres, as the motor encephalic centres through which the will operates in articulate speech. A special cerebral organ has been assigned to the faculty of speech. The illustrious Gall was the first to locate it in the anterior lobes of the brain; and this allocation has found many advocates among the most distinguished physiologists both in this country and abroad, whose names I need not enumerate. My own pathological researches have led me to espouse it. I am aware that it has been disputed, whether there is a special cerebral organ for this sole and exclusive prerogative of man, the faculty of speech. It is argued that, constituted and mentally endowed as he is, it is as natural for man, when vividly affected, that he should give expression and find utterance, in articulate sounds, for his feelings, emotions and ideas, as that he should voluntarily use his locomotive powers in progression. There can, however, be no dispute that language, as an instrument of thought, is an attribute of the nervous apparatus—of those intellectual centres where the reasoning faculties and the reflecting powers arrange, associate, and mould for articulate utterance, the thoughts, feelings, and emotions of the mind; and hence, however we may continue to dispute about the local habitation or abode of the faculty of speech in the brain, we are assuredly warranted in drawing, as a legitimate inference, that aphasia will result as a necessary consequence from the disintegration and disease of the vesicular matter of the intellectual centres—that is, of the anterior lobes. In France, since the time of Gall, the seat of the faculty of speech has undergone much discussion, and opposing evidence has been adduced. In 1825, Bouillaud placed the faculty of articulate speech in the frontal lobes of the brain, and also maintained that the exercise of thought required the integrity of these lobes; and such, too, are the abiding convictions of my own mind. Andral, on the other hand, has cited fourteen cases of loss of speech without any alteration in the anterior lobes, but where the lesion was in the middle or posterior lobes. The condition of the corpora striata throws a new light on these cases. Dr. Dax and his son after him have placed the organ of speech exclusively in the left hemisphere of the brain, basing their theory on the fact that, in cases of hemiplegia with aphasia, the paralysis is on the right side. Our distinguished visitor, Professor Broca, who has given us such an able and lucid exposition of his views on the faculty of articulate speech, and who claims the honour of being the first to discover the seat of the organ in the third frontal convolution, is constrained to admit that the left convolution is not the exclusive seat of the faculty, though he maintains the left side of the brain to be the leading side, and the right the automatic. He has quoted Gratiolet on the evolutions of the fœtus in proof that, from the first, the left hemisphere takes the lead in the process of development.

Now, while all physiological psychologists are agreed that the great hemispherical ganglia of the brain are the sole and exclusive seat of all intellectual action and volitional power—of the understanding and the will—I hold it to be as indisputably established, that the corpora striata are the encephalic motor centres of the volitional power of the cerebral hemispheres—*the connecting links of thought with articulate utterance.* These commissural connexions with the centres of intellectual action—the great hemispherical ganglia—are so intimate and extensive, through the agency of innumerable radiating fan-like commissural fibres, that they are evidently subservient, at all points and on every occasion, to the mandates of the will, in every voluntary act or effort. Nor is there, I believe, one single instance on record in which the power of utterance was retained intact, however sound and healthy the hemispherical ganglia may have been found to be, where the corpus striatum on both sides was in a diseased condition.

Again, we have also to bear in mind that the duality of the brain is an admitted fact. The brain is a double organ; and, whilst this doubleness is in harmonious accordance with the doubleness of all the organs of sense—nay, more, indeed, is just what *à priori* reasoning would lead us to expect as necessary to the functions of the special senses as double inlets to knowledge—it necessarily follows that the functions of the two cerebral hemispheres must be identical; and, therefore, that, if there be a special organ for the faculty of speech in one hemisphere, there must also be the same in the other. There is a third frontal convolution on the right side, as well as on the left. Statistical statements and reiterated observations on an extensive series of cases may produce, and no doubt have produced, the conviction that the left anterior lobe of the brain is more prone to disease than the right. It was the observance of this fact which led Dr. Dax to the hypothesis that the left hemisphere was exclusively the seat of the faculty of speech; for, in one hundred and forty observations on cases of aphasia, he invariably found the hemiplegic paralysis to be on the right side. Dr. Hughlings Jackson, too, in his most interesting and valuable paper in the *London Hospital Reports* for 1864, also found that, out of thirty-four cases which he has recorded of hemiplegia with loss of speech, there were thirty-one instances in which the paralysis was on the right, and only three on the left, side of the body. But then, beyond the mere fact that the left hemisphere of the brain is more liable to disease than the right, what do these statements prove? One single instance, I maintain—and there are such cases on record, of aphasia in which the paralysis was on the left side—is sufficient to invalidate the hypothesis that the left anterior lobe is the exclusive seat of the faculty of speech. For these and other reasons, I cannot subscribe to the exclusive hypothesis which has been put forth of late; for I claim for the right, as well as for the left anterior lobe, the honour of being the site of the organ of that sole and exclusive prerogative of man, the faculty of articulate speech. And here, as positive evidence in support of this claim, I would adduce the highly interesting case which Dr. Simpson has recorded (in *Medical Times and Gazette* for Dec. 21, 1867) of extensive lesion in the left inferior frontal convolution of the cerebrum, *without aphasia.* There was no loss of speech. For where we find there had existed, as Dr. Simpson has described, such an extensive cerebral lesion and such disease in the very site and exact region of the posterior part of the left third convolution, where Dr. Broca has located the special organ of speech; and that yet, during life, there was manifested not any impairment of the faculty of speech,—what other conclusion can we draw, if we admit Broca's region to be really the seat of the organ of speech, than this, that the functional power in this case must have been discharged by the organ on the right side of the brain? It retained its perfect intregity; while, with such a state of disease on the left side, the functional power must indisputably have been lost.

But, to proceed with my cases. The first was that of a lady, aged 63—a case of hemiplegia on the right side, with cerebral softening, in which loss of speech was a prominent feature.* She had suffered from three attacks of apoplexy. The first, which occurred in October 1844, seemed "congestive" in its character, and passed away, without any other permanent consequence than this, that she continually used one word for another, not applying appropriate names to the things or persons she desired to signify. The second attack in May 1847, left her permanently hemiplegic on the right side, the power of voluntary motion being complelely abolished, and but little sensibility being preserved, though reflex movements could be excited in the lower extremity by tickling the sole of the foot. For the rest of her life she remained altogether incapable of speech, not being able to say yes or no in reply to a simple question, and never getting beyond the utterance of the monosyllable *dat-dat;* and yet all her senses were intact, the motions of the tongue were free, and there was no difficulty of deglutition. She did not seem to have lost any of her intellectual powers; but her emotional sensibility was certainly increased. Her general health continued good up to the time of the last fatal seizure, which occurred in April 1850, without any premonitory symptoms. At the *post mortem* examination, the upper two-thirds of the anterior lobe of the left hemisphere was found to be a pulpy mass, in a state of complete destruction, with colourless softening; while the middle and posterior lobes were sound and healthy; but the greatest change was in the ganglionic masses at their base, and in the commissural structure. The upper half of the corpus striatum on the left side was destroyed by softening; the optic thalamus was shrunken to less than half its natural size, its upper surface being greatly wasted; while, on the right side, a small and recent apoplectic clot was seen on the upper and anterior surface of the corpus striatum, the whole of the upper half of which was in a state of *ramollissement;* while on the upper surface of the thalamus also were noticed some indications of white softening. The corpus callosum was destroyed, except at its anterior and inferior reflexion; and the anterior commissure and fornix were gone. Microscopic examination of the softened parts presented an abundance of compound cells, and of fatty matter in the capillaries. Now, in this case, it was quite evident that, with the disorganisation of the left anterior lobe, its functional power was entirely abolished; and, although the right hemisphere was healthy, and there was every evidence, from the history of the case, that it maintained and exercised a functional power as a centre of intellectual action, still the volitional agency was wanting to give utterance to the passing thought, for *the corpus striatum on the same side was not in its integrity.*

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* I brought this case under the notice of the Royal Medical and Chirurgical Society, in a paper read June 11th, 1850.

I would here remark, and express my conviction, that the imperfect power of articulation, to which we have our attention so constantly called, in hemiplegic patients, there can be little doubt, is most generally due to some structural lesion in the motor centres of volition—that is, in the corpora striata, or among their commissural fan-like fibres, which radiate from them to the cerebral hemispheres.

My next case is one of functional nervous derangement, highly interesting in all its psychological bearings, and strikingly illustrative, as a case in point, of loss of speech or the power of utterance where the intellectual faculties are in abeyance. It was the case of a young woman who accidentally fell into a river, and was nearly drowned. When I first saw her, on her being brought home, about three weeks after the accident, her only medium of communication with the external world was through the senses of sight and touch; for she could neither speak nor hear, taste nor smell. Her mental faculties appeared to be entirely suspended, there being for some time no evidence that any ideas were aroused by the sensations she received, although respondent movements of various kinds were excited through them. Thus her vision at short distances was quick; and so great was the state of exaltation of the general sensibility upon the surface of the body, that the slightest touch would startle her; still, unless she were touched, or an object or person were so placed that she could not avoid seeing the one or the other, she appeared to be quite lost to everything that was passing around her. She had no notion that she was at home, nor the least knowledge of anything about her. She did not even know her own mother, who attended upon her with the most unwearied assiduity and kindness. Her memory and the power of forming and associating ideas were quite gone. Wherever she was placed, there she remained throughout the day. She was very weak, but her bodily health was not much deranged; the tongue was clean, the skin moist, and the pulse quiet and regular; but the bowels were sluggish. After a lapse of three months, an incident occurred in the family which aroused her sensibility, and suddenly brought into play the suspended *power of articulating words, but not the perfect power of speech.* It was in a moment of strong emotional excitement that her power of utterance was suddenly regained. The sight of her mother in excessive anguish and distress forced open the floodgates of her inner sensibility; volition was roused; and the barrier was swept away which had so long kept her spell-bound in silence. Like a disruptive discharge of the nervous force, she suddenly though hesitatingly ejaculated, "W-h-at's the matter?" From this time, she began to articulate a few words; but she never called things by their right names. The pronoun *this* was her favourite word, and it was alike applied to every individual object, animate or inanimate. So long, indeed, as the intellectual centres were in an abnormal condition, the perfect power of speech was in abeyance. Nine months afterwards, under sudden and overwhelming emotional excitement, she fell down in a fit of insensibility of many hours' duration, to the great alarm of every one around her. But it proved critical and sanitary; for, when the insensibility had passed off, she was no longer spell-bound; the veil of oblivion was withdrawn. Her speech was restored. She awoke, as from a sleep of twelve months' duration, in the possession of her natural faculties and former knowledge, but without the slightest recollection of anything that had taken place during the interval of the past year, in which her mental faculties had been suspended.*

In conclusion, I cannot too strongly recommend to the attention of all who are interested in this most interesting subject—aphasia—a most valuable series of papers now in the course of publication in the *Journal of Mental Science*, by Dr. Bateman. They are full of interest, sound reasoning, and the most valuable information, presenting us with a complete *resumé* of the subject from the earliest times.

ON ARTIFICIAL RESPIRATION AS A REMEDY IN DISEASES OF THE CHEST.

By HORACE DOBELL, M.D., Senior Physician to the Royal Hospital for Diseases of the Chest.

I HAVE long been accustomed to prescribe artificial respiration, as an auxiliary to other treatment, in cases of chest-disease accompanied by imperfect aëration of the blood, especially in the young, the weak, and the old. When it has been practicable to get this treatment fairly carried out, I have seen the most pleasing results. But the difficulties are many. It is evident that the Marshall Hall method is inadmissible, as patients, seriously ill with chest-disease, cannot bear to be rolled about. The method by alternating pressure on the sternum, also, cannot be borne, especially when there is heart disease. The Silvester method, therefore, is the one which I have chiefly employed; but it has these among other disadvantages. 1. It is very seldom that there is room while the patient lies in bed for the arms to be carried back sufficiently. 2. When a patient is sitting up, if weak or suffering from heart-disease, raising the arms above the head produces faintness. 3. The operation is very fatiguing and distressing to the patient, as well as to the attendant. The result is that, in the cases in which it is most urgently required, it is quite a chance whether it can be effectively done. It happened that at the time Dr. Bain read his paper "On an Improved Method of Practising Artificial Respiration in Cases of Suspended Animation" (at the Royal Medical and Chirurgical Society, December 8th, 1868), I was attending an exceedingly bad case of capillary bronchitis in an old man, the subject of extensive emphysema with dilated heart and anasarca. There was the greatest difficulty in preventing him from sinking into hopeless carbonic acid poisoning. I had been fighting against this for several days by employing an attendant to use artificial respiration by Silvester's method, as often as the patient became more than usually blue and drowsy, but the fight was a most difficult one; the patient was unable to lie down, and the raising the arms while he sat in an easy chair fatigued and distressed him so much that it was evident he could not bear it much longer; yet he was quite unable to go on without it. Immediately after hearing Dr. Bain's paper, I visited the patient and altered the plan of proceeding. He sat in a high-backed easy chair. I got behind him upon a stool sufficiently high to give good command over his shoulders from above, and then, grasping them from before with the tips of the fingers towards the arm-pits, dragged him up with sufficient force just to take off his weight from the chair without unseating him, held him so for about three seconds, then let him down, and after a rest of about three seconds lifted him again as before. This was repeated twenty times, and the patient, instead of showing signs of fatigue and distress, said he felt revived, and the improved colour of his lips, nails, and skin, and the brighter expression of his eyes, plainly told the good effect it had produced upon his blood. He willingly consented to have the operation repeated every two hours. It was easily done by his attendants, and persevered in for four days and nights. The effect has been so remarkable, that it is now no longer required. I believe that the operation saved his life.

I cannot too strongly recommend the adoption of the same plan in all that class of cases to which I have here referred. I would also point out how important it is in the young, the weak, and the old, when suffering from diseases impeding respiration, to prevent them from sitting or lying with the weight of the arms pressing upon the chest. The weaker they became—and the more overpowered with carbonic acid poisoning—the more completely is the weight of the arms and shoulders allowed to sink down upon the thorax and thus to interfere with respiration. I believe that numbers of lives are lost by neglect of these precautions, and of artificial respiration just at the critical period when the fever and excitement of the congestive stage give place to the lassitude accompanying free exudation.

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* This case of suspension of the mental faculties, of the powers of speech and special senses, with the exception of sight and touch, and continuing for many months, I published, with a Commentary on its bearings, upon the Philosophy of the Human Mind, and the Physiological Psychology of Man, in this JOURNAL in 1855.

We shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, JANUARY 30TH, 1869.

REMODELLING OF THE NAVAL MEDICAL DEPARTMENT.

We referred last week to the rumour current in official circles, that a remodelling of the Naval Medical Department was in contemplation, simultaneously with that of the other departments of the Admiralty. This intention, although always a sound of doubtful omen, was yet acceptable to the profession, inasmuch as the Naval Medical Service has for some years been in so depressed a state, and the list of candidates has been so far short of the requirements of the service, that an improvement might well be made, and is much to be desired. So bare is the service now, and so unpopular, that staff-surgeons and surgeons are at this moment employed, at the higher rate of pay due to their standing, in doing the work of assistant-surgeons. Any remodelling, therefore, should be of such a character as to tend, by its results, to encourage the entry of medical men into the service. The class of men entering the profession now are, we are glad to say, becoming every year more highly educated, and of a more uniformly high social class. This is the necessary result of the more severe preliminary educational tests, and the longer and more costly professional curriculum enjoined. The letter of Mr. Baxter Langley, the well-known medical agent, in our last impression, showed how this is telling already in private life, by raising the salaries demanded by assistants in medical practice, and by reducing almost to zero the total number of English candidates for such subordinate positions. It is, therefore, essentially necessary that any changes in the Medical Department of the Navy, now the least popular of all departments of the public service, should be such as will give to all officers of that department such independence of position, under a responsible medical chief, as will inspire confidence, and encourage a superior class of men to enter it. It has long been recognised as a fatal defect of the existing *régime*, that the medical head of the department has no opportunity of direct communication, on matters affecting the vital interests of the department and its national duties, with the responsible minister of the department—the First Lord. No one can doubt that there is, in the present system of medical arrangements of the ships and hospitals of the fleet, much that is cumbrous, costly, and unnecessary; that wholesome retrenchment might be effected, especially in the civil staff and the general administration of the hospital establishments. But all representations on these and other subjects have hitherto had to be filtered through the medium of a "Naval Superintending Lord", who, from his very service prejudices, is extremely likely to have viewed such representations with dislike and prejudice. No one can say, in fact, what has and what has not been laid before the First Lord upon medical questions, or under what circumstances of favour or disfavour.

The accession of Mr. Childers to office has given hopes that this system, so cumbersome, and in every way detrimental to the interests of the public, may be abolished; and that the head of the medical department may be placed in direct relation with the minister. We have reason to fear, however, that the changes which Mr. Childers is now being advised to introduce are such as will lead to a much worse state of things. It is proposed to him, we hear, to amalgamate the Medical Department of the Navy with the transport, victualling, and store departments; and to place all under the control of a naval officer—we believe, Admiral Mends. So far as the medical department is concerned, in the name of the service and of the civil profession, we emphatically and at once protest against such an arrangement. The very suggestion of it is detrimental to the public interests of the naval medical service, and will, we feel satisfied, cause a similar expression of disgust to that which arose out of the celebrated scheme of making bonded naval medical cadets in order to recruit the exhausted ranks of the service. We hope that we may be justified in assuming that it cannot possibly receive sanction from the First Lord. It would have a fatal effect upon the already depressed list of candidates for the medical department, and would be taking a step in precisely the wrong direction. It would lower the status of the department as it now stands—and Heaven knows that is not necessary; and would be little short of an insult to the whole profession. We earnestly hope that the project will not be sincerely entertained by Mr. Childers; and that, in any measures to be taken for remodelling this department, the First Lord will remember that it is a professional department, and is not to be mixed up indiscriminately with victualling and transport, but is to be dealt with separately. Measures which may be acceptable and applicable to members of these departments may be peculiarly unpleasant and unsatisfactory to the members of a learned profession. On this rock some previous administrators have already split.

PATHOLOGICAL SCIENCE IN LONDON.

Dr. Quain's address on taking the chair at the Pathological Society includes some topics and suggestions of importance. As one of the most earnest and active of its founders, and having held almost ever since an official connexion with it, he naturally reverted to retrospect, and contrasted the present pathological status of this country with that of the "pre-pathological period". The result is, no doubt, most satisfactory and promising. Improved means of physical research and increased interest in their use have given to our pathological knowledge an exactness which is revolutionising diagnosis and practice. The popularity of the Society has been in full proportion to its usefulness; and it is easy to understand this. For not only does this Society afford opportunities for discussion and conference to the most active working pathologists; but to the busy practitioner, whose daily work takes him far from the dissecting-table and the chemical room, and whose pathological opportunities are few and difficult, it offers, every fortnight, the opportunity of refreshing his knowledge, of adding to it, of studying, debating, and hearing illustrative accounts of all the most instructive as well as the rarest specimens obtained in the London deadhouses. Of this opportunity, the busiest, most intelligent, and best known general practitioners largely avail themselves; and no one, however learned or experienced, ever yet left a meeting of the Society without feeling that he had learned something.

Dr. Quain touched upon the recent complaints, which have found a voice in our columns, that the specimens are not always as valuable as they are numerous, and the descriptions sometimes more diffuse than instructive. He did this lightly and good-humouredly, but pointed out, what is unquestionably true, that the remedy of such defects must be left rather to the good sense of individual members, than to any censorship of the governing body. Those who show uninteresting preparations, merely because they illustrate the fact that the author has performed a resection or diagnosed a disease of the heart, or can recognise a fibrous tumour when he sees it, or cannot (as more often happens) describe a "doubtful" tumour, will learn in time that they do not add to their reputation by boring the Society, and that it is possible to "appear" to disadvantage, as well as to advantage. The President's address is by no means a mere formal expression of compliments and thanks, and is worth the careful perusal of every member of the Society. Although bland, hopeful, and thanksgiving, it is full of good sense and sound suggestion.

THE SANITARY COMMISSION.

In an article in the Journal of June 6th, 1868, on "Incoherent Legislation on Health," we, when speaking of the work which the British Medical and Social Science Associations had done towards getting a careful and thorough examination of matters relating to State Medicine, called attention to the very chaotic state of legislation on sanitary matters; we pointed out how great is the division of responsibility, how inadequate and ill-adapted to the attainment of the desired end some of the laws are; we stated, as our belief, that "the desired alteration of departments and consolidation of sanitary laws, the simplification of authorities and rectification of areas, the appointment and reorganisation of officers of public medicine throughout the country, cannot be satisfactorily carried out without a thorough inquiry into the actual merits, deficiencies, and contradictions of the present arrangements. It can only be satisfactorily carried out by a Royal Commission, and we trust that the commission will be granted." In this hope we were not disappointed, for the *London Gazette*, of November 24th, 1868, published a Commission which the Queen had directed to be issued, appointing certain persons Her Majesty's Commissioners to inquire into and report upon the operations generally of the sanitary laws, etc. But, though more than two months have elapsed since the commission was published, the only thing that has been done, so far as we have been able to ascertain, is the appointment of a Secretary. It is true, that the recent change in the ministry may have caused some little delay; but surely by this time the Commission should be showing some signs of vitality, for there has been ample opportunity to replace those members who have accepted office in the present cabinet. There cannot be a scarcity of men qualified and willing to fill the vacancies; and, if it be thought desirable to have a member of the Upper House to act as Chairman, it is possible to name several, either of whom would undoubtedly perform the duties with advantage. If the Government does not wish the public to look upon the Commission as a sham, instant measures will be adopted to prove that it really intended that it shall do good service to the country. The House of Commons were promised last year that there should be a Commission, and the Commission was issued, directed to some of the best sanitarians of the day; and we do not believe that such men will consent to be made ridiculous by the allowed lapse of the Commission. Our profession, our Association, and the Social Science Association have fought for this very thing, fought long and fought well; and now that they have achieved their object thus far, it is scarcely likely that they will quietly see the Commission knocked on the head. There is no Governmental step which has been taken of late which gave so much satisfaction, and any attempt of the present Government to render the action of the late Government in this matter nugatory, can scarcely fail to call forth public condemnation. We feel it our duty to urge upon Mr. Bruce (than whom no one knows better how necessary it is that the Commission should get to work without delay, for no more tinkering of Sanitary Acts will be tolerated), to supplement the good work which he has already done for the country, by hastening, in every possible way, any alterations which may be necessary in the constitution of the Commission, and so enabling the Commission to at once begin its labours. There are, doubtless, numerous persons who are well qualified to give evidence, and the results of their experience, in every phase of sanitary matters, and who are only waiting for the opportunity to give to the Commissioners such assistance and information, but at present they are precluded from giving this aid. We do not even know where whatever there may be of this Commission is to be found, and to what address communications for the Commission should be forwarded. This is surely not what it should be at the end of two months.

We earnestly press upon Mr. Bruce, in the name of the profession, the absolute necessity which there is for the Commission, and for its speedily getting to work, ; and trust that the Government will immediately do all that is necessary to make it a working reality instead of being, as it is now, nothing more than a name.

PROPAGATION OF DISEASES BY PUBLIC VEHICLES.

One of our daily contemporaries having drawn attention, through the letter of a correspondent, to a case in which small-pox appears to have been contracted from an infected street cab, we deem it advisable to give a prominent place in our columns to the following notice to the public, issued in June last, by the Committee of the Hospital Carriage Fund, as it tells as concisely as possible what has been done by that body to place proper fever and small-pox ambulances at the disposal of the public. The notice runs thus.

"Hospital Carriages for Fever and Small-pox.—The Committee of the Hospital Carriage Fund have the pleasure to inform their subscribers and the public.—1. That they have, by establishing proper fever and small-pox ambulances, in a great measure afforded to the public the means of avoiding the use of street cabs for the conveyance of persons suffering from infectious diseases. 2. That they have received and expended the sum of £911 : 12 : 11, and have been enabled with that small outlay to establish seven ambulances, thanks to the ready co-operation accorded by the boards of several of the London hospitals. [*]3. That two of these ambulances—one for fever and the other for small-pox cases—have been placed at a station built on the grounds of the London Fever Hospital, and one at each of the following hospitals, viz. The London, Middlesex, St. Mary's, St. George's, and University College. 4. That for the removal of a fever or small-pox patient to or from any one of these hospitals the use of the ambulance stationed at it can be obtained. 5. That a fever or small-pox patient requiring to be moved to any hospital, or to any other place in the metropolis, can have a fever or small-pox ambulance sent to his or her address on the receipt of a message by telegram or otherwise, at the station established at the London Fever Hospital, Liverpool Road, Islington. 6. That arrangements have been made with the District Telegraph Offices for the transmission to the London Fever Hospital of applications for the use of a fever or small-pox hospital carriage. 7. That the charge for horse-hire (about a double cab-fare) will be the only expense incurred by those using the ambulances. 8. That they have to express their acknowledgments to Messrs. Woodall, Orchard Street, who presented one of the carriages. 9. In conclusion, the Committee beg to inform the public, that for a time at least they intend to discontinue their exertions, as, in the first place, they have no further funds at their disposal; and secondly, because an Act of Parliament, 'The Sanitary Act, 1866,' has enjoined the establishment of proper fever and small-pox ambulances upon the vestries of the Metropolitan districts, and has made the use of street cabs for the conveyance of persons suffering from infectious diseases an indictable offence, etc., under conditions practically prohibitory. The Committee feel they have initiated a movement in the right direction, and hold themselves in readiness, if required, to take further action. (Signed) By order of the Committee,

"Horace Jeaffreson, M.D.Lond.,

"Honorary Secretary, Hospital Carriage Fund.

"6, South St., Finsbury, and West Hill, Wandsworth, June 6, 1868."

Although so much has been well done by the Committee of the Hospital Carriage Fund—who have performed good service in initiating a movement in the right direction—much more remains to be done before the law, as it now stands, can be anything but a dead letter. The provisions of the "Sanitary Act," 1866, referred to, are very unsatisfactory. Thus, Clause (24) exacts that "It shall be lawful at all times for the nuisance authority to provide and maintain a carriage or carriages suitable for the conveyance of persons suffering under any contagious or infectious disease." So, leaving it optional with the Sewer authority to provide such ambulance or not, as it thinks proper. But, Clause (25) imposes a penalty, not exceeding five pounds, upon "any person suffering from infectious disorder who enters a public conveyance without notifying to the driver that he is so suffering," and the Clause further enacts that "no owner or driver of any public conveyance shall be required to convey any person so suffering until they shall have been first paid a sum sufficient to cover all losses and expenses incurred in carrying into effect the provisions of this Act." The expenses so incurred are faintly indicated in Clause (38), which declares that "any owner or driver of a public conveyance who does not immediately provide for the disinfection of his conveyance after it has conveyed a sufferer from small-pox or fever, shall be liable to a penalty not exceeding five pounds." Nothing is said as to how the infected vehicle is to be purified, and it appears to be the business of no one in particular to see that the disinfection is properly carried out. It thus appears, that according to the "Sanitary Act," 1866, no provision is made for the *certain* establishment of fever and small-pox ambulances—while the public are open to be harried by cab owners and drivers to pay extortionable fares on the understanding that certain costs will be incurred in disinfecting the infected vehicle, a process, the mode of which, if done at all, is left to the sanitary consciousness of "cabby". It is folly to legislate in the manner indicated by the clauses quoted above. Till a sufficient number of fever ambulances have been established, it would be a gross injustice to make it penal for a patient suffering from an infectious disease to be conveyed in the only manner in which it might be possible for him to be removed from a quarter where his stay might be attended with hazard to himself and danger to the other inhabitants. The whole subject requires renewed consideration.

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[*] The Small-Pox Hospital refused to accept or use an ambulance that was offered to it.

The Cutlers' Company, at their last monthly court, voted a donation of £10 : 10 to each of the following hospitals: Charing Cross Hospital, Middlesex Hospital, King's College Hospital, Royal Free Hospital, Epileptic Hospital, Great Northern Hospital, West London Hospital, and St. Mary's Hospital.

The Swiney Prize of a silver goblet of the value of £100, with gold coin in it to the same amount, has been unanimously awarded by the judges from the Society of Arts and the College of Physicians to Dr. Guy of King's College, for his well-known treatise on the *Principles of Forensic Medicine*.

The Liverpool Health Committee has come to a practical resolution on the question of dealing with cellars unfit for human habitation. To avoid the expense which the complete filling up would involve, it is proposed that the doorways and stairs should be built up, and that the parts not filled up should be covered with a grating, the apertures in which are to be sufficiently small to prevent ashes or other refuse from passing through.

THE LATE ATTEMPTED MURDER AT NETLEY.

A CORRESPONDENT informs us that the orderly of the Army Hospital Corps, whose life was attempted at Netley a short while ago, is proceeding favourably, the large vessels having escaped injury. We are further informed that his assailant, instead of being a lunatic, was a man of the Royal Artillery who had been sent home from India as a passenger in the forecastle of one of the Peninsular and Oriental steamers, being an irreclaimably bad character from drunkenness and other crimes, and discharged with ignominy from the service. On disembarking at Southampton, the averments concerning him not having been received, he was sent to Netley to await their arrival; but, instead of being placed in the guard-room, under charge of an armed party, he was consigned to that portion of the establishment allotted to lunatic patients. The responsibility appears entirely to rest upon the military authorities; and it is little to be wondered it, that a man of such character and antecedents, on finding himself treated as a madman, should have been tempted into an act of fury.

THE MEDICAL DIRECTOR-GENERALSHIP OF THE NAVY.

The *Army and Navy Gazette*, besides asserting, among the rumours of the day, that it is intended to amalgamate the medical with the victualling and transport branches of the navy, under the supervision of Rear-Admiral Mends, intimates that, in addition to this reduction of the dignity of the office, its emoluments are to be diminished to the extent of £300 a year. It seems, too, that the title of Director-General is to be abolished. Now, whatever may be the title the medical officer at Somerset House may bear, he is the representative man of our profession, and must be the professional adviser of the Admiralty in all that concerns the health of the navy, which is a matter of no secondary weight; and he must be looked up to as the protector of the vitality of our profession employed in that service. Therefore, it has been hitherto the practice that the holder of the office should be one of the senior and most distinguished officers of the department—one to whom a large body of educated men shall look up with great respect. We concur with our contemporary in thinking that the proposed changes are of a nature to prevent any of the highest medical men in the navy seeking this mutilated superiority over their brethren, since the official status he would have assigned to him will be no better than that of a senior clerk, and the entire profession in the navy will receive through him a corresponding depreciation. We sympathise deeply with our naval brethren in this possibility of further degradation relatively to the army; and we shall anxiously await the decision of the present First Lord of the Admiralty, who has taken office under promises to make himself the perfect master of a difficult position through personal acquaintance with those officers who have the practical working of departments in their hands—trusting that he is not so soon about to subordinate further, and to remove still another step from him, the officer who is the chief guardian of the health of the Royal Navy.

REPRESSION OF CONTAGIOUS DISEASES.

The Government is steadily extending the operation of the Contagious Diseases Act. The number of beds at Aldershot will shortly be increased to ninety. The hospital at Colchester is nearly complete; the hospital at Shorncliffe is already in full operation; while a new one, to hold forty beds, under the direct control of the War Office, is being prepared at Chatham for women from Chatham, Gravesend, and the neighbourhood. These additions, with the hospitals at Queenstown and the Curragh in Ireland, will put three hundred beds at the command of the War Office. The main impediment to a complete success in stamping out contagious diseases is the very limited application of the Act. At present sufficient effect has been produced to improve the health of the army indisputably, but the localities where no preventive measures are enforced so greatly preponderate over the protected districts, that disease is being continually imported afresh into the towns under the Act.

IMPORTANT CURES OF SNAKE-BITE.

We have received from Mr. Paget of St. Bartholomew's Hospital some details forwarded by Professor Halford, of Melbourne, for publication, of three successful cases in which poisoning by the bite of venomous snakes has been treated by the injection of ammonia into the veins. In the first case, a man named Brown was bitten severely at about 11 A.M. by a large poisonous brown snake. He sucked the wound, applied a ligature of string, and drank freely of brandy to relieve faintness. At noon, he became powerless, and coma and vomiting followed. The pulse was feeble, and the pupils sluggish. He was brought to the surgery of Mr. Arnold, who excised the wound, applied strong ammonia locally, and employed galvanism, with the occasional administration of stimulants. The patient, however, continued to sink. Professor Halford was sent for, and the man now seemed dying. Dr. Halford then injected some ammonia by a fine syringe into the radial vein. The effects were marvellous. In a short time the patient became sensible, and answered questions, and continued, with proper attention, to progress favourably. Dr. Dempster Beckworth reports a second case, also successful. A male adult was bitten at 8 A.M. by a black snake. He sucked the wound; it was subsequently scarified, and ammonia applied locally. But he fell into stupor, and at midday could not be roused. "I therefore," says Dr. Dempster, "injected liquor ammoniæ fortior into the saphena vein, and also hypodermically. This affected him at once, and after the second injection he woke up, and became sensible; his pupils, which had before been very sluggish, acted well; and his pulse rose from fifty-six to seventy. After this he progressed well, with the exception of violent vomiting for twelve hours. He is now (November 15th) convalescent, but very weak. I, of course, continued the stimulant treatment, but I certainly attribute the man's recovery to the injection of ammonia, of which I altogether injected about twelve minims." Dr. Halford mentions, with reference to this case, that the liquor ammoniæ fortior should be diluted before injection in such cases with two or three times its quantity of water, and of this mixture from twenty to thirty drops should be injected into one of the larger veins. The syringe, he adds, should be carefully introduced, so as to give the ammonia a fair chance. He disapproves of merely throwing the injection under the skin, and believes that after the injection of the ammonia there is no necessity for resorting to the use of stimulants. A third case is reported in the *Newcastle Chronicle*, New South Wales. It is that of a young woman at Lake Macquarrie, dangerously bitten by a moderately large brown snake. Apprehending immediate danger, she at once sucked the wound, cut out the snake-bitten part, and tied a ligature round the finger about half an inch above the wound, and another at the wrist. She then rode off as speedily as possible to Newcastle for medical aid. On the way she was directed to Dr. Irwin, Lake Macquarrie Road, whom she found at home. The doctor, seeing it was a bad case, immediately had recourse to Professor Halford's remedy. He at first scarified the wound, and poured some ammonia into it. Following up the Professor's directions, he also opened a vein above the wrist, and, with a syringe, injected a quantity of ammonia into it. He then kept the patient in constant motion, notwithstanding which, however, at intervals she appeared to be almost overcome with drowsiness, and at one time very nearly gave way to sleep. Dr. Irwin, with most commendable perseverance, then took the woman by the arm and walked her round the room until two o'clock in the morning, when she rallied, the drowsiness having left her. On Thursday, she appeared to have quite recovered, and returned home. It is usually understood that the bite of brown snakes is excessively dangerous. These results are of the highest interest, and are most promising. They will, of course, attract the immediate attention of our Indian readers, and we shall hope to receive early confirmatory reports of the efficacy of the ammonia injections, which should of course be carefully employed, and of no greater strength and quantity than that recommended.

CAPTAIN-SUPERINTENDENT OF NAVAL HOSPITALS.

We observe with great satisfaction that one piece of financial reform, which we have before urged, is promised for the navy. We last showed its advisability in the army, in speaking of the Netley establishment. It is the abolition of captain-superintendents and lieutenants at our naval hospitals. The actual saving, making due allowance for the half-pay, would still be in round numbers, £2,500 a year. They are equally unnecessary at Haslar, Plymouth, and Greenwich; and this has long been recognised. Their presence has long been one of the greatest anomalies of the service; the offices being, in fact, so many pensions for doing unnecessary duties, which properly pertain to the medical inspectorial officers at these hospitals. The average expense of patients at the hospitals where they exist is greatly in excess of that at the various home and foreign hospitals where no such officers exist, but where the treatment and organisation are in no way inferior.

KLINK.

A correspondent calls our attention, *à propos* of the excess of alcohol which we have shown in English as compared with Viennese ales, to the malt liquors sold in South Staffordshire, where more than the average amount of drunkenness is said to prevail. He describes a system "which, originating years ago, has largely increased in some districts, and especially in the immediate neighbourhood of Burton-on-Trent. In the larger breweries, there is always a varying amount of 'returned ale'—that is, strong ale which has become so tart or acid as to be unfit for ordinary sale. This strong ale is modified in various ways to make it palatable, and is then re-issued at a very low price. The principal buyers of it are a set of minor publicans, to whom have been granted five-shilling licences. In the district, this liquor, known as 'klink', is sold at the low rate of twopence per quart; and, being exceedingly strong, the above quantity is enough to intoxicate most men. Consequently, in some villages where klink is sold, there is a most demoralising amouut of intemperance, both among men and women. It is not, however, the intoxicating power of klink beer which is its only bad property; but, from the development of certain acids, the effect upon the mucous lining of the stomach, upon the liver and kidneys, is most injurious; and those who are in the habit of drinking it are well aware of the effect. Unfortunately, too, this kind of beer has got largely into use as harvest-drink, and, being consumed in large quantities, originates numerous cases of severe dyspepsia, of liver-irritation, and especially of kidney-disorder, in consequence of the abundant formation of urates and of uric acid; and, of course, coincidently with these arise rheumatic and gouty affections of more or less severity. Probably neither brewers no employers are aware of the amount of injury inflicted by this drink."

A "PLANT" ON A MEDICAL WITNESS.

In the course of a recent trial, where a medical testimony was to be given by Mr. Gray, surgeon, of Newmarket, a man was sent to him shamming illness, in order to get a certificate *d'obligeance*, which was to be used against the witness in court. Mr. Gray indignantly refused, and the "plant" was exposed and apologised for in court. The solicitor to the case denied any knowledge of this disgraceful attempt. It may, however, be useful to notice it here.

KING'S COLLEGE HOSPITAL.

The Treasurer of King's College Hospital announces a pressing and absolute want of funds—a debt of £3,500 to tradesmen, and only £100 of cash. It is a hospital of such eminent usefulness and reputation, and its continuance in full working order so essential to its important medical school, that we entertain no doubt that this pecuniary difficulty, thus frankly stated, will be generously relieved by public munificence.

CANCER CURING.

At the Court of Queen's Bench, Mr. C. H. Frewen has obtained a rule *nisi* for a criminal information against John Pattison, M.D., University of New York (registered as such); late of 26, Welbeck Street, Cavendish Square. From the affidavits, it appeared that in the latter part of the year 1866, Dr. Pattison was called in to attend Mrs. Frewen, who was suffering from cancer, and he attended her until the 9th of February, 1867, when she died. Dr. Pattison had already received the sum of 150 guineas for his attendance, but he claimed a further sum of 100 guineas, which was refused. In May, 1867, an action was commenced to recover that sum, as the balance of a claim of 250 guineas, but that action had not been prosecuted. Various letters, however, had been sent since by Dr. Pattison to Mr. Frewen, couched in terms extremely offensive, and casting upon him the reproach of shabby and disreputable conduct in disputing the demand made upon him. In one of these letters, moreover, in October, 1868, Dr. Pattison sent an account of the case of Mrs. Frewen, which he hinted that he intended to publish in a professional journal, entering into very painful details of the sufferings of the deceased lady. Mr. Frewen had, in the meantime, referred the doctor to his attorneys, and, in order to free himself from the annoyance, he had returned the later letters through the dead-letter office. Upon this, the defendant had sent them open, so that any one could read them, and in his last letter threatened that he should have the next written upon cardboard and sent to Mr. Frewen's club.

DEATHS FROM CHLOROFORM.

Two deaths from chloroform have occurred this week—one at the Leeds Infirmary, and the other at St. Bartholomew's Hospital, the patients being about to be submitted to surgical operation. In both cases, the juries returned verdicts to the effect that the chloroform had been administered with due precautions. The deaths were attributed to the diseased state of the heart.

RE-ARRANGEMENT OF APOTHECARIES' WEIGHTS IN GERMANY.

NORTH Germany has adopted the French *gramme* as the basis of medical weights, and this obliges certain German States to alter their pharmacopœias. This is especially the case as regards the Grand Duchy of Mecklenburg-Schwerin; but, it being evidently inconvenient that each State should make changes without concert with its neighbours, the representative of the Grand Duchy has proposed to the Federal Council to convoke a commission of medical men and apothecaries to establish a pharmacopœia common to all the States of the German Northern Confederation.

CALLING UP THE DOCTOR.

MR. Coroner Lowe, in charging a Lincolnshire jury at a recent inquest on a drowned man, in attempting whose recovery the medical witnesses had been employed for many hours without remuneration or the prospect of it, made the following pertinent comments. "He must say this was a great tax upon medical men. In such cases they got no reward. When he was a young man, he was called out to a case of poisoning, and he was obliged to be up all night, so that the man might not go to sleep and die. Well, for that he got neither thanks nor pay. They were liable to be called out in similar cases at any time, without the hope of being paid. In Hull there was a medical man for that purpose, and the magistrates paid him. He thought it well to make those remarks. In Lincoln there was no medical man appointed for those cases. It had been a crying evil, and ought to be removed, for their time was their livelihood." A metropolitan Poor-law medical officer, in an official reply to a circular of the Poor-law Board, a couple of years since, pointed out that the medical officer was liable to be occupied for many consecutive hours in laborious attempts at resuscitation; and he added that, if those efforts were successful, there was no pecuniary fee or reward for the labour and success. If resuscitation were not effected, there was a fee for *post mortem* examination and evidence in the coroner's court—a gross anomaly, which, he observed, "deserved attention."

TRAINING OF NURSES.

AT a conference of the chairmen and vice-chairmen of the various Poor-law unions in Warwickshire, held in Warwick on Saturday, under the presidency of the Lord-Lieutenant of the county (Lord Leigh), it was unanimously resolved to memorialise the Poor-law Board "to take steps for securing to boards of guardians the power to train nurses, or to contribute to some approved institution for the training of efficient nurses, with power to employ nurses from any such institution for nursing the sick poor." It was decided that a copy of the memorial should be sent to all the unions in England, requesting their cooperation. It was also resolved that the attention of the Poor-law Board should be directed to the necessity for establishing, in connexion with the various unions, central industrial training schools in each county, for the reception of the children who are likely to become permanent inmates of the workhouse.

MORBID GROWTHS.

AT the recent general meeting of the Pathological Society a vote of thanks was unanimously accorded to the Committee on Morbid Growths for their reports during the past year; and there can be no doubt that the recent volume of *Transactions* is much increased in value by the publication of them. Yet there is one evil which was pointed out, and which is apt to grow greater; and that is, that members who exhibit specimens leave the microscopic examination of them to the Committee, instead of looking at them when in a fresh state. It is this, too, which makes the labours of the Committee not only more difficult, but less to be relied upon; because, when a specimen has been in spirit for several months, it is impossible to make out properly its structure, as the elements of the tissue become altered in that time. It is of great importance for every member who exhibits a specimen which is likely to be referred to the Committee, to examine it as fresh as possible himself, and save the sections for comparison with those obtained at a later date. In this way, more accurate results would be obtained, and the report would not so widely differ from the original account as may be noticed in several cases which occurred during the last session. Another point, too, worthy of consideration, is, whether the Committee should not act more in unison with the exhibitor, and receive from him a full account of the history of the case. It is too much the custom now for a very interesting specimen to be shown, and then hastily referred to the Committee, who give, at a future meeting, an account which cannot be accurate, because they only view it from a microscopic aspect, and that, too, at a time when it has probably been much altered from its original condition. To describe properly a preparation, the clinical history must be known; and curious mistakes are liable to occur, if this be not attended to. The reports might be much more valuable, if, in a future volume, these errors should be avoided. At present, if the reporters disagree with the exhibitor, there is no chance of discussing the question, as the specimen is not in the room, and it is irregular to speak on the report.

SCOTLAND.

EYE INFIRMARY OF EDINBURGH.—The annual meeting of the Eye Infirmary of Edinburgh was held last week in the hall of the Infirmary, 6, Cambridge Street. The Secretary read the annual report, which showed that, since the reopening of the charity, seventeen years ago, 13,755 individuals had applied for and obtained advice, and of these 303 were accommodated in the wards of the Infirmary. During the last year the applicants numbered 912, and the in-door patients 18.

UNIVERSITY OF ABERDEEN: THE CHAIR OF MIDWIFERY.

IN addition to the candidates whose names we mentioned last week, Dr. Christie, Dr. Kerr, Dr. Rainy, and Dr. Coutts of Aberdeen, Dr. Jamieson of Peterhead, and Dr. Simpson and Dr. Black of London, the latter lately assistant to Sir James Simpson, are in the field.

THE CHAIR OF CHEMISTRY: UNIVERSITY OF EDINBURGH.

ANOTHER candidate: Mr. W. H. Perkin, of London, has appeared in the field for the Chair of Chemistry in the University of Edinburgh. Mr. Perkin is known as the discoverer of the coal-tar colours. If Professor Anderson, of Glasgow, be appointed, it is Mr. Perkin's intention to offer himself for the Chair of Chemistry in the University of Glasgow.

THE DIPLOMA OF THE GLASGOW FACULTY OF PHYSICIANS AND SURGEONS.

AN important case was tried the other day before the County Court at Walsall, in which the Judge decided that the Faculty of Physicians and Surgeons in Glasgow was only authorised to grant degrees in surgery, and that, therefore, the plaintiff in the case, who held that qualification only, was not entitled to recover certain fees which he claimed for purely medical attendance.

CONSULTATION WITH HOMŒOPATHS.

A PROPOS of the recent correspondence in our columns on this subject, in respect to Dr. Watson and Dr. Phillips, a correspondent forwards us the following extract. At a meeting of the Royal College of Surgeons of Edinburgh held on the 16th of May, 1851—Mr. Syme President—the following resolution, which was seconded by Mr. Wood, was unanimously agreed to. "The College, having considered a series of resolutions transmitted by the Royal College of Physicians, in regard to homœopathy, feel called upon to express their opinion that, the system so designated being entirely inconsistent with the principles professed by candidates for the diploma of the College of Surgeons, any Fellow or Licentiate who practises it, or countenances others in doing so by meeting them in consultation, will justly incur the disapprobation of the College."

SICK CHILDREN'S HOSPITAL, EDINBURGH.

On Thursday afternoon of last week, the annual general meeting of the contributors to the Royal Edinburgh Hospital for Sick Children was held in St. George's Hall, George Street. The report stated that, during the last year, the number of children treated within the Hospital had been 465; the number treated at the dispensary, 4,070; and the number visited at their own homes, 829. It appears that the accommodation in the fever wards has been found quite inadequate, and has been a hindrance to the extended usefulness of the hospital. The Directors have, therefore, directed plans to be prepared for enlarging the fever-wards, and for providing additional accommodation for convalescents, trusting to the liberality of the public to subscribe funds to meet these necessary additions. Clinical lectures have been delivered in the hospital during six months of 1868, by Dr. Grainger Stewart and Dr. William Stephenson, who have each devoted three months to the instruction of large classes of students.

EDINBURGH ROYAL INFIRMARY.

The adjourned meeting of the contributors to the Edinburgh Royal Infirmary was held on Monday to consider the report on the proposed new Infirmary site, of the committee nominated at the meeting held on the 4th instant. There was a large attendance. The Dean of Guild presided, in the absence of the Lord Provost. The committee stated that they had found it impossible to report in a full and satisfactory manner within the time appointed. They proposed, therefore, that when their report was prepared, they should have it printed and circulated among the contributors, and request the managers to call a special meeting for the purpose of considering it. The committee further requested the managers not to proceed with the proposed bill further than may be necessary to carry it through the Standing Orders until the report of the committee has been considered. This was agreed to, and the meeting was adjourned.

GLASGOW CONVALESCENT HOME.

The fourth annual general meeting of the subscribers to this institution was held in the Religious Institution Rooms on Tuesday week, Mr. Geo. Martin presiding. The number of patients admitted into the Home during the past year is 411, being an excess of 66 over the previous year. Of the above number, 236 were males, and 175 were females. At the close of the year 1867, there remained in the Home 31 patients, so that the total number of cases treated during the year 1868 amounts to 442. Hitherto, all the patients have been received from the Royal Infirmary; and although the full complement has not always been maintained throughout the past year, the managers have not yet decided upon opening the institution to the general public. Their decision in this matter will depend upon the supplies received during the current year. Appended to the managers' report was a statement by Dr. Goff, to the effect that there had been a considerable increase in the number of patients healed in the Home during the past year as compared with the number in the year preceding.

IRELAND.

It is understood that, in the event of the present representatives for Dublin being unseated on petition, Sir Dominic Corrigan will again contest the seat.

ROYAL COLLEGE OF SURGEONS.

The President and Council will, on Thursday the 18th of February, proceed to appoint an Examiner in Midwifery, vice Dr. Isdell, resigned. The election, which, by provisions of the Supplemental Charter, must be made out of the Fellows, will take place at 3 P.M., and will be conducted by ballot. Seven electors will be chosen out of the Council; and with these electors, so chosen, the ultimate decision will rest.

The office of Physician to the Lord-Lieutenant of Ireland has, we are informed, been bestowed upon Dr. Nedley of Dublin. This appointment has usually been reserved for practitioners whose eminence is recognised in their profession—such as Marsh, Corrigan, Banks, and Stannus Hughes. The present appointment has created great astonishment and dissatisfaction.

KING AND QUEEN'S COLLEGE OF PHYSICIANS.

His Excellency the Lord Lieutenant received an address from the President and Fellows of the King and Queen's College of Physicians, on Friday the 29th instant, at 1.15 P.M., previous to which time, the Fellows assembled in the College Hall, and accompanied the president, according to the ancient usage of the College; the Fellows wore their gowns, with the hoods of their several degrees. The President wore the robes of his office.

THE CHAIR OF BOTANY IN TRINITY COLLEGE.

On Saturday, the 23rd instant, the Provost and Senior Fellows of Trinity College, Dublin, elected Dr. Edward Perceval Wright into the Chair of Botany which had been vacated some time since by the removal of Dr. Dickson, the late Professor, to Glasgow. There were several other candidates. Dr. Wright was educated at Trinity College, Dublin, where he graduated B.A. in 1857, M.A. 1859, M.B. 1858, and M.D. 1862. He was also admitted *ad eundem* at Oxford; is a Licentiate of the King and Queen's College of Physicians, and a Fellow of the Royal College of Surgeons in Ireland; and besides being a member of several scientific and learned societies, he has been for a considerable time Lecturer on Zoology and Director of the Museum in the University; and Ophthalmic Surgeon to Dr. Steevens's Hospital. During the long illness of the late Professor Harvey, he acted as his *locum tenens*, and, in that capacity, lectured in the School of Physic, and examined in Botany for degrees in Medicine. Previous to the passing of the Amended School of Physic Act in 1867, the Professor of Botany was one of the Clinical Professors in the School of Physic; but these clinical duties were abolished, so far as he was concerned, by this Act. The emoluments of the Chair are understood to be about £250 a year, with examiner's fees, and college chambers.

UNIVERSITY OF DUBLIN: SIR P. DUN'S HOSPITAL.

The following regulations have been recently made by the Board of Governors of this hospital, with respect to the Clinical Medals in Medicine and Surgery. "I. Medical Midwifery shall form part of the examination for the Clinical Medal in Medicine, and Operative Midwifery part of the examination for the Clinical Medal in Surgery. II. Five cases, in writing, one of which shall be a midwifery case, shall be required for each medal. III. The *vivâ voce* examination shall consist of at least ten rounds. IV. The written and *vivâ voce* portions of the examinations shall be counted of equal value." The clinical medallists are entitled to a preference in the election of resident pupils, which is an office eagerly sought after by the students, who are almost altogether supplied from Trinity College. The regulations of Trinity College require all candidates for the degree of Bachelor in Medicine to attend one year's hospital instruction in Sir P. Dun's, as the School of Physic Hospital; while the two other years of attendance required may be kept in any other hospital, in Dublin or elsewhere, recognised by the Board of Trinity College. This hospital is under the control of a Board of Governors appointed by ten *ex officio* governors connected with the College of Physicians and with Trinity College; and the medical officers of the hospital are excluded, by Act of Parliament, from any control over the funds of the hospital, or the appointment of their colleagues. The hospital has been always remarkably free from the defects produced by nepotism, purchase, and avarice. A large proportion of the pupils' fees is devoted by the governors to the maintenance of the hospital, amounting, in the year just ended, to an aggregate of £569:4. It is understood that this laudable example is about to be followed by several other Dublin hospitals.

REPORTS
ON THE
ADMINISTRATION OF METROPOLITAN HOSPITALS.

IV.—ST. LUKE'S HOSPITAL FOR LUNATICS.

In the centre of one of the busiest and most crowded parts of Finsbury stands the extensive, gloomy, and prison-like building, surrounded by high walls and disfigured by heavily cased and barred windows, which is conspicuously labelled "St. Luke's Hospital for Lunatics". It is a foundation dating back upwards of one hundred years, the offspring of voluntary benevolence, and richly endowed by benefactors of a past generation. The treatment of lunatics was not then based upon those intelligent and humane principles which make the present *régime* of asylums one of systematic kindness and elaborate appeal to the remnants of reason and of good feeling in the unhappy objects of care. The building was erected in accordance with the order of ideas which accepted the monastery as a proper type of lunatic asylums, and which looked upon the insane person as something to be caged, isolated, and restrained. Accordingly, the building is laid out in long monastic corridors, off which are partitioned cellular arched brick chambers, with a small fanlight window at top, constituting now the dormitories of the patients. The hospital is surrounded by houses, and does not possess the adequate airing or exercising grounds, or means of outdoor occupation and recreation, now considered so necessary for the insane. It suffers, in short, under incurable defects of site and original structure. It is, however, fair to state, that the Committee have, after considerable difficulty, secured a small additional piece of ground formerly the parish cemetery, which is being laid out for the use of the male patients.

The present building was commenced on July 30th, 1782; it was erected by voluntary contributions, at an expense of about £50,000, upon leasehold ground belonging to St. Bartholomew's Hospital. The lease is held for a term of forty years, renewable every fourteen years upon payment of a fine of £200, and at the yearly rent of £200.

The class of persons eligible for admission are poor lunatics who have not been in receipt of parish relief; and to these have been added, since 1854, at the urgent instance of Dr. Stevens, and in strict accordance with the original intention of the founders, a class of paying patients, belonging to the poorer middle class, who are received at the rate of £1 : 1 a week. All persons are agreed as to the vast importance of public middle-class asylums, where, for a moderate sum, and under the most certain guarantees of good treatment, the insane may be received for prompt and effectual treatment and discharge, or where the chronically insane may be housed with comfort and security. We are concerned only with the present; and need not, therefore, refer to the changes by which the medical treatment and nursing here have been brought into harmony with modern methods, or the struggles and difficulties which Dr. Stevens especially encountered in his efforts to obtain a satisfactory enlargement of the operations of the hospital. They are matters of history. Taking the hospital as it now stands, we find, in its present condition, matter for serious comment, and to which we feel bound to challenge professional and public attention. St. Luke's Hospital is taking part in a great work. It is governed by gentlemen of the highest character and of the purest motives, who give to it money, time, and anxious care; and, if we have to attribute to it some serious defects and shortcomings, we do so without any thought of personal imputation, and with a full recognition of its great claims upon public support—claims which for some years, owing to causes which it is important to discover, have not been adequately, or, indeed, hardly at all, recognised.

There are a few startling facts which present themselves at once upon an inspection of the hospital and its affairs. We will set aside for a moment the incurable structural defects of the present building, half monastery, half prison, and wholly unfit for its purpose both in construction and in site. We will for the time accept these as inevitable, and consider that the Committee does wisely in abstaining from any effort to sell their beneficial lease and reconstruct a properly built asylum on a fitting and cheaper suburban site; although we may at once say that we agree with the opinion so strongly expressed by the Commissioners of Lunacy some time ago, that this most valuable site should be sold for business purposes, and the money applied to building elsewhere a suitable house. Is the best done with the means and in the house now available?

We find, in the first place, that with an asylum capable of containing two hundred patients, there are now only one hundred and forty, leaving sixty beds vacant. Of those patients now in the house, sixty are on the foundation, and seventy-nine are of the paying class introduced by Dr. Stevens in 1854, after much mistaken opposition by the Committee. By the Report for the year 1867, we find that, of a total receipt of £10,000 during the year, this class of patients contributed upwards of £3,000 to the income. On referring to the last Report of the Commissioners in Lunacy, the cost of each patient per week was £1 : 3 : 10½ exclusive of the cost to the hospital of rents, rates, taxes, and repairs. Now, considering that in the large metropolitan private asylums equally good and more domestic accommodation can be had for £1 : 1 a week, which must leave a margin of profit to the proprietor, we think that the Committee of Management of St. Luke's will find on investigation that a considerable saving might easily be effected in this direction; and by increasing the number of patients, which they might with little difficulty, through the interest of their medical staff, be able to do, a large source of revenue would thus accrue to the hospital. Looking at the series of annual accounts, we are startled to find that the income from some £170,000 invested stock has not been sufficient to meet the expenditure of the hospital, and that no sufficient or effectual efforts have been made to arouse the benevolence or obtain the assistance of the public. Last year, the deficiency was so large, that we find that £4,000 of stock is required from the invested capital. In 1867, £2,000 of stock were sold; and, in the course of the last fifteen years, £24,000 of stock have been sold out of the capital; and the legacies received, to the amount of about £6,000, have been appropriated for the current expenses. Nevertheless, we do not remember to have seen any appeal to the public for assistance, or any effort such as these circumstances require to make the expenditure on a level with the income, and to provide for the growth, rather than to ensure the future extinction, of this most important and necessary charity. At this rate of expenditure and with the present management the hospital will soon cease to exist.

An inspection of the interior of the asylum presents some features calling for remark. A great deal has been done by private benevolence, and by the efforts of the Committee and the medical officers, to enliven the corridors by engravings (presented, we believe, for the most part, by Mr. Graves of Pall Mall), birds, books, etc., chiefly given by George Bishop, Esq., a benevolent governor; and the discipline and medical treatment are quite on a level with the views of the day—such as, indeed, the eminence and experience of the visiting and resident medical officers guarantee that they should be. But there is much to be regretted and deplored, over which the medical officers have no control, and against which they have vainly remonstrated. One fault is in the system of attendance and night-watching. Public attention was called to this by the late "tragedy at Hackney Wick", when an escaped patient was found dead, having poisoned himself in a deserted house. The inquiry instituted by the Commissioners in Lunacy showed that the patient escaped by possessing himself of a set of keys; and that the key-book had not been kept for years. The Commissioners of Lunacy, as well as the medical officers, have for years past deprecated the system of night-watch, under which day-attendants do night-duty, doing a thirty-eight hours' spell of duty twice a week, with only four hours' rest. For example, an attendant goes on duty on Monday morning at 6 o'clock, and continues on duty up till 2 A.M. on Tuesday morning. The attendant then goes to bed and rises again after four hours rest at 6 o'clock, and continues on duty till 8 o'clock in the evening. The consequence usually is, that the night-watch is sleepily performed, and that the patients are not, in many instances, washed and dressed by breakfast-time at 8 o'clock. This fault is increased by the frequent failure of a supply of warm water in the morning. Those who know the habits of many insane patients will understand the gravity of their not being washed and cleaned for breakfast. In the Report of 1851, p. 71, we find mentioned a legacy left by William Sikes, Esq., of £1000, the interest of which is payable on the decease of a legatee to good and humane keepers. This legacy has fallen in about four years since; but, as far as we have been able to ascertain, the interest has never yet been distributed.

We have reason to believe that the general management is in other respects at fault. We are told that there are no inventories kept, and stock is not taken. The hospital is frequently left without any superior officer in it. Often, during the past year, there have been no clean sheets or pillow-cases; and there are no spare ones allowed to be kept in the wards. For each change, an application has to be made to the needle-room. All this, we need hardly say, differs altogether from other well-managed establishments, where stock is taken regularly, with a view to care and economy, and such deficiencies are unknown.

The interior of the house is by no means indicative of proper attention to the details of comfort. A large proportion of the windows are, as we have said, the old, complicated, heavy wooden casements, with small panes, which belong to the original construction of the house. To clean these is an elaborate and costly business, requiring skilled labour; and the inherent gloominess and want of light which belong to their construction is enhanced by the fact that they are cleaned only at very long intervals—about twice a year, we believe. This, too, in the smoky centre of the city of London. The modern iron frameworks, again, are cleaned with ease by the attendants. The expense of providing light and suitable modern windows for all the wards would before long be covered by the economy in the present half-yearly expenditure on the formidable operation of cleaning the old windows. The cellular dormitories are wretchedly bare. A large number of the beds are of the old condemned crib-pattern, and have been the subject of remonstrance by the Lunacy Commissioners and medical officers. The dormitories have not even one chair in them. There is a box, which answers the purpose of chair and locker, for the patient's clothes. There is a great want of presses for the clothes. The whitewashed bricks which arch the dormitory are dirty, and apparently have not been whitewashed for some years. With one or two exceptions there is no attempt made to brighten them by a scrap of colour. The baths are badly constructed, and the rooms very miserable. These are complaints which have been very formally brought before the Governors by the Commissioners, and which, finding them unremedied, we feel the more bound to bring to public notice.

The men might easily, and with great advantage, be found some light occupation, such as mat-making.

The mode of admission of paying patients is such as of necessity tends to restrict their number. Persons applying, instead of being referred at once to the resident medical officer, to whom no one would object to confide the details of illness and family affliction, are passed through the hands of the steward, an official whose functions and status are incompatible with this delicate duty; thence to the secretary, who wisely, and without delay, hands them on to the medical officer. We had ourselves lately occasion to make inquiries as to the admission of a case of suicidal mania, and were referred to the steward. This official, from whom we kept any appearance of medical knowledge on our part in the background, kept asking ridiculous questions regarding the symptoms of the patient, and made clinical remarks of a still more absurd character as we answered him. He, in the most self-assuming manner, referred to the symptoms which indicated softening of the brain or otherwise. It is a part of the same bad original system, and is much complained of, that even the details of the linen of the female paying patients received are subjected to a male officer—the steward. The visiting rules are relics of the same old system; they differ from any with which we are acquainted elsewhere, except in a workhouse. Visiting is restricted by a card issued by the steward, giving a special permit to the friend to enter on one fixed day in a fortnight, from the inconvenient hours of ten to twelve. This is not the case elsewhere, where paying patients are received. It has been reported against by the Commissioners of Lunacy, who wisely favour great liberty in the matter of visiting. This stringency is doubtless one reason why more paying patients do not avail themselves of the advantages of the hospital. Under all these circumstances, it can hardly be matter for surprise that sixty beds are vacant, and that the funds are at so low an ebb.

In 1856 new rules for the government of the hospital were sanctioned by the Secretary of State on the urgent instance of the Commissioners in Lunacy. Up to 1856 the administrative management was somewhat similar to that of a workhouse, having a lay master and superintendent. It would be well, we think, for the Commissioners themselves to inquire how far any practical effect has been given to these rules. We certainly think it strange that the members of Committee should so obstinately refuse to adopt the recommendations, either of the Commissioners in Lunacy or the medical officers, who can have no object other than the well-being of the inmates entrusted to their care; and we think a grave responsibility attaches to the new members of Committee who, year after year, continue thus to ignore the advice of those upon whose judgment they ought in a large measure to rely.

We believe that the details which we have given are incontrovertible; and that being so, it will be generally felt that there is great room for important reforms in the administration of St. Luke's Hospital.

The annual general meeting of the hospital is, we believe, to be held next month. Would it not therefore be advisable to send to each governor a copy of the report, to be presented at least one week before the meeting, that an opportunity be afforded those really interested to investigate the state, financial or otherwise, of the charity?

REPORTS OF SOCIETIES.

DUBLIN PATHOLOGICAL SOCIETY.

SATURDAY, JANUARY 9TH, 1868.

A. H. M'CLINTOCK, M.D., President, in the Chair.

DR. MOORE showed a Heart taken from a well-formed girl, aged 20 years, who was admitted into Sir P. Dun's Hospital in November last. She was jaundiced and dropsical; her respiration was 50 in the minute. She had suffered from palpitation for the past twelve months, but for the past six she had been incapacitated from earning her living. The menstrual function was wholly suppressed. There was dulness on percussion for an increased extent over the præcordial region, and a strong systolic "fremitus" could be felt towards the apex of the heart, and over this same region a loud systolic *bruit* was audible, most intense over the apex, and to be heard very distinctly at the inferior angle of the left scapula. The treatment for alleviation of the collateral symptoms was attended with relief; but this was temporary, as about the middle of December the dyspnœa assumed the form of orthopnœa, and profuse hæmoptysis ensued, the dropsy and jaundice becoming more developed. At this stage, however, the "fremitus" completely disappeared, and the systolic *bruit* became so subdued, that excitement was required for its development. She died on January 1st. The *post mortem* examination showed the heart generally hypertrophied, the right auricle and ventricle especially dilated. There was no evidence of disease of the aortic valves, but the mitral orifice was contracted and of a crescentic form; this was due to ossification of the valves, which might be almost said to have formed a bony ring, the aperture scarcely capable of admitting an ordinary-sized goose-quill, and serrated. Dr. Moore remarked that this case was a good example of a pathological condition of the mitral orifice, which, at one stage (no doubt), could safely be termed "constrictive" and "regurgitant"; and in which the interesting phase of loss of the more prominent physical signs; viz., fremitus and *bruit*, *pari passu* with the extension of the disease, was well marked. These phenomena in the diagnosis of valvular disease, were first observed by the late Dr. O'Ferrall of Dublin.

DR. HAYDEN exhibited the Thoracic Viscera of a man, aged 33, who was admitted into the Mater Misericordiæ Hospital under his care, on the 1st instant, with all the symptoms and signs of advanced Phthisis; he had been ill twelve months, and had spat blood. There was evidence of three extensive tubercular depositions in the right lung, with excavation of the apex; and of less extensive disease, and in a less advanced stage, in the left. There was loss of voice, tenderness over the larynx, and gastric irritability. On the night of the 6th of January, he was suddenly attacked with hæmoptysis, coughed up about a pint of dark fluid blood, and died asphyxiated in a few minutes. The vocal chords were found ulcerated, but without œdema; the bronchial glands were large and tuberculous; the right lung was solidified in the greater part of its extent by tubercular depositions. In the apex were two large irregular vomicæ, one of which was full of dark coagulated blood; traversing this cavity were two isthmuses of pulmonary substance, consisting of ensheathed bloodvessels; one of these had given way, and had been the source of the fatal hæmorrhage; the divided end of the vessel, which was of the diameter of a blow-pipe, hung loosely in the cavity, and was plugged with dark blood. The trachea and bronchial tubes, to the third and fourth division, were full of dark and partially coagulated blood. The left lung presented several large masses of crude tubercle in the apex; and elsewhere, throughout, nodules of disseminated tubercle. The portions of both lungs free from deposit were in a state of complementary emphysema. Dr. Hayden remarked, that the case afforded a good example of death from "an accident of pulmonary hæmorrhage," as described by Sir T. Watson, *i.e.*, from blood rising from a large vessel into the air-passages, and being partially coughed up, but carried in great quantity into the bronchial system by the next succeeding full inspiration, and causing death by asphyxia. The vessel opened was a branch of the pulmonary artery, as shown by the dark colour of the blood discharged, and by the position of the vessel in relation to the bronchial tube.

PRESENTATION TO A MEDICAL MAN AT DARLINGTON.—On Monday, the managers and workmen engaged at Messrs Fry, I'Anson and Co.'s Rolling Mills, Darlington, met to present Mr. Arrowsmith (who has acted as their medical officer for the past three years) with a testimonial of their esteem and respect. The presentation was made by Mr. Joseph I'Anson, and consisted of a very handsome gold ring, and a silver-mounted riding whip.

CORRESPONDENCE.

MR. SYME AND THE MEDICAL COUNCIL.

Sir,—I observe in your pages that a movement is on foot to place Mr. Syme in the Medical Council as its President. Surely this must be done in ignorance of the views entertained by that gentleman as to medical education. A few years ago, he stated of microscopes, ophthalmoscopes, sphygmographs, galvanometers, and other recently invented instruments, that "he regarded them as toys, the employment of which was not only useless, but injurious, in medical education; and that he would oppose any grant of money for rendering them available in teaching." Notwithstanding, the instruments were obtained, an assistant appointed, and a class of practical physiology established. It is true that this department of practical instruction is much crippled for want of funds; but the British Medical Association and the British Association for the Advancement of Science recently made some advances for the prosecution of some investigations in Edinburgh. Thereupon Mr. Syme moved in our Senatus, last session, that no experiments on living animals should be permitted in the University. On this occasion, with a view of influencing his auditory, this resolute surgeon stated that, having on one occasion heard a rabbit squeak in the hands of Brown-Séquard, he was so affected as to desire a complete suppression of physiological experiments on animals.

But he is not only opposed to practical teaching in the science, but in the art of medicine also. Though a professor of clinical surgery, he has, notwithstanding the remonstrances of the Medical Faculty, for some time ceased to visit the hospital wards with his students, and thus deprived them of the only practical method of learning their art by following the progress of cases, and of observing and interrogating them at the bedside. Only last session, he succeeded in preventing the attendance of students being ascertained even in the medical wards, assuring the Senatus that bedside instruction was "a *miserable claptrap and sham*". This was no sudden nor hasty idea. Six years ago, he published an address in the Edinburgh newspapers, in which he says, "There could not, I think, be any procedure more shocking than propping up a poor creature suffering from disease of the lungs, and hammering his chest for the recognition of diagnostic sounds, as an academic exercise."

Whatever impression may exist of Mr. Syme's qualities in London, in Edinburgh he must be recognised by all earnest investigators and teachers of medicine as one of the most determined and influential obstructors to its progress. This is much to be regretted, as there can be no doubt that his long standing in the profession, his reputation as a surgeon, his tact, ability, terseness, and, let me add, unscrupulousness in argument, give him very great influence in public assemblies. It is for these very reasons that, at this crisis in the history of medical education, his presence in the Medical Council is to be regarded with apprehension.

I have no personal feeling whatever in opposition to Mr. Syme. On the contrary, I shall always regard with gratitude the kindness and admirable practical instructions I formerly received from him. It is no new thing, however, for men of advanced age to repudiate the means which led to their success in early life. The opinions and conduct of no man present such a contrast in this respect as those of Mr. Syme. It is this which has forced upon me the conviction, and obliges me to express, that, however anxious he himself and his friends may be to carry his views in the Medical Council, the true friends of medical education must regard his presence and influence there as most dangerous to the real interests of the profession.

I am, etc., J. Hughes Bennett.

Glenfinlas Street, Edinburgh, January 1869.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL".

ON THE ORIGIN OF PHTHISIS.

Sir,—According to the ancient adage, there is that spice of something wondrous in the unknown, which inclines us ever to accept it, *therefore*, as true. If it be true that air breathed and re-breathed habitually, the same air, produces tubercle in England (and I hold it to be as true as that the stars shine in Heaven), the breath re-breathed must induce tubercle in Iceland likewise.

Dr. Leared (British Medical Journal, December 16th, 1868), does not himself, of himself, perhaps absolutely affirm, that tubercle is not induced in Iceland by the conditions which I assign. At least, he seems to lean, in this respect, rather upon the statements of his friend Dr. Hjaltalin. So far as I know, he has not afforded the evidence of that special competence and research by which the question of the origin of phthisis in Iceland or elsewhere alone can be decided, and which can lend weight to his statements, at least, as superseding that of any and every other pathological inquirer. Some communities entertain the strangest pretensions. It is the common boast of Icelanders, not only that there is no consumption in Iceland, but that there is no syphilis, and no diseases of the heart. This boast, I affirm, is just as well founded in the one case as in the other. No community whatsoever is exempt from tubercular disease, unless in those instances, unhappily few and far between, in which the members conform to the great physiological law which prescribes that air, the same air, shall not be re-breathed. Dr. Leared admits the existence of consumption in Iceland however; but alleges, along with Dr. Hjaltalin, that it is imported. I do not, of course, deny the possible importation of consumption into Iceland, as into other countries; but I utterly deny and deride the proposition, that in Iceland there is no indigenous production of the disease. What are the facts of the case? Dr. Leared would supersede the authority of Schleisner, an Associate of the Royal Medical Society of Copenhagen, and expressly deputed by the Danish Government to proceed to Iceland, and to investigate the diseases of the island. The result, is the remarkable work, in the Danish tongue, which now lies before me, "*Island undersögt fra et Laegevidenskabeligt Synspunkt*," Kjöbenhavn, 1849, otherwise "Iceland Investigated from a Medico-Scientific Point of View". In my treatise on "Consumption as Engendered by Re-breathed Air, and consequent Arrest of the Unconsumed Carbonaceous Waste," (2nd Edition, London, 1865, Longmans and Co.) I have sufficiently referred to Schleisner's work, a work which will satisfy everyone who takes the trouble of consulting its pages, as to the existence of indigenous phthisis in Iceland. It is, therefore, needless that I should encumber your columns with the Danish text.

Since I commenced the noble study of medicine, during the protracted period that has elapsed, I have rarely given less, on an average, than six hours out of the twenty-four to study and composition. I have accumulated, as will be readily conceded, a large amount of various information. I have written on most branches of medical investigation, and I believe have carefully pondered all. I have striven earnestly to further the great cause of humanity, and to abate its manifold inflictions. The result has been an intimate conviction, that I have determined the real and only possible source of tubercle, and to enhance and intensify the belief, that the profession, if they will only energetically and universally enforce the habitual respiration of air not pre-breathed, may, within a very brief period, bring the ravages of tubercle to an absolute and permanent close. I am, etc., Henry Mac Cormac, M.D.

Belfast, January 1869.

CHARCOAL RESPIRATORS.

Sir,—Might I be allowed space in your debating column to ask Dr. Marcet how the charcoal respirators which he advocates can be superior to any other mechanical agent for protecting the air-passages? Admitting the property charcoal has of absorbing gases of various kinds, when it is once saturated with these, its action, then, I presume, can be only of a physical character, which it has in common with flannel, sponge, wire-gauze, etc.—I am, etc., Percy Leslie, M.D.

Birmingham, January 1868.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

THE SALARIES OF DISTRICT MEDICAL OFFICERS IN MARYLEBONE.

At the last meeting of the Marylebone Guardians considerable discussion took place as to the salaries received by the district medical officers, who had addressed a memorial to the Board requesting an increase of salary. The memorial was referred to a committee, and they recommended that the salary of the medical officer for the Parish Church District be increased from £170 to £200 per annum. The adoption of the report having been moved by Mr. Botting, who considered their medical officers were exceedingly well paid, Mr. Tavener moved as an amendment, "That during the three years ended Lady-day, 1868, there were, on an average, 4047 cases medically treated in the Rectory District, and 3686 in the Christ Church District, at an average remuneration of 10¼*d.* per case in the Rectory District, and 1*s.* 1*d.* per case in the Christ Church District. That such remuneration is insufficient, and that it be therefore resolved that the salary of the medical officer of the Rectory District be increased from £170 to £220, and that the salary of the medical officer of Christ Church District be increased from £200 to £220." Mr. Tavener, in support of his amendment, contended that their medical officers were not well paid, and the Board must also remember that they had to find the medicines for the cases out of their salaries. The amendment was seconded by Mr. C. Tucker, C.B., and it was negatived by the casting vote of the chairman; the original motion being carried.

IMPORTANT ALTERATION IN THE DIETARY OF THE INMATES OF ST. MARYLEBONE WORKHOUSE.

At the last meeting of the Guardians of St. Marylebone, a report was brought up by a Committee recommending the following alteration in the dietary of the inmates, which, after a long discussion, was adopted. No. 1 dietary for the able bodied :—that stewed beef, or bacon, once a month be substituted for boiled beef at dinner; that cocoa be substituted for gruel at breakfast on alternate weeks; that vegetables, other than potatoes, be given from time to time at the discretion of the medical officer and master; that instead of the rice pudding dinner, a ration of six ounces of bread, two ounces of cheese, with an onion, lettuce, or other vegetable, be given for dinner on Thursdays. No. 2 dietary for the chronic and infirm :—that stewed beef, or occasionally bacon, be substituted for boiled beef at dinner; that coffee be substituted for tea at breakfast on alternate weeks; that vegetables, other than potatoes, be given from time to time, at the discretion of the medical officer and master, and that the quantity be increased from six ounces to eight ounces; that the dinner on Mondays consist of either broth or pea soup, on alternate weeks; that instead of the rice-pudding dinner, a ration of six ounces of bread, two ounces of cheese, with an onion, lettuce, or other vegetable, be given for dinner on Thursdays.

UNEQUAL ASSESSMENT OF PARISHES.

At a meeting of the Metropolitan Asylums Board on Saturday, Dr. Brewer, M.P., presiding, attention was called to the low assessment of the rich parishes to the burdens of the poor, and it was resolved to memorialise the Poor-law Board, asking that body to promote a measure for remedying the inequalities complained of.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

Christ Church.—There will be holden, on Saturday, February 20th, an election to one Physical Science Junior Studentship of Christ Church. The studentship is worth from £80 to £90 *per annum*, inclusively of rooms, and is tenable for five years. No one will be admissible as a candidate who was over twenty on the 1st of January last. Candidates must call upon the Dean, with certificates of baptism, of standing (if members of the University), and of good character, on Tuesday, February 9th, at 12.30.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on January 21st:—

Bell, Alfred James, L.S.A., Preston, Lancashire (King's College)
Lardner, Frederick Boultbee, L.S.A.. Gillingham, Kent (Guy's and Middlesex)
Pollard, Frederick, L.S.A., Taunton, Somerset (St. Thomas's)
Todd, Wm. James, L.S.A., Gloucester Road, Regent's Park (King's College)

At the same meeting of the Court—

Davies, Augustus Edward, L.S.A., Burton Crescent (Middlesex), passed his examination, and was admitted a member under the old regulations.

It is stated that out of the fifty-seven candidates examined, only eight failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their hospital studies for six months.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 21st, 1869.

Dean, William, Slaithwaite, near Huddersfield
Lloyd, Robert Hodgens, Gaisford Street, Kentish Town
Mackay, William, Norton Malton, Yorkshire
May, Bennett, Aston, near Birmingham
Terry, William Frederick, Gower Street, W.C.

As Assistants in compounding and dispensing medicines.

Smith, Frederick Warren, Camden Street, N.W.
Speakman, Isaac, Runcorn
Thomas, John Rush, Upper St. Martin's Lane, W.C.

MEDICAL VACANCIES.

The following vacancies are declared:—

ABERDEEN DEAF AND DUMB INSTITUTE—Physician.
ABERDEEN, GORDON'S HOSPITAL—Physician.
ANDERSON UNIVERSITY, Glasgow—Lecturer on Ophthalmic Medicine and Surgery.
BALLINASLOE UNION—Medical Officer for the Laurencetown Dispensary District. (£80 per annum, and Vaccination and Registration Fees.)
BECCLES DISPENSARY—Surgeon.
BERWICK-UPON-TWEED UNION—Medical Officer for Islandshire District.
BINGHAM UNION, Nottinghamshire—Medical Officer for the East District.
BOLTON INFIRMARY AND DISPENSARY—House-Surgeon.
BOOTLE DISPENSARY—House-Surgeon (£100 per annum, with Apartments, Coals, Gas, and Attendance).
BUCKINGHAMSHIRE COUNTY LUNATIC ASYLUM, Stone, near Aylesbury—Assistant Medical Officer. (£80 per annum, with board and furnished apartments.)
CAISTOR UNION, Lincolnshire—Medical Officer for the Waddingham District.
CYFARTHFA IRONWORKS, Merthyr Tydvil—Assistant-Surgeon.
EXETER INCORPORATION OF THE POOR—Medical Officer for the Eastern District. (£55 per annum.)
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.
INFIRMARY FOR EPILEPSY AND PARALYSIS, Charles Street, Portman Square—Assistant-Physician.
KENT AND CANTERBURY HOSPITAL—Physician; Assistant House-Surgeon and Dispenser.
LEICESTER BOROUGH LUNATIC ASYLUM—Resident Medical Superintendent. (£350 per ann., with residence, coal, gas, washing, and garden produce.)
LODDON AND CLAVERING UNION, Norfolk—Medical Officer for District No. 1. (£43:7:3 per annum and Vaccination Fees, and extra fees for Surgical and Midwifery Cases.)
LOUTH UNION, Lincolnshire—Medical Officer for the Somercotes District. (£35 per annum, and all extras allowed by Orders of Poor-Law Board.)
MANCHESTER TOWNSHIP—Visiting Medical Officer at the Workhouse.
MIDHURST UNION, Sussex—Medical Officer for the Milland District.
NEWPORT UNION, co. Mayo—Medical Officer for the Achill Dispensary District. (£80 per annum, and Registration and Vaccination Fees.)
NORWICH DISPENSARY—Physician.
NOTTINGHAM DISPENSARY—Resident Surgeon; Assistant Resident Surgeon.
PADDINGTON—Public Vaccinator for Ward No. 2.
PADDINGTON PROVIDENT DISPENSARY, Star Street—Surgeon.
ROYAL BERKSHIRE HOSPITAL, Reading—Physician.
ROYAL COLLEGE OF SURGEONS IN IRELAND—Examiner in Midwifery.
ROYAL GENERAL DISPENSARY, Bartholomew Close—Physician; Assistant-Physician.
ROYAL HANTS COUNTY HOSPITAL, Winchester—House-Surgeon and Secretary. (£100 per annum.)
ROYAL KENT DISPENSARY, Greenwich—Resident Medical Officer. (£150 per annum, with unfurnished apartments, coal, and gas.)
ROYAL SOUTH LONDON DISPENSARY—District Surgeon.
SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—House-Surgeon (£100) and Assistant House-Surgeon (£65), in each case Apartments, Washing, and Board.
TORBAY INFIRMARY AND DISPENSARY, Torquay—Physician and Two Surgeons.
TUNBRIDGE WELLS INFIRMARY AND DISPENSARY—Resident House-Surgeon.
UNIVERSITY OF ABERDEEN—Professor of Midwifery and Diseases of Women and Children.
URLINGFORD UNION, co. Kilkenny—Medical Officer for the Kilcooly Dispensary District. (£100 per annum, exclusive of Vaccination Fees.)
WANFORD UNION, Suffolk—Medical Officer to the Workhouse (£42 per ann.); Medical Officer for the Beccles District (£90 per annum).
WEST HERTFORDSHIRE INFIRMARY, Hemel Hempstead—House-Surgeon and Assistant Secretary. (£100 per annum, with furnished rooms, fire, lights, and attendance.)

Bequests.—Mr. Joseph Christofer Ewart, of New Brighton, Cheshire, has bequeathed to the Liverpool Northern Hospital, £20; to the Liverpool Southern Hospital, £250; and to the Liverpool Royal Infirmary, £250.

The Hunterian Museum.—The vacancy caused by the resignation of Dr. Bell Pettigrew, as Assistant in the Museum of the College of Surgeons, has been filled up by the appointment of Mr. Litchfield Jones Moseley, M.R.C.S., of Guy's Hospital. This gentleman is well known by the admirable dissections he has made for the primary examinations of candidates for the diploma of membership of the college.

The Tuebrook Private Asylum.—At the last Kirkdale Quarter Sessions, Dr. Owen, the Medical Superintendent of the Tuebrook Private Lunatic Asylum, applied for a renewal of the licence to that institution. Mr. J. A. Tinne, one of the visiting justices, moved that the application be granted; and stated that he had recently visited the asylum, and was much pleased with the order which prevailed, and with the efficient way in which everything connected with the establishment was conducted. He had never seen it in a higher state of efficiency and order, and it reflected credit upon Dr. Owen. The same sentiments were entertained by the visiting justices generally. The application was unanimously granted.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Mr. Spencer Watson, "A Case of Sloughing Polypus of the Antrum"; Dr. Bateman (Norwich), "On Aphasia".—National Association for the Promotion of Social Science, 8 P.M. Mr. Barrow Rule, "On Scholastic Registration."—Entomological Society.—Epidemiological Society.

TUESDAY.—Pathological Society of London, 8 P.M.—Anthropological Society of London.

WEDNESDAY.—Obstetrical Society of London. 7.30 P.M., Council Meeting 8 P.M., Remarks on the Cephalotribe, by Braxton Hicks, M.D.; On the same subject, by Matthews Duncan, M.D.; On the Treatment of Ulceration of the Cervix Uteri, by James Wynne, M.D.; and other papers.

THURSDAY.—Harveian Society of London, 8 P.M. Dr. F. Cox, "Remarks on Intestinal Obstructions."—Royal Society.—Chemical Society.—Linnæan Society.

FRIDAY.—Western Medical and Surgical Society of London, 8 P.M. Practical Evening for the Narration of Cases and the Exhibition of Specimens.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR *37, Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each. By post, 1s. 8d.

SIR,—Comment is superfluous on my part on the following paragraph, which I cut out of Saturday's *Examiner* and *Times*. It is astonishing that this should have appeared in a *city* newspaper. It might have been overlooked if it had appeared in the weekly organ in some small provincial town.

"*Medical.*—Lord Tattersall, of St. Bartholomew's Hospital, London, second son of Mr. John Tattersall, auctioneer, Bacup, and pupil of Dr. Cocker, of Blackpool, passed his primary professional examinations in anatomy and physiology, at a meeting of the Court of Examiners of the Royal College of Surgeons, London, held on the 9th and 12th inst." I am, etc.,

Manchester, January 1869. CHAS. F. SCOTT-JAXON.

THE SUBJECT FOR THE HASTINGS MEDAL for the present year (1869) is "Resection of Joints."

SIR,—I should feel obliged by your answering the following questions, addressed to me by a foreign Professor of Surgery. I. Where can a drawing and description of Dr. Snow's apparatus for the inhalation of chloroform be obtained?—II. Where is the Report of the Chloroform Committee published?—III. Is it a fact that the inhalation of a mixture, containing more than 5 per cent. of chloroform to 100 of air, is dangerous?—IV. What is the reason that, notwithstanding the registering apparatus similar to those of Dr. Snow's, chloroform is still empirically applied by pouring it on a cloth, and the patient still exposed to the danger of a fatal effect?

January 1869. I am, etc., MEDICUS.

⁂ I. A drawing and description of Dr. Snow's apparatus are given in his volume *On Anæsthetics*, pp. 81-85.—II. We believe it is published in the *Medico-Chirurgical Transactions* for 1857.—III. Yes.—IV. The varying opinions entertained as to the necessity of using an apparatus of any sort. Sir James Simpson, of Edinburgh, for example, believes the handkerchief used with care to be as safe as any instrument. Besides, complicated and expensive instruments are to be avoided as much as possible. We ourselves believe the apparatus of Mr. Clover, by means of which a mixture of air with about 3½ per cent. of chloroform may be given, to be the safest apparatus in use. Those, however, who prefer a simple apparatus, will find either that of Dr. Skinner, Liverpool, or of Dr. John Murray, London, suitable.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

AN APPEAL.

ASSISTANCE is earnestly entreated for the wife and children of Mr. E. C. Smallman, L.S.A., formerly of Barnet. He is utterly disabled by illness, and is in hospital for operation. The wife and three children are entirely destitute. It is hoped that enough may be collected to make some provision for the children (13, 11, and 6 years old), for whom chiefly assistance is sought. The mother is anxious to obtain a place as nurse, for which she is qualified, or in a similar capacity.

Subscriptions will be received by Dr. Barr Meadows, Dover Street, W., and by Dr. W. V. Pettigrew, 7, Chester Street, S.W.

Dr. Barr Meadows presents his compliments to the editor, and begs to acknowledge the following contributions for the wife and children of Mr. E. C. Smallman, in answer to the appeal on their behalf in the BRITISH MEDICAL JOURNAL of last week:—Dr. McCall Anderson, Glasgow, £1; Dr. Joseph Bell, Edinburgh, £1; W. M. B., £1 : 1; G. Bullen, Esq., Ipswich, 10s.; Ernest Hart, Esq., £1 : 10.

J. L. V.—A very interesting notice of the Mineral Waters of Vals, with essays on their properties, is that of Dr. Chabannes, Medical Inspector. It may be had, we believe, of Messrs. Gallais and Co., Margaret Street.

L. F. C.—Many thanks. We are glad of short pithy papers; but are overwhelmed with lengthened reports and communications, for many of which it will be hopeless to endeavour to find space, and which, with a little care, might easily have been condensed.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Jan. 27th; The Merthyr Telegraph, Jan. 23rd; Arris's Birmingham Gazette, Jan. 23rd; The Japan Times' Overland Mail, Dec. 2nd, 1868; The Melbourne Argus; The Newcastle Chronicle; The Lincolnshire Chronicle, Jan. 22nd; The Lincoln Gazette, Jan. 23rd; The Durham County Advertiser, Jan. 22nd.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. H. J. Philpot, London; Dr. H. Barnes, Carlisle; Dr. G. Paton, Canada; Dr. F. Armstrong, Appleby; Mr. G. M. Gifford, Launceston; The Hon. Secretary of the Salisbury Medical Society; Mr. Edwin Pears, London; Dr. Lory Marsh, Nottingham; Dr. W. Stokes, Dublin; Dr. T. A. Compton, Bournemouth; Dr. E. Manley, Liverpool; Dr. W. Stokes, jun., Dublin; Dr. Aitken, Edinburgh; Dr. W. Connon, Dewsbury; Dr. T. Fitzpatrick, Dublin; Messrs. Harvey and Reynolds, Leeds; Mr. W. Hall, Salford; Mr. J. Manley, West Bromwich; Dr. J. Ingleby Mackenzie, Sidmouth; Mr. L. M. Griffith, Clifton; Dr. J. Cautley, Hull; Mr. R. Dunn, London; Dr. Johnson, London; Dr. Fuller, London; Dr. Reith, Aberdeen; Mr. Hinton, London; Dr. Rutherford, Edinburgh; Mr. T. Holmes, London; Mr. Christopher Heath, London; Dr. J. Waring Curran, Bacup; Dr. Spencer Thompson, Torquay; Q., Manchester; An Englishman who has Graduated in Scotland; Dr. J. Macdonald, Lincoln; Mr. A. Fleischmann, Cheltenham; Mr. C. F. Scott-Jaxon, Manchester; Mr. W. Smith, Clifton, Bristol; Mr. J. Martin, Cork; Dr. Barr Meadows, London; Dr. Stephens, Brighton; Mr. Higginbottom, Nottingham; Netley, Southampton; Dr. Hugh Norris, South Petherton.

LETTERS, ETC. (with enclosures) from:—

Mr. R. H. Parmiter, London; Dr. Kelly, London; Dr. H. S. Purdon, Belfast; Dr. J. G. Swayne, Clifton, Bristol; Dr. C. H. Kidd, Dublin; Mr. Holmes Coote, London; Mr. Henry Veasey, Woburn; Mr. Workman, Reading; Mr. Spencer Watson, London; Mr. Burrows, Malvern; Dr. W. Keith, Aberdeen; Mr. J. Vose Solomon, Birmingham: Dr. Letheby, London; Dr. R. S. Sisson, London; Dr. J. Fayrer, Calcutta; Dr. Oliver, Montreal, Canada; Sir James Y. Simpson, Bart., Edinburgh; Dr. Stephens, Brighton; On Leave, Netley; The Senior Physician of one of the London Hospitals; Mr. J. Harrisson, Congleton; Dr. J. D. Heaton, Leeds; Dr. J. Hughes Bennett, Edinburgh; The Honorary Secretary of the Western Medical and Surgical Society of London; Dr. Wilks, London; Dr. G. Buchanan, Glasgow; Mr. James Paget, London; Dr. Peter Hood, London; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. Aquilla Smith, Dublin; F.R.C.S., Edinburgh; Dr. Horace Jeaffreson, London; Dr. Quain, London; The Honorary Secretary of the Royal Medical and Chirurgical Society; Mr. C. J. Fox, London; Mr. J. Hope Finley, Edinburgh; Sir William Jenner, Bart., London; Dr. P. Leslie, Birmingham; Messrs. Lee and Nightingale, Liverpool; The Honorary Secretaries of the Harveian Society; Dr. Buchanan, Glasgow; The Honorary Secretary of the Obstetrical Society.

BOOKS, ETC., RECEIVED.

A Letter to Sir Dominic Corrigan, Bart., M.D., etc., and Correspondence between the Irish Government and John McDonnell, M.D., occasioned by the publication of that Letter. Dublin: 1868.

Excessive Infant Mortality: How can it be Stayed? etc. By M. A. Baines. London: 1869.

St. George's Hospital Reports. Vol. III. London: 1868.

A Practical Treatise on Perimetritis and Parametritis. By J. Matthews Duncan, M.D. Edinburgh: 1869.

On Uterine Hydatidiform Disease, or Cystic Degeneration of the Ovum. By Thomas More Madden, M.R.I.A. Dublin: 1868.

The Life, Character, and Writings of Benjamin Bell, F.R.C.S.E., F.R.S.E. By his Grandson, Benjamin Bell, F.R.C.S.E. Edinburgh: 1868.

CLINICAL LECTURES
ON THE DIAGNOSIS OF
EXTRAPELVIC TUMOURS OF THE ABDOMEN.

By SIR W. JENNER, Bart., M.D.Lond., D.C.L.Oxon., F.R.S.,
Physician to the Queen; Physician and Lecturer on Clinical Medicine in University College Hospital; etc.

(*Reported by* W. Richardson Gower, Esq.)

Lecture III.

Diseases of the Spleen causing Tumour in the Abdomen—Case of Emma H.—Case of Mrs. B.

Gentlemen,—I have hitherto been describing those general physical characters from which I conclude that an abdominal tumour is formed by increase in size or displacement of some normal part of the abdomen, *e. g.* liver, spleen. Now I have to speak of particular organs as causing abdominal tumour, and to bring under your notice any special cases of tumours of the abdomen which may illustrate the subject. And while doing this, I shall refer to the various diseases of the organs, but only so much as seems to me to be of practical value, and so much as I think you should positively learn in order to become yourselves practitioners of medicine, and so much as I use in every day practice.

I commence with the spleen, because we have recently had in the wards some cases of acute and chronic enlargement of the spleen.

The spleen, you know, is a ductless organ; its function is doubtful, its structure, for our purpose as practical pathologists, but imperfectly known. We can go through every part of the kidney, we can distinguish the special diseases of each part, the diseases of its vessels, the diseases of its cells, the diseases of its membranes. Of the spleen, it is not so. Of the kidney, we can tell you to a certain degree the functions of its several parts; of the spleen, we cannot. The spleen has been extirpated in the human subject, and the patient has lived thirteen years and a half, and enjoyed health. The conclusion is that, whatever the functions of the spleen are, some other parts of the body can perform those functions. It is in consequence of there being much doubt as to the functions and the structure of the spleen, that its diseases are necessarily ill-defined from each other. Pathological research has taught us something about the functions of the spleen. There is no question that it is in some way connected with the making or the destruction of blood—of the red corpuscles, and of the white. There is one remarkable disease of the spleen in which there is a great excess of white corpuscles—leukæmia; and in this disease the excess occurs, without doubt, from disease of the spleen; and that not as a remote consequence, but directly from the disease. There seems to be a relation between the function of the spleen and the function of the lymphatic glands; for the same condition—excess of white corpuscles in the blood—exists as the result of disease of the lymphatic glands, without there being any disease of the spleen. There seems to be a relation, too, between the functions of the spleen and of Peyer's patches, and, it may be, of other parts of the intestinal canal. And you know that there is considerable difference of opinion in regard to their functions. There is nothing distinctly known; but observation of disease lends support to the opinion that the functions of these distant parts are related to each. It is a point of considerable interest, that the spleen, the lymphatic glands, and Peyer's patches all suffer involution at the same period of life—about fifty. At that time, the spleen grows smaller, the lymphatic glands waste, and Peyer's patches smooth down and lose their peculiar structure; and that is about the period of life at which the diseases, and especially typhoid fever, in which these three parts are involved, cease to be common.

When considering diseases of the spleen, bear in mind the anatomical relations of the spleen to other parts. Certain diseases of the liver interfere with the return of blood from all the radicles of the portal vein; hence ascites is a common consequence of many diseases of the liver. Diseases of the spleen cannot interfere in the least with the portal circulation; hence one cause why ascites is no character of splenic disease. And you will remember the very thick capsule of the spleen. This capsule prevents the congested spleen from relieving itself, if I may say so, by the escape of fluid into the abdomen, in the way that a congested lung often relieves itself by fluid exuding into the pleura, or a congested intestinal mucous membrane may relieve itself by the escape of fluid, causing serous diarrhœa, or a congested peritoneum by effusion of serosity into its cavity. The vessels of the substance of the spleen cannot thus relieve themselves; and this is another reason why ascites does not follow on splenic disease.

You must bear in mind, also, the relation of the spleen to the portal circulation, and so to the liver. The blood returning from the spleen has to go through the liver; hence impediment to the passage of blood through the liver is attended with enlargement of the spleen—*i. e.*, with mechanically induced congestion, and the chronic changes consequent on it. Hence, in cirrhosis of the liver, one of the symptoms is enlarged spleen. Hence, in mechanically induced congestion of the liver, and of the radicles of the portal vein—as, for example, in certain forms of heart-disease, and in emphysema of the lung—enlargement of the spleen is a common consequence. The splenic blood has to pass through the liver; and anything that leads to overloading of the veins of the liver will necessarily lead to overloading of the veins of the spleen.

Then remember its relation to the stomach. I cannot tell you its exact physiological relation; but we know that it is intimately related anatomically by the vasa brevia; and that, in a certain stage of the digestive process, the spleen increases a little in size. Its mechanical relation to the stomach, too, is important, since vomiting from mechanical disturbance of the stomach is not an uncommon symptom in splenic enlargements.

Again, it is related in position to the diaphragm; it lies in contact with the diaphragm. In the boy who was recently in the hospital, and who died, you may remember that we found that adhesions had formed between his diaphragm and his lung; and the inflammation had extended through the diaphragm to the peritoneum, and afforded us a good illustration of an inflammation of a serous membrane by extension, and the little tendency that these inflammations have to spread. This latter is a point of great practical importance. You puncture a man's abdomen who has some general disease, and you injure his peritoneum; and inflammation, starting from one point, spreads all over the membrane. In the other case, there is inflammation of the part of the membrane covering the diaphragm, and it spreads no further. This boy had had pleurisy at some period. The inflammation had extended through his diaphragm; and inflammation of the serous membrane covering the diaphragm, and of that covering both spleen and liver, had taken place, resulting in adhesions. The inflammation did not, you will observe, spread over the peritoneum. I told you, in my last lecture, that adhesions were not so common between the spleen and the adjacent peritoneum as between the liver and the adjacent peritoneum. I referred—not so much to extension of inflammation through the diaphragm, for that is not very uncommon, though it is still more common in the liver—but rather to the friction-adhesions, and to adhesive inflammation of the capsule of the spleen and adjacent parts from disease of the spleen itself. These are uncommon in the spleen. We have in this drawing a good illustration of adhesion of the spleen to the peritoneum; but that is in tubercular peritonitis, where it is common enough to find a spleen united to all the adjacent parts by adhesions.

Then remember that the relation to the diaphragm is such as to give rise to a mistake occasionally. Fluid in the pleura may depress the spleen, and so cause, *it is said*, a splenic tumour. I doubt, however, whether the spleen is ever enough depressed by effusion of fluid into the pleura to cause a tumour.

Then the anatomical relation of the spleen to the adjacent colon is to be remembered. The woman to whom we shall refer presently had the colon overlying the lowest part of her spleen; and the spleen was, in consequence, less easily touched, especially when the colon was distended with flatus. It was said, in the notes taken during life, that the woman's spleen varied very much in size. I doubt if it did, judging from the *post mortem* examination. I think that the spleen was more perceptible at one time than at another. I think, from the anatomical condition, that it was very little temporarily extensible. The differences in the size of the spleen, supposed to have been observed during life, were due to the organ being overlapped at its lowest part by the colon, and so less easily felt at one time than at another. Pain in the left part of the arch and the upper part of the descending colon, and pain from stretching of the costocolic ligament, as well as pain from flatus in the fundus of the stomach, may be supposed to be splenic pain.

I have already referred to the anatomical relation of the spleen to the kidney, and to the possibility of an enlarged spleen being confounded with a renal tumour, or with a tumour of the suprarenal capsules.

There are two great orders of spleen-tumours, acute and chronic.

Acute enlargement of the spleen may be the result of splenitis from direct injury. This form of splenitis, however, is rare, and, when it occurs, is generally complicated with some surgical injury, which takes it out of our province, and throws the splenic enlargement into the shade. Acute enlargement of spleen is by no means uncommon; but it is always secondary to some other disease, and especially to diseases which have one peculiar and common feature. I should have formerly said, to the acute specific diseases; but we have something better than that by which to characterise them. They are all diseases marked by elevation of temperature, without local lesion to account for the elevation. For example, acute pleurisy is a febrile disease, with a local lesion to account for the elevation of temperature; a pneumonia, a febrile disease, with a local lesion to account for it; but a case of erysipelas of the head and face, where perhaps the erysipelatous inflammation is a little blush across the bridge of the nose, is a disease with elevation of temperature, without local lesion to account for it. So, likewise, are typhus fever, pyæmia, acute tuberculosis, diseases attended with elevation of temperature, without local lesion to account for it. This great group does include all the acute specific diseases; but you will see that it includes something more. It contains pyæmia, ichorrhæmia, septicæmia, and the whole of that order of cases. It includes acute deposit of tubercle, and certain cases of purpura and of scurvy even; intermittent fever comes into the same group. In a large number of these diseases, there is enlargement of the lymphatic glands of the abdomen, and a tendency to disease of Peyer's patches.

Again, in almost all these diseases there is a tendency to hæmorrhages; in almost all there is a malignant form, where hæmorrhages occur from the nose, from the gums, from all parts of the body. In small-pox, for instance, this is sometimes seen. I have seen a case of a malignant form of that disease in which a bloody fluid issued from the eyes, from the nose, from the mouth, from the vagina, from the rectum, from the skin. In all, there is a tendency to real hæmorrhage, as well as to the escape of a solution of hæmatosin in the more malignant forms. Again, in almost all, there is excessive formation of red corpuscles and a deficiency or change of fibrin. Now, we have seen the relation of the spleen to the blood-making process; and we see that in these diseases, in which the chemical constitution of the blood is changed from an early period, it is the spleen that is damaged; and with this damage to the spleen we have alteration of fibrine and excess of red corpuscles. When acutely enlarged, the spleen is usually tender, sometimes very tender. After death, it is found dark in colour, and softer than natural.

And now let us turn to chronic tumours formed of the spleen. Enlargement and induration of the spleen result from various diseases that cause more or less continuous or remitting congestions of the organ, either by a mechanical or by a so-called vital process. Thus intermittent fever, certain forms of heart-disease, and cirrhosis of the liver, are all accompanied by congestion of the spleen; all have a tendency to produce repeated congestions, long continued congestions, and thus to induce chronic changes in its structure—induration. There is no doubt that chronic congestion of the spleen leads to thickening of the fibrous tissues, especially of the trabeculæ and of the subperitoneal fibrous tissue. Then there is albuminoid infiltration of the spleen, with which we are all familiar, increase in size of the spleen, so very common in rickets. There is the so-called "sago-spleen", said to be partial albuminoid disease. Then there are the peculiar changes (excess in cell-elements) in the structure of the spleen that occur in leukæmia.

One of the most common characteristics of chronic spleen-disease leading to induration symptoms is anæmia—hydro-oligo-cythæmia, if you please—a deficiency of red corpuscles, and all the consequences of this. It is to these secondary changes in the blood that what little anasarca ever is observed is chiefly due.

Secondly, we see a disposition to hæmorrhages in chronic spleen-diseases; and whenever—and this is a practical point for you—whenever a patient complains of hæmorrhage here and hæmorrhage there, for which you see no direct cause, always examine the spleen. There is hæmorrhage from the gums, from the nose; and it may, in spleen-disease, even occur into the serous cavities, *e. g.* the pleura. A great cause of the tendency to hæmorrhages, then, is the excess of white corpuscles, which may even exceed in number the red. So far as I have seen, without chronic disease of the spleen or of the lymphatic glands, if you take a drop of blood and pass it under the microscope, so as to examine the whole field, you do not get more than fifty, using the quarter-inch lens. I have seen that in pneumonia, and in some strumous persons especially; and in these I think it is due to the state of the lymphatic glands of the bronchi. But, if you find a larger number, the probability is that you have to do with some chronic disease of the spleen or glands.

Again, it is said that, in certain cases of spleen-disease, you find masses of pigment in the blood, the remains of destroyed blood-corpuscles. Of that I know nothing from my own observation. Then the colour of the skin is said to be peculiar in these chronic cases of spleen-disease. Of that I have myself only seen anæmia which could be attributed to the splenic affection. The rest has been due to the natural tint of the skin, or it has been due to the conjoined hepatic disease, or to conjoined disease of the suprarenal capsules, or to some other affection. It is said, however, that there is a peculiar brownish tint of skin in some cases of splenic disease.

With reference to the question of extirpation of the spleen, I should remark, that you must make a distinction between the effects of loss of an organ and the effects of disease of that organ. It has been thought that some of these conditions could not have been due to disease of the spleen, because it could be taken away without any material effect on the system. Therefore it has been said that disease of the spleen cannot seriously affect a patient; but it is quite clear—supposing, for a moment, the function of the spleen, in addition to other organs, to be the power of making white corpuscles—it is clear that, if you take away the spleen, it is quite possible that the other organs may supplement the spleen, and may make a full quantity of white corpuscles, and the patient suffer nothing. But suppose a disease of the spleen in which there is an excessive quantity of white corpuscles formed in it: you have the excess in the blood, with all its consequences. It is from a consideration of these two facts—viz., that the spleen has been removed without injury to life, and that the disease of the spleen leads to death—that I sanctioned in one case, and would again sanction, the removal of the spleen in cases of leukæmia.

As to the local symptoms of chronic enlargement of the spleen: there is a feeling of weight in the left hypochondriac region—a feeling of distension and uneasiness there. There is an absence of pain—actual pain; an absence of tenderness; an absence of dropsy; an absence of fever. The last point, however, admits of some question, especially in regard to leukæmia. Observations with the thermometer have not yet been made with sufficient accuracy to establish the absence of a certain amount of febrile disturbance, while there are some observations on record which point to some cases of leukæmia having been attended with irregular febrile disturbance.

(*To be concluded.*)

THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

TONICS IN DROPSY.

By R. S. Sisson, M.D., Maida Hill.

I am glad to find that the profession are, at last, beginning to recognise the value of tonics in certain forms and stages of dropsy. I say certain forms and stages, because there are some forms of dropsy in which diuretics are useless and tonics curative; whilst in other forms the effusion can only be removed by diuretics, and reaccumulation prevented by the employment of tonics.

In 1860 I was called to a patient whom I found in bed, presenting the following symptoms:—face much bloated; abdomen very protuberant; body generally anasarcous, with large dropsical swellings in depending parts; much emaciation in the parts not concealed by effusion; great dyspnœa; intolerance of the horizontal position; incessant cough, thin and frothy expectoration; great pain in the chest; on percussion, marked dulness on the right side, over the lower half of the lungs posteriorly and anteriorly; loud crepitations; mucous *râles;* pulse 100, feeble; turbid scanty urine of dark brown colour, not coagulable by heat and nitric acid; liquid, dark, and offensive stools. The heart-sounds were weak, but normal.

Under the usual routine treatment, the more urgent symptoms disappeared, but the legs became enormously distended. Having satisfied myself that no organic disease existed, I concluded that the dropsical effusion in this case depended upon some pathological condition of the blood; and accordingly I prescribed the muriated tincture of iron. Under this treatment the patient made an excellent recovery, and up to this date has had no return of her complaint.

This case is reported at some length in the *Lancet* 1860, v. 2, p. 132, and is of further interest from the fact that an ovarian tumour, of many years standing, disappeared during treatment.

LETTSOMIAN LECTURES

DELIVERED BEFORE

THE MEDICAL SOCIETY OF LONDON IN 1869.

By WILLIAM ADAMS, F.R.C.S.,
Surgeon to the Royal Orthopædic and Great Northern Hospitals, etc.

Lecture II.

Sub-acute and Chronic Rheumatic Affections of the Joints; their Pathology and Treatment.

THIS form of rheumatic inflammation, Mr. Adams observed, most frequently occurs in young adults, free from gouty tendency. The knee-joint is generally affected, and the form of the swelling corresponding to the synovial sac is diagnostic; fluctuation is distinct; there is some increase of heat, and a little pain, but no redness of the skin. It has no disposition to suppuration or ulceration, but generally terminates in resolution with slight stiffness of the joint, which is gradually removed by treatment. A very similar condition is occasionally met with in persons beyond the middle period of life, who have suffered from gout, or rheumatic gout.

Gonorrhœa also forms a complication of sub-acute synovitis, and though only one joint is generally affected, Mr. Adams has seen both knee-joints affected, and iritis, resembling the ordinary rheumatic form of this affection, occurring at the same time.

The diagnosis from strumous and syphilitic synovitis was then given, the latter affection being associated with periosteal inflammation of the articular extremities of the bone.

In the treatment of sub-acute and chronic rheumatic synovitis, Mr. Adams preferred a large blister dressed with strong mercurial ointment, together with iodide of potassium and bicarbonate of potash internally. The stiffness remaining in the joints may be removed by the use of the local steam bath, shampooing, and passive motion.

The next affection described was *chronic rheumatic inflammation of the joints, not commencing in synovitis, chronic articular rheumatism.* In this affection the ligaments of the joints are primarily and essentially affected; and it has a marked tendency to terminate in true bony anchylosis. In this respect it differs from chronic rheumatic arthritis, which Mr. Adams believes never terminates in true bony anchylosis, and also in the absence of any enlargement of the articular extremities of the bones by osteophites, or nodulated growths of bone developed in the articular cartilage.

The clinical history of this form of chronic rheumatic inflammation has not been well described, but a few well-marked cases had fallen under Mr. Adams' observation in patients becoming gradually anchylosed in many articulations, and reduced to a most helpless condition, without presenting any of the ordinary symptoms of what is called rheumatic gout, or chronic rheumatic arthritis. The articulations of the vertebral column are not unfrequently affected.

In the treatment of this affection, Mr. Adams chiefly relies upon a combination of bicarbonate of potash with ammonia, and when the urine is clear commences the exhibition of sulphur externally and internally, a sulphur vapour bath being taken every day, or every other day. He has also found great advantage from the use of dilute phosphoric acid, in doses of twenty or thirty drops, three times a day. Locally, the use of turpentine liniment and flannel bandages was insisted upon.

The next affection described was *Chronic Rheumatic Arthritis; Rheumatoid Arthritis; or Rheumatic Gout.* For our present knowledge of the pathology and clinical history of this affection, we are chiefly indebted to the labours of Dr. R. Adams, of Dublin, Dr. R. W. Smith and Mr. Colles, of Dublin, and of Mr. E. Canton, of London. The importance of this disease is increased by the fact that its effects have frequently been mistaken for the results of accident, supposed to have been overlooked by the surgeon, such as fracture of the neck of the thigh bone; shortening of the leg from bruise of the hip; and some cases of dislocation, and other obscure forms of injury. When fully developed, all the structures of the joint are involved, but the most important and characteristic structural changes occur in the articular cartilages and the bones.

In the articular cartilages two processes proceed simultaneously from the commencement of the disease—namely, one of fibrous degeneration, occurring in their central portions, and leading to their complete removal, and the other a process of hypertrophy and ossification, proceeding at the margins, and towards the circumference of the articular cartilages, leading to the enlargement and alteration in form of the bones by the development of nodulated growths, and ring-like layers of new bone at the margins of the articular surfaces. These changes had been first described by Mr. Adams in the 3rd volume of the Pathological Society's *Transactions*, and were opposed to the views entertained by Rokitansky and other observers, who believed the enlargement of the bones to depend upon a process of inflammatory expansion described as osteoporosis, followed by induration. Eburnation of the bone takes place where the cartilage is removed, and the surfaces are exposed to friction.

These changes were described in detail as affecting the ball and socket, and the ginglymoid articulations. The fibrous structures, including the periosteum, capsular ligaments, intra-articular ligaments of the hip and knee, fibro-cartilages, capsular and intra-articular tendons undergo various changes, some structures being destroyed by atrophy and fibrous degeneration, whilst ossification is proceeding in others.

In tracing the clinical history of this affection, Dr. Adams, of Dublin, believes it commences in chronic synovitis, but Mr. Adams considers this requires further confirmation; at least, cases have fallen under his observation, showing that such is not invariably the case. This disease appears to be of more frequent occurrence in Ireland than in England, and still more frequently met with in Holland, so that exposure to cold and moisture, together with debility and other depressing influences, appear to act as exciting causes of this disease.

With regard to its termination, two pathological peculiarities are observed; one, a remarkable indisposition to terminate in suppuration, and the other that it has no disposition to terminate in true bony anchylosis, motion being preserved by eburnation, but limited in severe cases, by osseous growth from the margins of the articular cartilages, and from the surrounding fibrous structures.

The treatment of this affection was considered to be very unsatisfactory, but Mr. Adams believes the evidence of the inflammatory nature of the affection, at its commencement, not sufficient to call for antiphlogistic treatment; but when synovitis exists, either at the beginning or at a later stage, blisters may be serviceable, but he prefers the perpetual application of warmth and moisture, and, when applicable, the use of the local vapour bath. In the latter stages no local treatment is of use except warmth by flannel bandages.

Internally, Mr. Adams recommends the use of bicarbonate of potash and ammonia, and sometimes blue pill and colchicum, when red sediment is deposited from the urine, or when the latter is turbid, but without phosphatic deposits. When the urine is clear, he advises the use of sulphur externally and internally, and also the free use of dilute phosphoric acid. Several patients under his care had benefited by resorting to the hot sulphur baths of Luchon, in the Pyrenees, where they pay great attention to shampooing and passive movements of the joints. The joints should be kept at rest only in the early stage, but when the articular cartilages are destroyed free motion must be encouraged as promoting the process of eburnation, and preserving useful motion in the joints.

Residence in a warmer climate, during the winter months, was also recommended where practicable.

SPHACELUS OF THE HAND FROM SEPTIC POISONING, WITH LATENT SCARLATINA.*

By HENRY VEASEY, Esq., Woburn.

THE patient was Mary A., aged 30, a publican's daughter, of dull and rather livid complexion, intensely asthmatic from childhood, with habitual venous turgescence, and latterly complaining that her hands died, in a sense of numbness and stagnation. Her menstruation had been regular; the last period was on May 25th. She had been two months absent from home, in a family affected by scarlatina more or less severely, but with no new case subsequent to a month before her accident. Desquamation was meanwhile persistent in the convalescents.

On May 27th, while pressing a rusk in preparation for the baby's food, she chipped her finger against a broken edge of the mug, injuring the second phalanx of the right middle finger at its knuckle-joint. It was rather painful as a contused wound; but, as there was no suspicion of ill consequence, and as she was in full health, nothing was thought of the accident. She returned home that evening, and slept ill, rather suffering.

May 28th. The knuckle and hand were intensely painful, the pain extending to the arm, where streaks of redness soon marked out the absorbents; and at evening her whole frame was racked with pain, rigors, faintness, and agonising distress. There was a slightly inflamed wound at the knuckle, not penetrating the joint, and only rather more tender than other parts of the hand, all which was dusky red, and much swollen on the dorsum to above the wrist. Its palmar aspect was remarkable; it was apparently strangulated, so as to produce death of all its cutis, but without effusion. The arm was swollen to above the elbow, with some streaks and tenderness reaching the axilla. The tongue was furred; the pulse small, sharp, and rapid. She was very faint. I gave her a dose of ammonia and chloric ether, and applied caustic freely to the wound over the hand and arm, drawing a ring round the upper arm where the swelling ceased. Poppy fomentation and linseed poultice were ordered. Opium, æther, and ammonia were administered, with brandy and nutritious food. She was ordered to repose the limb on a pillow.

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* Read before the South Midland Branch.

May 29th. There was rather less suffering. The fingers were livid and insensible. There were vesications on the back of the hand, and ashy decolorisation of the palm.

May 30th. The swelling and inflammation had extended up the arm. There was much constitutional distress and depression. The pulse was feeble, running, sharp; the tongue black with sordes.

May 31st. There was a slight line of demarcation along the second phalangeal knuckles. The little finger was wholly sphacelated. The palm cut like wash-leather. Incisions were made, and evacuated sanies from the back of the hand. There were large sanious vesications extending to the elbow. A red mottled eruption was noticed on the neck, chest, and left arm; a papular one over that hand. The fauces were much injected, with slight ulceration. Before evening, a scarlatinal rash had covered the body, and next day (June 1st) was dying off in a purple hue; the throat retaining its blush, and a strawberry tongue losing its epithelium, to become, on June 2nd, dry and glazed. Her general condition was improved. The redness and swelling subsided, leaving only fulness on the back of the hand, with pus readily oozing, on incision, through its sloughing texture. The line of demarcation separated the distal phalanges, which were strongly curved into the palm, whose entire surface was one leathery slough. Charcoal poultice, with carbolic acid and myrrh, were applied locally. Bark and ammonia, with liberal support, constituted the treatment.

The further course of this case presents nothing remarkable. Beyond occasional diarrhœa, disturbed respiration, and irritative fever, the constitutional disturbance abated; and separation of the fingers, from the least at its matacarpal joint to the thumb at its last phalanx, required only slight assistance by division of tendons and ligamentous attachments, leaving a mutilated hand—possibly the price of life, that might have been sacrificed to scarlatina in another form.

Were proof wanting that the rash and sore throat, etc., were tokens of scarlatina, such was furnished by the sickening of a child to whom it had evidently been conveyed by the mother in attendance, as nurse, and not given to change of raiment. No case of scarlatina had been known in the neighbourhood. The nurse went home at night to a young family, one of whom, aged 3, fell with scarlatina rash, and on June 3rd had sore throat. Remains of the rash over the thighs, back, and nates, with a characteristic tongue and ulcerated throat, continued evident at my visit on June 6th.

This has been designated a case of "sphacelus from septic poison, with latent scarlatina;" because, however proof may be wanting that a broken mug used for preparing the child's food would poisonously infect, yet the wound thence derived was clearly a focus of irritation, impressing a system apparently prone to develope the rash in local tendency to slough, as witnessed in scarlatina anginosa. That a septic influence and arrested circulation, strangulating the vessels even to ultimate death of an extremity, was most connected with the scarlatina poison, would seem highly probable; and this, in a system predisposed to arrested brachial circulation, with nervous irritability in excess, and low vital power—at this particular period more irregular from menstrual effort, much as the gouty action will be intensely developed in a joint injured by severe sprain. The remarkable rapidity with which destructive action proceeded in this case finds some analogy in that form of erysipelatous inflammation affecting the cellular membrane within the orbit, and involving all deeper structures of the eye, wherein the cornea becomes an ashy slough, strangulated by chemosed conjunctiva, and, amid intense suffering with constitutional depression, the visual organ is entirely destroyed. Nothing could exceed the distressing agony endured by this poor girl under the shock of commencing sphacelus, at which period, twenty-four hours from the injury to her knuckle, the whole arm exhibited engorgement, with arrested circulation in the palm and digital extremities, apparently strangulated, and incapable of renewed circulation. The long period during which the system had resisted infection is also noticeable. She felt perfectly well, when, under provocation of this possibly poisonous wound, a more malignant poison latent in the body was roused to the contest, and all its force centered in the extreme capillaries of a member prone to irregular arrest of circulation, and now vulnerable from within; while entrance had been effected by the foe without, and conveyed along its own channels of circulation to the very citadel itself, betrayed to a lurking enemy.

ON MALPOSITIONS OF THE UTERUS.

By AQUILLA SMITH, M.D.,
King's Professor of Materia Medica in Trinity College, and Physician to Sir Patrick Dun's Hospital, Dublin.

Dr. Fleetwood Churchill, in his *Outlines of the Principal Diseases of Females* (8vo, 1838), in the chapter on "Retroversion of the Uterus", states that the indefinite knowledge of the ancient writers on uterine diseases was "lost sight of altogether", until Desgranges, in 1715, and his successors, including Dr. William Hunter, in 1754, "threw a new and more accurate light upon this, to them obscure, accident." In the books, "De Morbis Mulierum" and "De Naturâ Muliebri", attributed to Hippocrates (Pierer's edition, 8vo, 1806, tom. ii), certain malpositions of the uterus are described, but not with as much accuracy as in the following extract from Aëtius.

"De reclinatione, aversione, et recursu uteri, Aspasiæ. Cap. LXXVII.

"In utram verò partem uterus declinaverit, digitorum admotione, et signis insequentibus cognoscemus. Si enim in obliquum declinaverit, propinqui femoris distensio, dolor, perfrigeratio, impedimentum, et torpor indicio erit. Aliquando verò etiam ejusdem arefactio, et ad innitendum ac ambulandum impotentia consequitur. Si verò retrò aut infrà inclinat, torpor ac difficilis utriusque cruris motus sequitur, sæpe etiam motus penitus intercipitur, et ingens vexat dolor. Alvus etiam supprimitur, neque clysterem admittit, nisi genibus innitatur ægra. Flatus item retinentur, et dolores inter sedendum acuuntur, præsertim si versus anum reclinatio contigerit. At si ad pubem vergit, imus venter ac pecten extenditur, et dolores ibidem percipiuntur, aliquando etiam urina supprimitur.—

"At verò aversionem versus anum ita curabimus. Primùm obstetrici imperabimus, ut digito in anum immisso uterum propellat. Deinde glandem ano subdat quatuor digitorum longitudine, ex galbano et cera paratam, cujus extremitati filum extractionis gratia sit annexum. Aut castoreum aqua dilutum et lana exceptum similiter subdatur: aut bitumen aridum, aut pix liquida. Postridie verò irinum aut susinum oleum tepidum, in uterim et intestina infundatur.—

"Sic verò in obliquum retractio inclinat, primum eadem fomenta adhibeantur: deinde obstetrix specillo cum digito subimmisso, uteri collum dirigit, ægra verò in contrarium parti affectæ latus, aut supina, decumbat.

"Mulier autem acclivi capite decumbat, et si compositus rectè uterus rursus retrahatur, fœtida statim naribus admoveantur, et sternutationes provocentur, et si urina supprimatur, fistula vesicæ ad hoc destinata proliciatur, et si ab his exacerbatio fuerit exoluta, quiescendum est."—(*Medicæ Artis Principes*, fol. 1567. Aëtius Tetrabiblos iv, sermo iv, p. 819.)

The author appears to have been acquainted with different forms of malposition of the uterus, but particularly with retroversion, the chief symptoms of which are clearly indicated. The treatment for retroversion consists in introducing the finger into the rectum, and pushing up the uterus, and subsequently inserting in the bowel a mass composed of galbanum and wax, four fingers in length, to the end of which was attached a string for the purpose of removing the mass, or wool soaked with castor diluted with water might be employed; the latter application is termed *Aspasia*, and is similar, in the principle of its application, to the medicated cotton-wool which has been recently employed in London; as, "Where there is vaginal leucorrhœa, Dr. Murray passes a roll of cotton-wool or lint, some four inches long, well covered with the glycerine and tannin, through the speculum (Ferguson's), which, when withdrawn, leaves the plug in contact with the vaginal walls, and, after an interval of a few minutes, this is removed."—*Lancet*, January 2nd, 1869, p. 10.) He also recommends tepid oil of flower-de-luce, or of lilies, to be injected into the uterus and rectum.

The treatment for oblique malposition is remarkable for the method of correcting it, by placing the patient in a suitable position, and introducing a probe into the os uteri for the purpose of rectifying the malposition. The author was also acquainted with the use of the catheter; and points out the necessity of placing the patient on her knees when it was necessary to move the bowels by means of a clyster. It also appears that Aëtius did not condescend to perform the necessary manual operations, which he delegated to the midwife.

EXCISION OF THE SUPERIOR MAXILLARY BONE: WITH CLINICAL REMARKS.

By GEORGE BUCHANAN, A.M., M.D.,
Surgeon to the Royal Infirmary, Glasgow, and Professor of Anatomy in the Andersonian University, etc.

S. W., aged 48, was admitted to the Royal Infirmary, on March 3rd, 1868, with a tumour of the upper jaw. She was in her usual health till about fifteen months previously, when she began to be troubled with a "stuffing" of the right nostril. Eight months before admission, she lost the sense of smell, and at the same time she became aware of a fulness of the right cheek. Previously to this, she was troubled with swelling and pain of the gum near the right molar teeth, which was attributed to gum-boil, and for which she got some teeth extracted, without relief.

On admission, there was observed a very marked protrusion of the right superior maxillary bone. The swelling was nodular, and hard to the touch. The growth extended into the right nostril and pressed up the nasal bone. It also protruded into the mouth. It did not seem to invade the orbit; but a semi-elastic tumour was felt in the right temple behind the malar bone. For a few weeks before admission, there had been a fœtid discharge from the right nostril. She was rather feeble, and had lost appetite lately. The nature of the operation having been explained to the patient, she eagerly accepted the chance of relief from the distress which she had latterly been suffering.

On March 7th, the operation was performed, as follows. The patient was placed deeply under the influence of chloroform. The upper lip was slit up to the septum of the nose, and separated on the right side from the nasal orifice. A perpendicular incision was made from the ala of the nose up to the inner angle of the orbit. A transverse incision was extended from that along the infra-orbital ridge to the malar bone. The whole cheek was then dissected from the bone and tumour, and held back. Strong cutting pliers were used to divide the zygomatic process of the malar bone, the nasal process of the maxillary bone, and the palate in the mesial line. Little force was necessary to dislodge the superior maxillary bone and the contained tumour, but, owing to the softness of the latter, it broke off, and a part was left adhering to the bottom of the wound. That was removed with polypus-forceps; the gouge was used to scrape away any remaining portions; and a red-hot iron was freely applied to the bones against which the mass seemed to have been resting. The only vessels which required attention were the coronary, which were secured by torsion. A strong solution of chloride of zinc was applied to the whole wound; experience having shown that this substance has a remarkable efficacy in controlling the fœtor which wounds in the mouth produce. The edges of the incision were brought together with silver sutures.—10 P.M. She was wonderfully well. Pulse 118. She felt little pain. She had had some sleep, and had taken some milk and beef-tea.

March 8th.—She had some sleep. Pulse 100; better than before the operation.

March 10th.—She was going on well. Pulse 90. The wound in the face had healed by the first intention. She was ordered to wash out her mouth freely with solution of chlorate of potash.

March 11th.—The lint which was introduced to support the cheek was removed to-day. There was not much discharge from the interior of the mouth.

March 20th.—All the stitches were removed to-day. The patient said that she had recovered the sense of smell, also partly that of taste, a pleasure which she had not enjoyed since eight months before the operation. This morning she walked up to the theatre—two stairs—and was shown to the clinical class.

April 10th.—The patient left the hospital to-day in excellent spirits. Free from pain and uneasiness. No appearance of any recurrence of the disease.

CLINICAL REMARKS made after the operation on the 7th of March. (Abridged). Gentlemen,—The operation which I explained to you yesterday and which you have just seen performed, is so appalling to an onlooker, that I must begin by telling you that it is not usually fatal in its immediate results. Still it is sufficiently formidable to make it imperative on the surgeon to be well satisfied of its necessity before undertaking it. The question of possible malignancy in this case I discussed fully at the clinical lecture, and I gave you my reasons for doubting that and giving the patient the benefit of the doubt. If the origin of the tumour could be clearly traced to a growth from the spongy bones of the ethmoid, there would be strong reason for prognosticating an early return of the disease; but here the alveolus was so early implicated that it was impossible to affirm that the invasion of the nostril did not arise from an out-growth from the antrum. The large protrusion of the tumour into the zygomatic fossa also pointed to the probability that the tumour sprung from the floor of the antrum. Guarding my prognosis by these doubts I did not see it my duty to refuse the patient the hope of permanent—as I could almost promise her the certainty of temporary—relief from her present sufferings. It is now my duty to tell *you* that the nature of the tumour and its connections, as discovered during the operation, leaves little hope that the cure will be permanent, but that at no distant date we may look for a reappearance of the tumour. But I wish, very distinctly, to guard you against taking this case as a ground for adopting an opinion held by many practical surgeons, that tumours of the superior maxillary bone are so frequently malignant as to make their removal altogether exceptional. I have heard this argument used, and I have a case in point which is both interesting and important at the present moment, which I shall relate in a few words. Five years ago, I had a case in the hospital presenting most of the features of to-day's patient. However, the alveolar origin of the tumour seemed to me more marked than in this. My senior colleague strenuously urged me not to attempt its removal, on the grounds I have just stated, but, being supported by the others, at the man's urgent request I undertook the operation, which was performed much in the same way that you have just seen. Here in this jar (jar shown) is the preparation of the upper jaw and contained tumour removed at that time—and here is the man himself (patient introduced to the theatre), in the enjoyment of excellent health and strength, with no trace of a return of the disease, with perfect power of mastication and speech, five years after the operation. Such a result is, to my mind, a sufficient answer to objections which might be urged in a similar case, and a valid ground for performing such a formidable operation as you have just witnessed.

P.S.—October 31st, 1868. This was prepared for publication in July, but I have not sent it to press till I could give a late report. Two months ago I saw the patient whose case is detailed first, and I found my prognostications *after* the operation too true. The disease has re-appeared in the right cheek. The operation served as a palliative for a considerable time, but the re-invasion of the tumour leaves nothing but a painful prospect.

THE PREVENTIVE TREATMENT OF SCARLET FEVER.

By PETER HOOD, M.D.

DR. W. BUDD, in his very valuable contribution to the JOURNAL of the 9th January, 1869, "On the Prevention of Scarlet Fever," has confined his observations to the means to be used for limiting the extension of the scarlatinal poison, and thus putting a stop to the spread of the disease. The importance of carrying out Dr. Budd's suggestions cannot be overestimated; and both the medical profession and the general public are greatly indebted to him for the pains he has taken in recording so minutely the results of his experience.

There can be no doubt that the next point of importance to the knowledge of how scarlet fever should be treated, is the power we possess of stopping the spread of the disease. We have not yet learned the means by which the various zymotic diseases may be—like small-pox—rendered comparatively harmless by previous vaccination. It is, however, something to be able to assert that, when a disease like scarlet fever does show itself, we have gained the power of limiting the extension of it from one individual to another.

Dr. Budd, in confining his observations to the destruction of the scarlatinal germ as it is cast from the body of the patient, consequently does not allude to a matter of even superior importance—namely, the means by which we can limit the increase of those germs already existing in the blood of the person, upon which, according to the amount of them, the mildness or severity of the fever depends.

It is on this account that I venture to give an additional record of my experience of the *internal* treatment of scarlet fever; and I trust that it may, as it has in my hands, prove an useful supplement to Dr. Budd's important advice as to the *external* appliances to be employed for the prevention of the disease.

It is ten years since I wrote a book which I was bold enough to designate as *The Successful Treatment of Scarlet Fever*. The lapse of time has produced no instance otherwise than confirmatory of the value of the treatment therein recommended; and it is a source of great satisfaction to me to be able to say that, notwithstanding the apparent confidence displayed in the title of that book, I have not lost a patient with scarlet fever since it was published, nor during many years preceding its appearance, when I have attended the patient from the commencement of the illness. I have been consulted in cases that have ended fatally, but then this has been when the time for medical aid had passed, and the treatment which I advocated had not been employed. Those of my medical brethren who have adopted my treatment assure me "that they never lose a case of scarlet fever now."

It must not be expected that malignant cases, which have been from the first neglected, and in which the disease has attained great height before medical aid has been sought—where the sufferers have been living in crowded, badly ventilated, and badly drained habitations—can always be successfully treated by any form of treatment. When patients in this condition are brought to the hospitals, or seen as out-patients of dispensaries, it is too frequently the case that the time for curing them has gone by. Generally, patients of this class, their vital powers never having been very great, owing to the want of a wholesome and nutritious diet and of pure air, are more readily and powerfully acted on by the scarlatinal poison than those who are differently situated, both locally and in circumstances; and such enfeebled persons succumb rapidly to its influence. The mortality of scarlet fever is greatest in those children who inherit a scrofulous taint.

It is well known that the majority of cases are of a mild type, and such cases are usually designated "scarlatina". I consider this an objectionable designation, both on public and on professional grounds. By the public, the word is used as a diminutive, and it is apt to lull them into a dangerous belief that, because it is only "scarlatina", it is comparatively devoid of danger to the patient and those in his immediate proximity. This belief existing, the medical attendant will have greater difficulty in making those in charge of the patient sensible of the necessity for a prolonged watchfulness and care until perfect desquamation has taken place, the time occupied being usually three weeks to a month, and he also finds that the regulations and restrictions of diet are neglected, and that the patient is allowed to mix with others during the most infectious period of the disorder.

I therefore think the more prudent course would be to call every case of scarlet fever, however slight it may be, by its English name, adding the adjectives mild or severe when requisite. I urge this course with more confidence, on account of the same description of treatment being applicable to both forms of the disease, differing only in degree.

To maintain the integrity of the blood as much as it is possible is one great object in the treatment of scarlet fever. In proportion as we can accomplish this, so will our success in the treatment of the disease be satisfactory or otherwise. The rapidity with which life in some cases is cut short, from the reception into the system of the scarlatinal poison, shows the activity and virulence of its effects in some peculiar constitutions. That death in these cases is owing to the suddenness with which the entire mass of the blood is saturated with the poisonous germs, as in the analogous condition of uræmic poisoning, does not admit of a doubt.

It is, however, fortunate for mankind that such cases are rare, although it is far from uncommon to witness extreme prostration of some vital organ, the brain more especially, at the commencement of the disorder. When this is the case, convulsions are usually an attendant symptom. I have never known convulsions to occur unless the most common premonitory symptom—namely, vomiting—had been absent; and I can also say that, when vomiting has been induced, the convulsions have ceased.

In the ordinary run of cases the first symptom usually complained of is headache, next soreness and swelling of the throat, followed by vomiting—and we find that the aforementioned symptoms are relieved by the vomiting taking place. The healthy action of the liver is interfered with, and the bile, instead of taking its natural course, finds its way into the stomach, and is invariably found in the materials ejected. Hence the importance of giving an emetic at the onset of the fever, if vomiting have not occurred. We may to a certainty judge, for our guidance, of the presence of bile in the stomach by the appearance of the tongue; if this member be covered, or only partially so, with a brown fur, bile will be thrown up as soon as the act of vomiting occurs.

We sometimes meet with a case of continuous vomiting, attended with extreme irritability of stomach; this condition, if judiciously managed, is not fraught with danger, as there is more to be apprehended from the absence of vomiting than when it is in excess. The perverted course of the bile points to a defect existing in the liver, which defect is one of congestion. Here, again, we are called upon to assist nature in relieving this important organ; no medicine operates so benefically in this case as a dose of calomel and scammony. And if we take the appearance of the tongue as our guide throughout the whole period of the fever, and when it is otherwise than perfectly clean administer gentle alterative medicines to sustain the healthy action of the liver, we shall most effectually prevent dropsy from occurring, and avoid deafness and all the other sequelæ attendant on this disease.

When the stomach has been relieved by vomiting, either by the operation of nature or art, and the liver and bowels also by the administration of an efficient dose of medicine, it is then the proper time to avail ourselves of the antiseptic property of quinine, *which drug is, according to my experience, as powerful in destroying the scarlatinal germ as it is potent in the cure of ague.* I do not hesitate to say that, if the previous injunctions as to the emetic and purgative are attended to, any medical man who has never before employed this medicine in the treatment of scarlet fever, will never employ any other when he witnesses the gratifying progress of a case only twenty-four hours after using it. He will find the pulse diminished in frequency, the soreness of throat and difficulty of swallowing scarcely complained of, obviating all necessity for the use of gargles, sponging, caustics, etc., the heat of skin most sensibly decreased, and the restlessness, frequently so distressing a symptom, succeeded by a calm composure. In the worst forms of scarlet fever, in which the blood of the patient is in a dyscrastic state, indicated by virulent coryza, discharges from the mouth, eyes, and ears, owing to the disintegration of the mucose surfaces, it is imperative to administer iron with the quinine, and suitable doses of the tincture of sesquichloride of iron, or of the sulphate of iron, should be diligently persevered with; at the same time paying strict attention to procuring a daily alvine evacuation.

Before I finish this paper, I must refer to one other subject connected with the treatment of scarlet fever, which I regard almost as important as the use of quinine itself. This is the disinfection of the sick room by the employment of chlorine; and here I must differ from what Dr. Budd's experience has led him to say on this subject. I quote the passage to which I refer:—"Many medical men are in the habit of fumigating the sick room, either constantly or several times a day, with chlorine or sulphurous acid pending the whole course of the fever. There can be no objection to this measure, but I do not myself attach much importance to it. Experience of the largest and most decisive kind has shown that chlorine—and I believe the observation applies equally to the other chemical agent—in the degree of atmospheric impregnation respirable by man, has no appreciable influence in preventing the spread of infectious disorders". Dr. Budd has not told us in what manner he has employed disinfecting agents, chlorine more especially, to enable us to judge whether his method of using them were likely to be efficient or not.

My experience of the beneficial effects of a free use of chlorine is directly opposed to Dr. Budd's views; and I am able to state from my own observation that, if this gas be properly used in the sick room of the patient, *the contagion of scarlet fever will be confined to that room.* My method of using it is as follows. I direct large coarse towels to be saturated with a solution of chloride of lime, and hung over the backs of chairs, and a sheet to be hung in front of the bed-room door. We may judge of the quantity required for disinfecting the room by smell and taste on going into it. This process should be continued throughout the course of the fever.

I have always found the effect of breathing the chlorine to be most refreshing to the patient and most soothing to the throat; for frequently, when patients have complained of a difficulty in swallowing previously to its being used, directly they have breathed the gas they have exclaimed, "I can breathe much better now".

I could give numerous instances of the power possessed by chlorine in localising the scarlatinal poison. I will confine myself, however, to one as a type of the others; and I select this instance on account of the unusual opportunity I had of watching the progress of the case from the commencement, when it showed signs of being most severe, to its termination. I extract this case from short notes made at the time, giving the treatment employed for the subjugation of the fever.

Two years ago I was on a visit to a family in Scotland, where I stayed three weeks. On the morning after my arrival, the lady of the house came to me in great tribulation and asked me to see her little girl, eight years of age, who, she feared, had scarlet fever. This lady, two years previously, had lost a girl from scarlet fever about the same age, and her second son was very nearly following his sister. The mother told me that the illness of her other children began exactly with the same symptoms as the present little girl had. She had been quite well the day before, but in the evening complained of cold and had a rigor. I learned that the child had been delirious throughout the night. She complained of intense headache, her throat was very painful, the tonsils were much swollen and of a deep red colour, and she had great difficulty in swallowing. Her eyes were blood-shot, and she had been repeatedly sick. Her skin was burning-hot, and there was a rash all over her body. Pulse 120; tongue very foul, and her breath very fœtid; great restlessness and intense thirst. I first saw her on the 9th of August, at 10 A.M. I ordered one grain of calomel, and one grain of James' powder, to be made into a powder with some sugar, one to be given every four hours; a teaspoonful of the effervescing citrate of magnesia to be given one hour after each powder. Small pieces of ice and iced water to quench the thirst. This was very grateful to the child. The air of the room was impregnated with chlorine in the way described. When I saw her at 7 P.M. the child was better. She had taken three powders. The sickness and headache had left her. Her throat was less sore on swallowing; she having felt almost instant relief from this symptom the moment she breathed the chlorine. She had had several most offensive watery evacuations throughout the day. The rash and heat of skin remained the same. The tongue had quite changed its appearance from the brown colour of the morning, to a red, chalky condition. I ordered the powders to be left off, and no other medicine to be given until the morning, when she was to have a dose of the citrate of magnesia. On August 10th, the rash, which yesterday was of a dingy red, this morning was a vivid scarlet. The burning heat of skin and quickness of pulse remained the same. I ordered her one grain and a half doses of quinine, with ten-drop doses of dilute sulphuric acid, with tincture and syrup of orange peel to be given in water every six hours. Her diet was beef-tea and bread. When I saw her at midnight I heard that she had fallen asleep at 7 P.M., and remained so until that time. On the 11th, the child was in all respects better. She had slept until 3 A.M.; awoke, and fell asleep again. The rash still continued. The pulse was less rapid, the heat of skin less, the throat more comfortable. She felt so well that she wanted to get up and be dressed. The tongue was more furred to-day. I ordered her a dose of scammony and calomel to be taken at night. On the 12th she was much better. The eruption was paler, the tongue cleaner, the pulse reduced to 95. The result from the powder was a healthy evacuation. On the 13th, the eruption had faded away. The patient was ordered to have a warm bath at night. It is unnecessary to continue the history of this case. The child went on for three weeks upon the same treatment, and never had a bad symptom—taking her quinine every six hours, with an occasional aperient at bed time, with beef-tea for her diet, and a warm bath every second night. Desquamation proceeded most satisfactorily, and at the end of this time her skin had resumed its normal character.

I attribute the short duration of the rash to the effect of the quinine and acid, as ever since I have employed these remedies I have found that the continuance of the rash is rarely beyond three days. On the other hand, I have often observed that, in cases where ammonia or chlorate of potash have formed the basis of treatment, the rash has lasted for a greater number of days.

The house in which this child was ill, was full of visitors, children, and servants, yet every one of them escaped the infection of scarlet fever; and I am unable to attribute their immunity from the disease to any other cause than the free use that was made of the disinfecting power of chlorine.

CAN THE PUBLIC HOSPITALS AND DISPENSARIES OF THIS COUNTRY BE SO ADMINISTERED AS TO CONDUCE MORE TO THE WELFARE OF THE COMMUNITY?

By D. H. MONCKTON, M.D., F.R.C.S., Rugeley, Staffordshire.

THE writer's answer is: "Yes, by infusing largely into their constitution a provident and self-supporting principle." While Christian charity demands the relief of want, suffering, and misery in our fellow-creatures, from what cause soever proceeding, it is very generally admitted that the undiscriminating distribution of our bounty tends often to the pauperising and demoralising of its recipients; and it is a matter of common observation that towns, in which charitable endowments of a purely gratuitous character abound, become very frequently the residence and resort of an idle, thriftless, and immoral population.

It becomes the philanthropist, therefore, leaving the strictly pauper class to the legalised charity of the Poor-law, to consider how he may so aid and assist the struggling mechanic and peasant as to prevent his falling into pauperism, or losing his independence and self-respect by being involved in a hopeless state of debt. To this end, provident institutions provided for him tend greatly to encourage provident habits in him. It is, with all classes of society, too common a mistake to estimate wealth by income, rather than by the relation of income to expenditure; to strain every nerve to increase the former, while careless to diminish or control the latter; the speculator is too busy in the city to examine his household expenses; the artisan toils at overtime tasks while waste is in his cottage; the workman joins in a strike for an increase of a shilling or two to his weekly wages, though he might easily save a larger amount by a more thrifty application of his earnings. The writer of this paper remembers to have seen on the table of a labouring man a list of articles, scratched down by the wife, to be obtained in the neighbouring town on the Saturday night; the prices attached to each small item being at least double those for which they could be obtained, if purchased judiciously and in larger quantities. In the present day, much has been done, and is being done, to induce the working man to foresee and provide for the requirements of himself and family. The local savings' banks, the more recently established Post office banks, the Government life assurance and annuity scheme, the friendly societies, co-operative stores, clothing, shoe, coal, and blanket clubs are contributing greatly to the comfort and well-being of the families of working men in health; but it is sickness in the house which so greatly increases the daily expenditure. In middle class households, do we not see everything give way before the thought of relief to the invalid? the business, pleasure, or work of the house is stopped; at any cost or sacrifice quiet; silence, every necessary food, medicine, nursing, and medical attendance must be had. But what if the family be poor? What if the bread-winner himself be the sick one? Are not the feelings the same in that house? All who have gone in and out among the poor must remember the pale wan look of the wife or mother of the suffering husband or child.

What is wanted to give them something of the solace in illness which their wealthier neighbours enjoy? First, and foremost, it is essential that the bread-winner or winners should belong to a sound, safe, and well managed sick pay assurance society; and, of the many forms of such clubs (the Government at present declining the responsibility), the writer gives the preference neither to the small village pot-house club, nor to the universal association with its central metropolitan management, but rather to the district society, founded and arranged by a committee of noblemen, clergymen, etc., with the aid of competent actuaries. Such an association is usually large enough to be safe, and small enough to be well within the cognizance and control both of managers and members. It is inexpedient, however, that women and children should subscribe for sick pay; the mother may be ill, yet able to prepare the meal, to dress the children; her illness or her child's is mainly a loss as involving a doctor's bill. For these, therefore, and to include men too old or unhealthy for the sick-pay clubs, a dispensary is highly advantageous. Some of these have been purely gratuitous charities, subscribers giving tickets to their sick neighbours who are then attended free of charge; others, again, divide the cost of attendance between subscribers and the sick they recommend, the latter paying a small sum when requiring medical aid; but neither of these encourage providence and independence in those of limited yet regular incomes, while this is accomplished by the self-supporting provident dispensary or purely medical club. The mechanic should not, and does not as a rule, desire the unremunerated services of a doctor, or wish the rich to pay for such services rendered him; bring the article within his reach, and he will prefer to pay for it. As an arrangement between medical man and working man, the provident dispensary is undoubtedly equitable and convenient, although, like the best of everything, liable to some abuse. As affording an opportunity to the benevolent to aid the deserving poor at their time of greatest need, it is most valuable; for, while the members choose to pay their own medical attendants by small weekly contributions, in health as well as sickness, an honorary fund, administered by a committee and the medical officers, may be the means of affording an immense amount of comfort to those who have proved themselves worthy of assistance by their provident connection with the institution. Abuse of, and imposition upon, such a dispensary may perhaps be feared in large towns in which the inhabitants must be but little known personally to any committee; but even in such, the medical attendant would be well able to assist the committee, to prevent its being as much imposed upon as are the large hospitals of large towns.

Such provident self-supporting dispensaries are especially suitable for smaller towns, and the district within a radius of four or five miles, including a population of perhaps less than 10,000 inhabitants. In August, 1866, such an institution was founded in a town containing 4,362 inhabitants, and extending its operations over six parishes, containing in all 7,615 souls; and, although a number of men, women, and children were already members of sick pay clubs, yet so rapidly did the new institution become popular with the working class, that 500 enrolled themselves members within six months, 1,000 within twelve months, and, at its second anniversary, 1,400 members were connected with it; and, in proof of the good opinion entertained of the working of this dispensary by the benevolent lookers on, it may be mentioned that its honorary fund amounted in the first year to £61 : 13 : 6; in the second, to £59 : 4 : 6; and, at the commencement of its third year, a bazaar held in its behalf, conjointly with a cottage hospital, realised a clear profit of £500.

The rules of the institution referred to are annexed to this paper; but the main features are the following:—1. That its members shall be strictly of the working class. 2. That the payment shall be one penny a week, made in advance weekly, monthly, quarterly, half-yearly, or yearly, at the option of the member. 3. That large families are assisted by all their children being free members of the institution, so soon as five of the family have been enrolled as paying members. 4. In these five, members of other clubs may count. 5. That, while every discouragement is given to delay in entering until illness occurs, yet, under certain regulations, admission may be gained even during sickness. 6. For married women, being members, the midwifery fee is partly paid from the fund in aid. 7. That all duly qualified medical men within the district are, if willing, medical officers of the society. 8. Each member, when sick, may choose his medical attendant, no change being allowed during the current year. 9. That the contributions of the benefit members be divided among the medical officers, in proportion to the number of cases attended by each. 10. That the honorary fund, arising from donations and subscriptions, be employed by the committee to defray the expenses of management, and in providing nursing, food, stimulants, etc., for the needy members during illness. 11. That local secretaries (generally the schoolmaster) be appointed for each village to receive the contributions of both benefit and honorary members, their remuneration being 5 per cent. on the amount passing through their hands.

In its practical working, such a provident dispensary is found to present numberless advantages; medical assistance is early resorted to; the working man's liability to his doctor is limited to a regular and definite amount; the doctor finds his booking work and doubtful debts greatly diminished; the poor but honest man gladly ceases to accept the gratuitous assistance of the medical profession; the dishonest have no longer excuse for neglecting a Christmas account; the benevolent of the neighbourhood may assist the very poorest by enrolling them as members.

From the honorary fund, or by special gifts, a variety of useful appliances, conveniences, and sick-room comforts, may be accumulated at a *depôt* for sending-out to sick members. If a cottage hospital be at hand to receive a diseased or injured member, the weekly payment for board may be defrayed by the fund in aid. And, to complete all, it remains only that skilled nurses be employed and an invalid kitchen provided, from which they may draw supplies for the sick members.

With regard to that portion of the question proposed, which relates to public hospitals, it must be borne in mind that, however preferable a large cleanly and well ordered hospital may be to the small, close, filthy attic, living-room, or cellar home, the statistics of mortality in such institutions do not bear comparison with those of patients treated in country cottages; and so apparent is it that the aggregation of patients in large wards of large hospitals is disadvantageous to them, whether regard be had to their comfort, quietude, or chances of recovery, that Sir James Simpson and other able thoughtful men of the day are advocating the distribution of sick people in smaller wards or pavilions over a larger area than is usually covered by a hospital. The multiplication, therefore, of small village or cottage hospitals throughout England (even to their being as many as its steeples) must be correct in principle, and tend to diminish mortality and suffering. Perhaps the advantage, next in importance, accruing to the public from such institutions, is the improved standard of medical and surgical skill which they tend to create by enabling provincial medical men to retain under treatment cases of severe illness or accident, which would otherwise be transferred to a county or metropolitan hospital, and so affording opportunity for the exercise and advance of that skill and knowledge with which so many young men annually leave the London Schools of Medicine for the provinces.

A class of patients may be induced to submit themselves to systematic medical and surgical treatment in a comfortable small hospital near to their own homes and friends, who would not consent to enter the more distant and dreaded portals of the city hospital.

It is well for a community to feel and know that there is always ready in its midst, a bed, a nurse, a medical staff, for the prompt care of the maimed, the crushed, the burnt, of whatever rank or station.

The village or cottage hospitals may be made a *depôt* for the supply and a humble school for the education of nurses for duty in the surrounding neighbourhood.

Mr. Albert Napper (the ingenious originator of the system of cottage hospitals) and Dr. Edward Waring have published such complete accounts of what they should be, and how organised and managed, that it is unnecessary here to enter into such details; but, in reply to the question propounded for discussion, on the present occasion it may surely be asserted that the multiplication and broad-cast scattering of such miniature infirmaries will conduce to the welfare of the community.

The writer also wishes to raise the question, Whether it is desirable that the present system of recommendation of patients, by subscribers to hospitals, should be continued? It is well known that this practice has long been discontinued in the best and most useful Metropolitan Hospitals, it being found that under it the beds would be filled by comparatively unimportant cases, to the exclusion of severe urgent and necessitous ones. And there is too much reason to believe that such is the case in many provincial hospitals, in which comparatively trivial cases are treated because sent by some distant patron, while the back slums of the town may be crowded with more acute more urgent cases. It is an undoubted fact, that many eyes are lost by the delay necessary to procure a formal recommendation to an Ophthalmic Hospital.

Surely it would be better that the selection of patients, of house-surgeons, matrons, and other officials should be left by the subscribers in the hands of a competent committee of Management, one in which the medical element is adequately represented; so that the public may feel confidence in applying, or sending needy applicants, to the doors of our hospitals.

CONSERVATION OF THE URINE FOR PATHOLOGICAL EXAMINATION.

By WILLIAM TOZIER, L.A.H.I., Dublin.

THERE is a method of urinary examination that up to the present time (as far as I can understand) has been overlooked by scientific men. It is a remarkable fact that so simple a method of investigation should have escaped their notice and attention so long. Every tyro in chemical lore is acquainted with the amusing experiment of making a concentrated solution of any salt—sulphate of soda, for instance—heating it to its boiling point, and at this stage of its expansion corking the bottle firmly, or hermetically sealing it. After some moments the solution begins to crystallise, and this process continues until the interior of the vessel ultimately becomes one mass of beautifully formed crystals, capable of being conserved for any length of time, no decomposition or change of any kind resulting. Now, it is manifest that the urinary secretion is susceptible of a similar treatment, and that not only could our public museums be enriched *ad infinitum* with morbid and normal preparations of urine as a class in themselves, illustrative of pathological preparations present, but the whole history of vital phenomena in connection with urinary diseases might at any time be studied in those ultimate products themselves. I have in my possession three specimens of urine obtained from different sources; and it is extremely interesting to observe the regularity with which the crystallisable amorphous and organic principles arrange themselves in each case. With a lens of ordinary power, any or all of these substances may be read off at a moment's notice, and an amount of instruction obtained scarcely to be believed or arrived at in the ordinary methods of examination.

Half an ounce of urine obtained from a young cat that died of grey hepatisation of the lung six years ago, retains at this period all its characteristic properties; there is at the bottom of the little vial a remarkably fine transparent crystal of urea, some uric acid, and other salts, present, all immersed in a dark sepia-coloured solution, no agitation whatever having affected their continuity. In another specimen (that of a jaundiced patient), more than twelve months conserved, there now appears an abnormal amount of oxidised products at the bottom and sides of the containing vessel, with a transparent coating of purpurate of ammonia very manifest to the observation, while the *gamboge* tint of the menstruum has not undergone any perceptible change whatever. In a third vessel, I have the sum of three collections, removed from atmospheric pressure, occurring in an individual who some time since passed a calculus from the bladder spontaneously. In this product I am capable, from the appearance of the results on the sides of the bottle, of knowing the exact character of the calculus passed, although never having an opportunity of witnessing or examining it.

I am disposed to think that this method of examining the urine and conserving it for the purposes mentioned, would prove a most attractive branch of study in other hands. The method to be pursued in every case is simple and effective, it being only necessary to fill a properly constructed vessel with the urine for analysis, and subject it to its boiling point in a water-bath, and, when all the air is effectually removed, cork it up tightly, and finally seal it over to prevent the further readmission of air. In this state it may be conserved for years. In a short time after the operation, the crystalline particles commence to deposit themselves, which change continues until all the saline constituents of the urine become apparent; they may be now examined with an ordinary lens or the naked eye, or under the stage of a microscope like any substance, or with a common object-glass; for, as they attach themselves with some firmness to the sides and bottom of the containing vessel, no rude movement can at any time materially displace them.

NOTE ON THE TREATMENT OF EUSTACHIAN DEAFNESS BY AN IMPROVED METHOD OF RHINOSCOPY.

By Ernest Hart, Surgeon in charge of the Aural Department, St. Mary's Hospital.

The experience of any considerable number of aural cases leaves no doubt on the mind of the clinical observer of the great value of that part of aural therapeutics which consists in the treatment of the internal or Eustachian opening of the auditory apparatus. There are, however, certain practical difficulties experienced in carrying out that treatment. The mouth of the Eustachian tube, hidden from the eye by the veil of the palate, is usually reached by catheterisation through the nostril. Catheterisation of the Eustachian tube is accordingly, in some hands, used almost indiscriminately, where no obvious cause exists, as a means of diagnosis, as well as of treatment.

The investigation of the state of the Eustachian aperture has, in several cases in my practice, been considerably aided by pharyngoscopic inspection. Any one, however, who attempts to carry out the inspection and treatment of the Eustachian tube by the method described by Czermak in his chapter on Rhinoscopy, will find considerable difficulty. The involuntary contraction of the palate, when lifted by the hooked spatula, leaves but little space for the mirror, and renders the manipulations for inspection, and especially for treatment, very embarrassing. It is probably owing to the unsatisfactory experience thus acquired, that the visual inspection of the parts, and their treatment by local applications directed by the eye, have not been more employed. To facilitate this manœuvre, I have been in the habit of clipping the nostril so as to prevent nasal respiration, and directing the patient (as laryngoscopists do) to sound the *ah* with open mouth. By leaving the tongue in this position, and depressing it with a spatula, the patient continues to breathe the sound without uttering it, the palate is left relaxed, and the proceedings are greatly facilitated.

I find that M. Fournié has been led by some physiological considerations to the same or a very similar method to that which I have for some time adopted in hospital and private practice, and can answer for its practical success. I have at this moment two patients in whom this mode of investigation has been very useful. The one had been treated for some time by external applications, and by catheterisation of the Eustachian tube, for deafness which can by this examination be seen to depend on caries of the posterior nares. The other (a policeman sent to me by Mr. Holmes, the surgeon-in-chief) is suffering total deafness from acute circumscribed inflammation of the Eustachian tubes and the mucous membrane immediately surrounding them, the tubes being almost impermeably strictured. He is improving under the local application of nitrate of silver by a bent *porte-caustique*, and dilatation of the tube by fine gum-elastic bougies.

NOTE ON THE CURE OF ACUTE ORCHITIS IN TWENTY-FOUR HOURS.

By Furneaux Jordan, F.R.C.S., Surgeon to the Queen's Hospital, Professor of Surgery at Queen's College.

It is gratifying to me to know that Mr. Noble Smith has found "most satisfactory" results (British Medical Journal, Jan. 30th) from the treatment of acute orchitis which I described at Oxford. May I suggest that still better results may be obtained by using a stronger solution of nitrate of silver, and applying it *immediately* the cases present themselves?

In very acute cases, I add a little vesication over the femoral artery of the same side. This is the treatment, as seen in a severe double orchitis treated in my absence, and reported to me by a correct observer, our house-surgeon, Dr. Jolly. A man, aged 30, had intense pain, intolerable tenderness, and great swelling and induration, in both testicles, and could not stand upright. The scrotum was covered with a solution to nitrate of silver (two drachms to an ounce); a stripe of vesication was established over the upper halves of both femoral arteries by means of linimentum iodi; and the testicles supported with cotton-wool. He was well in twenty-four hours.

The treatment of orchitis is of more than ordinary importance, from the discovery by Dr. Marion Sims that closure of the vas deferens from acute orchitis is a common cause of sterility—often where the blame is laid to the wife.

The return of some urethral discharge is best removed, often in a few days, by maintaining, with iodine, a disc of milder counterirritation, the centre of the disc being the genital organs. On this principle I treat all inflammations of the genito-urinary organs, male and female; adding, in the acute forms, a little vesication on the sheltered position of the femoral arteries.

The above treatment of acute orchitis is simply an illustration of a new system of treating all inflammatory diseases, and which I constantly adopt in all, with a success proportionately as great as in acute orchitis. A brief sketch of the system appears in the February *Practitioner.*

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

KING'S COLLEGE HOSPITAL.

FUNGUS HÆMATODES OF THE FOOT: OPERATION.

(Under the care of Sir William Fergusson.)

T. Y., aged 56, a rather stout flabby man, was operated upon by Sir William Fergusson on Saturday, January 16th, for fungus hæmatodes of the foot. From the notes of his case, kindly supplied to us by Mr. H. R. Parmiter, dresser, it appears that the patient's family history was of a most suspicious kind. His mother had cancer in her breast; and his only brother died seven years ago from, he had been told, carbuncle, but, from what he has heard, it was like his foot. It was very large, and discharged several pints of very offensive matter daily. Several other tumours of the same kind were found on making a *post mortem* examination of the body. The patient traced his own illness so far back as four years ago, when he had acute pains affecting many of his joints. His right foot and leg continued affected, and at times very painful after the other joints were well. The pain ran up the leg from the foot to the thigh like fits of cramp, causing the whole limb to tremble. He continued in much the same state, the pain coming on at frequent intervals, until two years ago, when his foot became very tender over a spot of the size of a penny-piece in the middle of the sole. There was no swelling, but the spot was very tender, hot, tense, and, the patient states, always bathed in perspiration. The pain in the leg now became less severe. Six months afterwards, he noticed a swelling at the tender part, which he poulticed without relief to the pain, and which had become very severe. This swelling gradually increased in size until last July, when it was as large as half an orange, firm, fluctuating, and very tender. It was opened, and about half a wineglassful of blood escaped. This cut never healed, and from it a dark outgrowth soon appeared, which since that time gradually increased in size, and became more painful. On several occasions it bled profusely. The tumour from which he suffered was a dark coloured cauliflower excrescence as large as a small orange, a little to the inside of the centre of the sole. It was flattened from before backwards, and somewhat contracted at its base, where it appeared to spring from a raised and curved rim of skin. The edges and surface of the tumour were somewhat ragged. At the base of the metatarsal bone of the great toe was a small conical swelling, and the hollow at the inner side of the foot was quite filled up by a tense, fluctuating, very tender swelling, on the surface of which were four or five nodules of the size of small chestnuts, over which the skin was shining, and very tense. The urine was free from albumen.

Remarks.—Sir William Fergusson said that this case was one of considerable interest. Such a state as the patient's foot presented was now-a-days rarely to be met with; because similar cases were not permitted to arrive at so advanced a stage. The ulcerated tumour, however, was the least serious part of the disease; it was the condition of the bones and soft parts of the foot, involved as it was in the disease, that marked the dangerous character of the malady. The ulcerated state might, he believed, happen where no malignancy existed, by lymph being organised below the aponeurosis, then by its involving the aponeurosis and passing through it, and afterwards pushing its way through the skin and forming a fungous growth. He had advocated the operation some time previously, but the patient would not submit to it, and left. He had now returned for the operation. The man had lost considerable quantities of blood, and he was in rather a weak condition. He determined, therefore, to amputate as low down as possible, believing that the man's chance of recovery would be increased. Sir William then removed the foot at the ankle-joint, but left the posterior portion of the os calcis, and did not interfere with the malleoli. In bringing the edges of the flaps together, however, it was found that the muscles of the calf played upon the os calcis, pulling it and the posterior flap backwards. Sir William, therefore, cut the tendo Achillis, which had the effect of at once remedying the difficulty.

CENTRAL LONDON OPHTHALMIC HOSPITAL.

CONGENITAL PTOSIS TREATED BY OPERATION.

(Under the care of Mr. SPENCER WATSON.)

CASE I.—A child, two years of age, was brought in, September 1866, with congenital ptosis of the right eye. The upper lid was absolutely powerless and completely covered the pupil. On September 14th, chloroform having been administered, an elliptical piece of skin was dissected from the upper lid, commencing immediately below the eyebrow and reaching to within one-sixth of an inch of its ciliary border. Five or six stitches were inserted, and the edges brought into close apposition. On October 5th, the lid was in good position, and no trouble had been occasioned by the stitches.

CASE II.—A child, 3½ years of age, had a partial ptosis of the left eye, the upper half of the pupil being constantly covered by the upper lid. On June 14th, 1867, chloroform having been administered, a portion of the skin of the upper lid was pinched up by the forceps until the pupil and cornea were fairly in view, and the included skin snipped away by a stroke of the scissors. The edges of the wound were then brought together by sutures. For a few days after the operation the edge of the upper lid was a little averted, but within a week all swelling disappeared, and the lid assumed a very good position.—July 10. The position of the upper lid was very satisfactory. The pupil was quite exposed when the child looked straight before it. Its appearance was much improved.

CASE III.—A lad, 17 years of age, came to the Hospital in November, 1868, with complete ptosis of the left eye, dating from infancy. Though in ordinary positions of the head the whole pupil was covered, he could, by throwing his head back and making a strong effort, partially uncover it. In making this effort the left occipito-frontalis was thrown into strong action, and caused a one-sided wrinkling of the brow which was very remarkable. On November 10th chloroform was given, and an operation, similar to that in Case I, was performed on the affected eye; but in this instance a very much greater extent of skin was removed, and when the stitches were inserted the ciliary margin appeared to be tucked up close under the eyebrow, and the lid stood out from the eyeball in a way that seemed to threaten complete eversion. In the course of the week following, a great deal of swelling and some erysipelatous discoloration appeared, which went off under tonic treatment, and the local application of zinc ointment containing a small proportion of carbolic acid. The eversion of the eyelid gradually subsided with the swelling of the tissues, and by November 20th it had assumed a very good position.—December 4. The pupil was completely exposed in ordinary positions of the head. The lower lid could be brought into close contact with the upper, but in sleep the eyeball was a little exposed. Sight and personal appearance were much improved. The very large portion of skin here removed seemed to be at first unnecessarily extensive, but the subsequent progress of the case, and the patient's great satisfaction at the result, clearly prove that the amount removed was not more than was required. The very great distensibility of the skin in this region makes it necessary to remove a large piece in order to give an adequate result, and the action of the orbicularis will always be sufficient to provide a good covering for the lower part of the eyeball, though immediately after the operation it may appear as if this were impossible.

In Case II a much smaller piece of skin was removed than in Cases I and III, because the effect desired was less; and the result proved that the operation performed was the right one.

LEEDS GENERAL INFIRMARY.

MALIGNANT DISEASE OF THE OMENTUM SIMULATING OVARIAN DROPSY.

By J. D. HEATON, M.D., F.R.C.P., Physician to the Leeds General Infirmary.

JANE A., aged 45, of full stature, dark complexion, black hair, anxious countenance, well nourished, was admitted to the Infirmary, having a large tumour in the abdomen, causing a prominence like that of advanced pregnancy. She had not noticed this enlargement for more than three months, during which time, she said, it had gradually increased to its present size, having always had a symmetrical form and position. She made no complaint of pain or other definite symptoms; had a poor appetite, and occasional nausea and vomiting. Added to the natural darkness of complexion, some bilious discoloration was apparent in the face and conjunctiva. There was some œdema of the ankles. The enlargement of the abdomen was symmetrical and evenly rounded, distinctly fluctuating. Percussion over the *front* of the abdomen, from the stomach downwards, gave a dull sound; *laterally* (as the patient lay supine), there was intestinal resonance of stroke-sound along both flanks. Some more irregular solid resistance might be felt in the right hypochondrium; this was supposed to be an enlargement of the liver, probably malignant. Though the unfavourable condition of the patient precluded the idea of transference for surgical operation on what was believed to be an ovarian tumour, she remained in the house for a few days, during which time the only special symptoms were want of appetite and occasional sickness. Just a week after her admission, one morning she seemed feeble and prostrate; and, shortly before dinner-time, Mr. Bradley, the house-surgeon, was called hastily to her from a neighbouring ward, but before his arrival she was dead, attention having been drawn to her condition only by a slight rattling sound in the throat.

On laying open the abdomen, the omentum was exposed, of large size, extending from its line of origin to the hypogastric region, overspreading all the intestines except some portion on each side. It enclosed a quantity of fluid, which fluctuated with every movement of the body. The anterior layer of omentum was thickened, and irregularly studded with patches of a pale yellow opaque deposit; the posterior layer was extensively adherent to the subjacent intestines; it was thickened by a medullary growth on its inner surface, reaching, in some parts, to a thickness of from one to two inches, of a pale yellow colour, soft consistence, irregularly lobulated, very much resembling cerebral substance. Between this and the anterior layer of omentum was contained a large quantity of watery fluid of a dark, dirty red colour. Behind this diseased omentum was a large medullary growth, of the size of two fists, chiefly solid, but containing several irregular cavities of the size of an egg or a small orange, containing fluid similar to that in the omentum; the largest cavity in this mass contained likewise a soft clot of black blood. This mass was attached to the mesentery, but did not involve any organ. The intestinal canal throughout its course was free from disease. The liver presented its thin inferior margin projecting from one to two inches below the margin of the ribs; it was greatly enlarged, but was thrust upwards under the ribs by the tumours below; it was extensively adherent to the diaphragm, and so friable that it could not be handled without laceration. Throughout its substance were deposited round nodules of medullary cancer projecting on the surface, distinctly defined, of various sizes; the largest, of the size of a small orange, occupied the right margin of the liver, and when cut into, presented an irregular cavity, as though formed by the breaking down of its substance, containing a dark red fluid similar to that already described, and in which was a soft clot of black blood. There was no disease of the spleen or kidneys. The uterus and ovaries were *quite sound*. In the thorax, the lungs were healthy, rather pale on the surface, unnaturally thrust upwards by the enlargement below. The heart was likewise displaced upwards; it was of small size, pale colour, and had a considerable deposit of fat on its surface.

REMARKS.—In the absence of any other apparent cause of death, this must be attributed to the sudden cessation of the action of a feeble heart. I have known this to occur immediately after a meal, when the pressure of the distended stomach seemed to present the small additional obstruction to the heart's action which was required to arrest its progress. In the case under consideration, as death occurred just *before* dinner, the opposite condition of emptiness and inanition must have been the immediate cause; but the constant pressure of the abdominal enlargement upon an enfeebled heart must have predisposed to the fatal result. Other points for remark are: 1. The short time since the patient first recognised the disease in the body; though medullary disease may grow rapidly, such extensive disease must have acquired a considerable size more than three months before the patient's coming into hospital. The same is often the fact with cases of ovarian dropsy, in which the tumour may have attained a large size when the patient first observes that anything is wrong. 2. That such extensive malignant disease should coexist with so little disturbance and so few symptoms is very remarkable; and that the body should be so plump and well-nourished as it was in all parts. 3. But the chief point of interest in the case is the manner in which the omental sac simulated a cystic enlargement of the ovary. Overlying the intestines, and thus occupying the same position as that of an ovarian tumour, it afforded the same physical signs, and especially the same relative positions of dulness of stroke-sound and intestinal resonance as are met with in ovarian dropsy. Had the disease been confined to the omentum, there might have been no apparent contraindication to the operation of ovariotomy. Had the body been previously tapped, the fluid would have been withdrawn as from an ovarian cyst, although its unusual appearance might have suggested some doubts in the mind of the operator. Dropsy of the omentum must henceforth be included amongst the morbid conditions which may simulate ovarian dropsy, and cause occasional difficulty, or possible error, of diagnosis.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 6TH, 1869.

LONDON HOSPITALS AND DISPENSARIES.

THE *Times* has recently called attention to the state of our metropolitan charities, and in doing so has recorded many interesting facts and pointed out a few wholesome truths. According to its calculations, more than 1,800,000 people obtain gratuitous medical attendance in London in a single year, and at a very moderate estimate it is assumed that the cost is nearly half a million of money.

The question which prominently interests us is—Why should medical men give their time and services gratuitously to all these people, numbering altogether about four-sevenths of our population? It is a question which we have often asked, and which cannot be satisfactorily answered. We look in vain to other professions for parallel instances. The clergyman, in many cases, spends much of his time and labours hard among the poor, but then his income is not dependent on the same conditions, and the amount of his salary does not vary with his work; the lawyer may privately exercise a large amount of charity, but he is not publicly guilty of spending his time without an equivalent return.

When nearly two millions of people are dependent for medical relief on our gratuitous services in the course of a year, we have a right to ask if our profession is just to itself or conferring real public benefit by encouraging such a system of begging? It is absurd to imagine that the majority of these persons could not pay something for medical attendance, and any one who attends the out-patient practice of our hospitals must have seen numbers of cases which ought not to receive relief. The actual pauper class is not very common at our hospitals; they have a just claim for medical relief on the state, which assumes, after a beggarly fashion, to provide it. So great is the present abuse, that we feel more bound to sympathise with the poor practitioner than with the poor patient. Many gentlemen of good position and in affluent circumstances do not employ their private medical man when the servants are ill, but at once send them off to an hospital, and for this privilege they subscribe one guinea a year; they feel that the patient will receive the best advice, and they know it will not cost themselves so much as private attendance; and thus the exercise of public charity and the opposite consideration of privately benefiting themselves are singularly combined. Another class of patients very frequently to be found amongst out- and in-patients are small tradespeople or the class of well-paid mechanics; the wages which they obtain are not much more than can enable them to bring up their families respectably and educate their children properly, and it would be felt as a great burden if they had to pay a doctor for a long illness; and these cases are such as have just claims upon an hospital, as the class of persons from which they come are, as a rule, deserving, if poor.

But there is no reason why the medical officers should not be paid for attending them as well as the chaplain for ministering to them. The funds sadly needed for the support of hospitals with schools, as last week's appeal from King's College Hospital will show, are frittered away in establishment expenses and appeals, and festivals (good lack!) for special institutions. The multiplication of these small special hospitals has been denounced by the profession on broad grounds. But there has not been such subsequent unanimity as to make that denunciation effective, and eminent men have lent the sanction of their names to some of the most objectionable. A favourite plea urged has been that "the public will have them"; and it is no use the profession setting its face against them. There are signs of public enlightenment. When the *Times* and the *Pall Mall Gazette* deliberately urge that subscriptions should cease to small special hospitals, and that they should flow towards the general hospitals, which have completed their special departments, we find a ratification by public opinion of the cause which in this JOURNAL we have deliberately supported and urged, and which is, we believe, desirable, alike in the interests of education and of charity. The excess of work which falls upon the limited staff of out-patient officers in some hospitals has been before now pressed upon attention in every medical journal. All these questions have been discussed in the British Medical Association, but this is a peculiarly opportune moment for renewing the discussion. The subject has arrested public attention, and the profession itself ought to speak with a clear and unmistakeable voice. As a preliminary to any more general expression of opinion, we venture to urge an early meeting of the Metropolitan Counties Branch to consider—

I. Whether any and what steps can be taken to diminish the abuse of medical charities and to arrest the evils of gratuitous medical service in hospitals.

II. Whether any and what steps can be taken to complete the special departments in the great hospitals with schools, and to discourage the multiplication of small and special hospitals.

III. Whether and what steps can be taken to abolish the privileged system of admission of patients.

IV. Whether any and what steps can be taken to promote an uniform system of hospital accounts, so that the comparative cost of such institutions may be easily ascertained by the governors; and an uniform registration of mortality and sickness.

MEDICAL EDUCATION.

AT the last meeting of the Association of Medical Teachers, the proposition to which we have referred—to treat Botany and Zoology as matters of *preliminary* medical education—was carried; and it was resolved to leave it to the Council to forward printed copies of the Report to the educational and examining bodies, according to their discretion. We have laid before our readers, at different times, summaries of the arguments and conclusions of this very important and valuable document. They are such as will, we feel satisfied, command very general, if not universal, adhesion. They tend to liberate and to vitalise medical education—to rob examinations of their present dangerous rottenness, by knocking away the sham supports of a minutely imposed curriculum nowhere adhered to, and to make the examinations more numerous and more practical. It will afford a sound basis for the action of the Medical Council, which will find itself supported in the advance to reforms by the power of the metropolitan teachers. It is very satisfactory to have had the advantage, as Presidents of the first two years, of men so variously endowed as Mr. Simon and Sir William Jenner. It will be observed, also, that the views adopted and formally put into shape in this memorandum agree with those which have during the last few years been expressed by eminent educationalists, regarding our system of medical education from without, and bringing to bear upon it large experience in university tutorial and scientific teaching—such men, we mean especially, as Owen, Huxley, Robert Lowe, and Dr. Thomson (Archbishop of York), all four distinguished teachers and acute intellects.

WE are glad to be able to state, upon authority, that the First Lord of the Admiralty has not for a moment entertained the project for amalgamating the medical with the transport and victualling services, under the charge of an admiral, to which we last week referred. We happen to know that the scheme was completely prepared for submission, but has been nipped in the bud.

THE NAVAL ESTIMATES.

WE understand that Mr. Childers has appointed a Civil Commission, consisting of Dr. Murchison, Mr. Holmes, and Mr. Robert Ellis, to visit and inspect the naval hospitals at Chatham, Plymouth, and Haslar, and to report upon their administrative expenses. With a view to the inclusion of any resulting economies of salary in the current estimates, the inspections are to be made forthwith; the main conclusions are to be transmitted to the First Lord within a fortnight.

THE ALLEGED INCREASE OF LUNACY.

DR. C. LOCKHART ROBERTSON, in a paper read lately before the Medico-Psychological Association, states that in 1844 there were 20,611 lunatics in England and Wales, or 1 in 802 of the population. In 1868, this number had risen to 50,118, or 1 in 432 of the population. The statistics of lunacy in France showed a similar increase in the total number of the insane, having risen from 1 in 796 of the population to 1 in 444 between 1851 and 1861. Dr. Robertson argued that this apparent increase was simply the result of more accurate registration of the insane, and the consequence of the opening of the county asylums; and that all recent lunacy legislation tended directly to increase their recorded numbers. In examining the question at issue statistically, Dr. Robertson confined his observations chiefly to the numbers of the insane in asylums, and showed that the yearly increase observed had been in a decreasing ratio, passing in quinquennial periods, since 1844, from an annual rate of increase of 5.6 per cent. to one of 3.8 per cent. in 1867. He showed that the same result followed in France; and he argued that this increase only represented the difference between the yearly admissions and the discharges and deaths. Among the private lunatics, there is a decrease during the decennium 1857-67, despite the increasing population of the country. The proportion of pauper lunatics to the population also remained nearly stationary, being .016 in 1857, and .019 in 1867. Tested by the admissions into the asylums during the same period (1857-67), the rate of increase is also in a yearly decreasing ratio, falling from 11.7 per cent. to an annual average of 3 per cent. From these facts, which were enforced by many elaborate statistical tables, Dr. Robertson deduced that the alleged increase of lunacy is a fallacy, and not borne out by the experience of the last decennium, 1857-67.

THE BOMBAY MEDICAL FUND.

IT must, says the *Homeward Mail*, be very gratifying to the annuitants of the Bombay Medical Fund to learn that, so far as the position of the fund goes, the annuities which were reduced ten years ago may now safely be raised to their full value. The pleasure of knowing this is somewhat lessened, however, by the fact that payment is still made at the reduced rate. The report of the actuary to whom the affairs of the fund were referred has been in circulation some months. All annuitants in Classes 1 and 2 can, according to Mr. Browne's showing, have their annuities raised from the year 1867 to £300. The increase was fully expected with the past half-year's payment. Why was it not given? The remarks which reach us on delays of this nature show that there is much disappointment and dissatisfaction in the services, which might be prevented if proper care were taken that there should be no needless trouble or delay in matters of pay, fund allowances, or pensions.

THE INJURED AT THE RECENT ACCIDENTS AT THE METROPOLITAN RAILWAY.

THE injuries received by passengers on this line last week were, in most cases, remarkably slight. They chiefly consisted of bruises and cuts about the face. One or two suffered from slight shock. Mr. Norton, House-Surgeon at the Middlesex Hospital, has kindly given us a list of those attended to at that Hospital. Mary Ann Ward, collapse, sprained foot, and contusions. William Rogers, contused nose. John Macleod, contused eye. John Down, cut forehead. William Day, concussion and contusions around the eye and lips. This patient was rather severely hurt. Caroline Thurlow, concussion, contused ribs, and cut lip. Mary Ann Ward was admitted into the hospital; the others were made out-patients, William Day refusing admission. They are all doing well. In addition to these, a few slight cases of injury were attended to as out-patients at University College Hospital.

MANSLAUGHTER BY SMALL-POX.

FROM the registrars' notes appended to the last Quarterly Return of the Registrar-General, we learn something of the results of the perversity of the Sheffield guardians in the matter of vaccination, and see the effects of their determined opposition to the working of the Vaccination Act, and of their neglect to perform, in this respect, the duties which the legislature has imposed upon them. In the notes referred to, we find it stated that, in the quarter ending December 31st, 1868, there have been no fewer than one hundred and seventeen deaths from small-pox. This is a sad record of the wilful neglect of those who are appointed as guardians of the public health; and the Board to whom this terrible and unnecessary sacrifice of human life is due cannot fail to be the object of well-merited indignation. The recent reports in the local newspapers have given us information of the perverse neglect of this Board to enforce vaccination; and we should be glad to hear that some measure would be brought in by the Government whereby such disgraceful conduct on the part of local authorities may be rendered penal. It is a pleasure to contrast with this neglect the results of an efficient discharge of duties, in the matter of vaccination, by the Chorlton guardians. The testimony to the beneficial effects of vaccination is given in the following words by the registrar of the Hulme subdistrict. "It is worthy of remark, that there has not been one death registered from small-pox during the whole year." While we cannot too highly reprobate the conduct of the Sheffield guardians, it is a pleasure to be able to record the good effects resulting from the work of the Chorlton Board. We think that, with the overwhelming proof before us of the efficacy of vaccination, it is quite time that some means should be devised for putting a stop to the agitation which is being carried on by those mischievous and ignorant persons who style themselves the Anti-vaccination League.

WORCESTERSHIRE MEDICAL SOCIETY.

THE annual meeting of this Society was held in the Society's library and reading room at Worcester on the 21st instant. From the report we gather that the Society continues in the same prosperous state as last year. The two objects for which the Society was established, viz., the maintenance of a medical library for circulation and reference, with a reading room, and the holding of periodical meetings, for the reading of papers, cases, etc., have been fairly successful. It will be remembered that the Society was started by the gift of the medical library of the late Sir Charles Hastings, by his son, Mr. G. W. Hastings, the President of the Council of the Social Science Association. Sir Charles's library was noted for possessing a fine collection of the medical classics, in excellent condition, and of the principal periodical literature of the present century; several of the latter class, such as the *Lancet*, the *Provincial* and BRITISH MEDICAL JOURNALS, the *Edinburgh Journal*, and the *British and Foreign Medical Review*, being complete copies from their commencement. To utilise this library amongst the late Sir Charles's medical neighbours and friends was the first object; the second, to maintain its value and efficiency by the addition from time to time of all fresh works of standard value. Many very valuable illustrated works have also been presented to the library by Mr. Carden, Mr. Everett, Mr. Sheppard, Mr. Clarke, Dr. Strange, and other members. The report stated that during the year papers and cases had been read on "Nervous disorders of Mobility," by Dr. Strange; on "Morbus Addisonii," by Dr. Inglis; "Paracentesis thoracis," by Mr. Jeffery, and on other subjects. The Society had also taken up the question of Remuneration by Clubs, and unanimously resolved to adopt what is called the "Birmingham Declaration," with the exception of its 'damnatory' clause. This declaration is now the rule of conduct in regard to clubs for all the members of the Society, as well as for upwards of eighty practitioners residing within a radius of sixteen miles from Worcester, who have signed the Declaration in question. The officers for the present year are Dr. Nash, President; Henry B. Marsh, Esq., Vice-President; Dr. Strange, Honorary Secretary, and G. E. Hyde, Esq., Honorary Treasurer, re-elected. After the meeting, the usual annual dinner was attended by twenty-five of the members, and a very pleasantly spent evening closed the proceedings of the day. Altogether, we congratulate the profession of Worcestershire on the establishment of this flourishing Society, which cannot fail to prove a great boon to all within reach of the "faithful" city.

MEDICAL BENEVOLENT FUND.

AT the January meeting of the committee there were fourteen applicants for assistance, eight of whom were relieved at a cost of £80, while the remainder stood over for further inquiry. Among the contributions received since our last notice are the following: Miss A. B., £10; Miss M. B., £10; J. Morgan, Esq., £10; T. Taplin, Esq., £5 (annual); D. de Berdt Hovell, Esq., £5:5; J. F. France, Esq., £3:3 (annual). We are requested to state that the address of the new honorary secretary (through whom all applications should be made) is Stamford Felce, Esq., 12, Chippenham Road, Paddington, W.

THE LATE DR. PESKETT.

TWO meetings have been held in the Council Chamber, Beccles, at the first of which the following resolutions were passed, and at the second confirmed: "That this meeting, deeply impressed with a sense of the great loss sustained by the town of Beccles and its neighbourhood, in the death of the late Dr. Peskett, are of opinion that measures should be taken for providing a suitable public tribute to his memory. That a subscription list be at once opened; no subscription to exceed five shillings." At the second meeting an influential committee was nominated, with the Mayor at the head of it, for carrying out the resolutions.

LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

THE annual course of lectures will be commenced on Monday, the 22nd instant, by Professor Huxley, F.R.S., who will deliver eighteen lectures on the Construction of Vertebrated Animals. The lectures by Professor F. Le Gros Clark will be resumed in June next, when he will deliver six lectures on the Principles of Surgical Diagnosis, especially in relation to Shock and Visceral Lesions, in continuation of his subject of last year; and the collegiate course will be completed in the same month by Mr. J. W. Hulke, who will deliver three lectures on the Minute Anatomy of the Eye. The following will form the subjects of Professor Huxley's lectures; viz.: The Essential Characters of the Vertebrata, and of the Provinces and Classes of that Division of the Animal Kingdom. The Vertebrate Ovum, and the First Stages of its Development.—The Nature and Origin of the Vertebrate Skeleton, composed of the Endoskeleton and the Exoskeleton.—The Endoskeleton, axial and appendicular. The Axial Endoskeleton, vertebral and cranial.—The Vertebral Endoskeleton, and its leading Modifications.—The Cranial Endoskeleton, and its leading Modifications.—The Appendicular Endoskeleton. The Pectoral Arch and Limb. The Pelvic Arch and Limb.—The Exoskeleton in the Vertebrata.—The Muscular System, its Nature and Origin. Exoskeletal, Endoskeletal, Visceral, and Mixed Muscles. Episkeletal and Hyposkeletal Muscle. Appendicular Muscles.—The Nature and Origin of the Nervous System, cerebro-spinal and sympathetic.—The Cerebro-spinal System, axial and peripheral; the axial divisible into cerebral and spinal.—The Brain and its Modifications. The Essential Relations of the Cerebral Nerves.—The Development and Modifications of the Sensory, Circulatory, Respiratory, and Renal Organs in the Vertebrata.—The Reproductive Organs and Processes.

VACCINATION CERTIFICATES OF UNFITNESS.

THREE prosecutions have occurred at Scarborough under the Vaccination Act, 1867, on behalf of the Board of Guardians, under somewhat unusual circumstances. In all the cases, "unfitness" was proved by the medical attendants; but the certificates of unfitness had not been sent in within three months, as the Act requires. The plea of unfitness was, under these circumstances, not admitted as the "reasonable excuse" required by the Act. We are told that to the gentlemen, who were fined ten shillings, the surgeon recouped the fine, on feeling that "the fault was his in not filling up a certificate for them." We should not concur in this view; but it is useful to note these prosecutions. Carelessness in obeying the provisions of an Act is clearly not a "reasonable excuse"; and it is important that the public records of vaccination should be watched carefully, and omissions to vaccinate duly noticed.

HOMŒOPATHIC PRACTICE.

IT is very well known that so-called "homœopathic practitioners" do in fact use all the old-fashioned remedies in various guise; and there is a class of practitioners, some of whom are much in fashion, and are known in London as "trimmers", who leave to the patient the choice of principles, homœopathic and allopathic, with the usual showman's proviso. Dr. S. Baily Eadon, M.D., and Master in Surgery does not belong to the class of homœopathists who confine themselves to their own pharmacopœia; nor, on the other hand, is he willing to resign the use of such drugs as sulphate of quinine, iodide of potassium, ipecacuanha, vinum ferri, etc., or in any way to conceal their use. The Committee of the "Reading Homœopathic Dispensary" have, therefore, apparently felt puzzled to classify him, and have insisted on his resignation. He, stoutly protesting his right to use what drugs he pleased and in what doses he pleased at this "homœopathic" dispensary, has resigned accordingly, and publishes the correspondence. It is not the less comic for being very solemn in tone.

PATHOLOGICAL AND CLINICAL SECTION OF THE BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

IN consequence of the limited time and attention that could be devoted to the examination of morbid specimens at the ordinary monthly meetings of the Birmingham and Midland Counties Branch, the Council of the Branch decided upon the formation of a Pathological and Clinical Section, consisting only of members of the Branch, but having a president and secretaries of its own, for its thoroughly efficient working. The first meeting of the Section was held on Thursday, January 28th, at the Midland Institute, when Dr. Heslop was appointed the first President of the Section, Dr. Fleming Treasurer, and Dr. Foster (Birmingham) and Mr. Jackson (Wolverhampton) Secretaries. Under such efficient officers, we think that the Section cannot fail to be a great success. Already about eighty members have joined, and we anticipate that it will include nearly every member of the Branch. We anticipate that the example set by the Birmingham and Midland Counties Branch in the formation of a Section will be speedily imitated in other Branches; and we think that it opens up a new development of the Association, which is likely to be productive of great advantage, as well as of much interest, to our associates. There is no reason why a few members, wishing to make a particular study of any branch of medical science, should not commence a therapeutical or a microscopic section of the Branch to which they belong. We hear that there is a probability of a Medico-Ethical Section being also established in connexion with the Birmingham and Midland Counties Branch.

THE OFFICE OF DIRECTOR-GENERAL.

THE office of Director-General still remains unfilled. We believe that Dr. Davidson, Dr. Salman, Dr. Armstrong, and Dr. Smart have all in turn been summoned to personal interviews with the First Lord. A strong expression of civil and medical opinion has been made in favour of the recognised administrative energy and ability of Dr. Armstrong.

CANCER-CURING.

WE referred last week to the application made in the Court of Queen's Bench for a criminal information against John Patterson, who is registered as M.D. of the University of New York, for addressing to a Mr. Frewen letters claiming a further sum of 100 guineas for attendances in a case of cancer when he had already received 150 guineas for his attendance. His claim was enforced by threats to publish offensive and painful details of the case, and to send further letters to Mr. Frewen's club, written upon card-board. An ample public apology being tendered, Mr. Frewen asked to be allowed to withdraw, the details being painful to his feelings. The judges very reluctantly allowed this, as the offence was of a criminal nature. This is a case into which the Medical Council should, we think, make rigid inquiry.

SMALL-POX IN ENGLAND.

IN addition to the alarming mortality from small-pox in Sheffield, referred to in another part of our columns, the following numbers of fatal cases are recorded by the Registrar-General as having occurred during the quarter ending December 31st, 1868:—In the Wigan district, nineteen; in Ecclesall Bierlow district, thirty; in Sculcoates district, fourteen; in Hull district, thirty-eight; besides numerous districts in which there have been three or four cases only. This continued prevalence of small-pox points to a negligent performance of vaccination, and induces us to urge upon all boards of guardians the desirability of their seeing that vaccination is universally and properly performed in their unions.

ELECTRO-THERAPEUTICS.

NESEMANN (*Berliner Klin. Wochenschrift*, 1868, No. 37) describes a case of progressive muscular atrophy, the most interesting features of which were, the extremely rapid development of the disease, and its successful treatment by means of Galvanism. The first symptom was a feeling of weakness in the arms after any considerable muscular exertion. Within three months, all the voluntary muscles, with the exception of those of expression and mastication, were atrophied and paralysed. As induced electrical (Faradic) currents were employed without beneficial effect, the continuous (Galvanic) current was used, so as to act upon the trunk of the cervical sympathetic nerve. A current, derived from twenty Daniell's elements, was passed through the nerve daily for ten minutes. At the commencement of each daily application, the positive (copper) pole was placed on the nape of the neck, and the negative (zinc) pole over the cervical sympathetic. Then the copper pole was placed over the lower, and the zinc pole over the upper, portion of the nerve on either side. Under this treatment, the fibrillar contractions of the muscles soon disappeared. After four months, the patient could walk unaided; and, after fifteen months, he was completely restored.

ECONOMY IN DRUGS.

THE following circular has been issued from the Army Medical Department.

"Sir,—1. It having been represented by several principal medical officers and others, that there is undue expenditure of medicines, surgical materials, and dispensary sundries used in army hospitals, medical officers in charge will be good enough to personally supervise the issues under these heads.—2. At the periodical inspections, principal medical officers will minutely examine the prescription books, to see that all articles used in the hospital, or issued to patients out of hospital, have been duly and properly entered, that the persons so prescribed for are entitled by the regulations to medical aid at the public expense, and that the totals of the ingredients in the prescriptions correspond with the quantities expended from the surgery stores. For this purpose detailed abstracts of the prescriptions written in the intervals of the inspections should be prepared by the hospital serjeant, and verified by the medical officer in charge.—3. Principal medical officers are required to see that, where less expensive preparations are as efficacious, and as suitable as more expensive articles, the cheaper remedy is employed.—4. In forwarding returns of medicines, etc., the medical officer in charge will personally examine the same, verifying the quantities in the columns 'expended' and 'remaining,' with the expenditure according to the prescription books, and the quantities actually remaining on hand; and the principal medical officer will, at the next inspection, satisfy himself that this has been done.—5. Before approving a requisition for a further supply, the principal medical officer will take steps to ascertain that there is no undue accumulation of any article in store, and that each item indented for will probably be required in the quantity demanded. I have the honour to be, Sir, your obedient servant, T. G. LOGAN, *Director General.*"

It has caused great dissatisfaction. One of our correspondents writes: "I think you will hardly believe your eyes when you read it. Just fancy the immense amount of labour in calculating and isolating the number of grains of each drug ordered in each prescription during a month in a large corps, besides prescriptions given to all the employés on a station. The thing is nearly impossible. Besides, it is the greatest breach of confidence ever practised towards a professional man, as if he would steal the drugs or allow his sergeant to do so. Every new medicine discovered is refused; and the Government is gradually going back to the old Epsom salts and senna days."

THE PATHOGENESIS OF EPILEPSY.—Dr. Brown-Séquard has communicated to the French Academy the results of new researches which he has made upon animals in order to study the effects of lesions of the spinal cord. Carrying further his well-known experiments of cutting one of the lateral columns of the spinal cord near the tenth dorsal vertebra, he has ascertained that epileptiform attacks may be induced in guinea-pigs, not only by this means, but also by the section of the cord higher up and nearer the bulb. He has also seen the attacks occur after a double section in the muscles innervated by the segment of the cord comprised between the two sections. Thus it would seem that the greater part of the cord takes an active part in the production of the convulsions. The brain seems to take no part in them. He has removed the brain, cerebellum, and pons from these epileptic guinea-pigs, maintaining life by artificial respiration. The epileptic attacks have continued, in spite of the removal of the encephalon. In the course of the discussion, M. Colin threw doubt upon the truly epileptic character of these attacks. Dr. Brown-Séquard said he had only once been able to produce epilepsy by unilateral division of the cord in any other animal than a guinea-pig: this was in a cat. The attacks produced in the guinea-pig were truly epileptic; and the epilepsy so produced was hereditarily transmitted. M. Hardy said that clinical observation in the human subject showed that compression or injury of the brain, traumatic or by tumour, especially the posterior part, did produce epileptiform symptoms; while injuries of the spinal cord did not. There was a complete discordance between these clinical observations and the results of Dr. Brown-Séquard's experiments. Dr. Brown-Séquard said that, after analysing hundreds of cases of cerebral lesion, he was convinced that diseases of the cerebral substance were incapable of producing epileptic symptoms; and that, when these occurred in the course of encephalic disease, he was disposed to attribute them to concomitant lesions of the meninges. M. Ricord confirmed the experience of Dr. Hardy.

SCOTLAND.

THE WATER-SUPPLY OF EDINBURGH.

A NEW scheme for supplying the city with water has been brought forward by Mr. Roderick Coyne, C.E. Mr. Coyne proposes to submerge 185 acres of land at the head of the waters of the Tweed, whence he believes he will obtain an unlimited supply of excellent water; and he maintains that the scheme is the cheapest and most easily accomplished which has ever been proposed for Edinburgh.

THE FEVER HOSPITAL, KILMARNOCK.

A MEETING of the subscribers to the Fever Hospital was held in the Town Hall on Thursday last week, for the purpose of appointing directors, adopting a constitution for the hospital, etc. The total cost of the building, furnishings, etc., was £4,087, to meet which there was a sum of £3,941, leaving a debt of £146. A draft constitution was submitted and adopted, and office-bearers were appointed. The institution is in excellent working order, and is already proving of great service to the community.

THE NEW MEDICAL HOSPITAL, EDINBURGH.

WITHIN the last few days, the following results of the efforts of local committees have been received, in addition to the subscriptions formerly intimated:—From Kelso, £754; Falkirk, £185; Tarbert, £101; Lanark, £167; Dunbar, £117; Haddington, £84; Selkirk, £51; and Lauder, £111. The total sum subscribed up to the present time is £71,055 : 3 : 2. Of that amount, there has been paid into the Royal Bank £52,770 : 13 : 4.

ROYAL PUBLIC DISPENSARY OF EDINBURGH.

THE annual general meeting of subscribers to this charity was held on Saturday last, in the Council Chambers. Mr. Walker, W.S., the secretary, read the report of the managers for the past year, which stated that 10,717 cases of illness of various kinds had been treated, and 906 children were vaccinated; 892 minor surgical cases were attended to in the laboratory; and twenty-five trusses were supplied at the usual reduced charges. The treasurer's abstract, appended to the report, showed that the income of the Dispensary was £293 : 10 : 2, and the expenditure £292 : 2 : 3, leaving a surplus of £1 : 7 : 11. That 10,000 patients of all kinds, including 274 midwifery cases, should receive efficient medical treatment for a sum less than £300, is a fact well deserving the investigation of the managers of many London dispensaries.

COUNTY AND CITY INFIRMARY, PERTH.

THE annual general meeting of the subscribers and contributors to the County and City of Perth Infirmary was held in the Town Hall, Perth, on Monday—the Earl of Mansfield in the Chair.

IRELAND.

THE DUBLIN QUARTERLY JOURNAL OF MEDICINE.

THE first issue of the *Journal*, under the editorship of Dr. Little, has just appeared, and it is in no respect inferior to its predecessors. The new feature promised by the Editor, is a series of half yearly reports on the progress of the various branches of medical science.

ADDRESSES TO THE LORD LIEUTENANT.

DURING the past week the College of Physicians and the College of Surgeons presented addresses to the Earl Spencer, on his assuming the Viceregal office. His Excellency, in replying to the latter body, said, "The consideration of sanitary questions is of great moment for the moral as well as the material well-being of the community, and will form for some time to come one of the first duties of the central and local governments of the nation. The advice of the learned and distinguished body which you represent will be of great value, and in considering sanitary measures it will be satisfactory for me to be able to avail myself of the assistance which you proffer."

SIR D. CORRIGAN.

THE Medical Committee for securing the return of Sir Dominic Corrigan have published their proceedings in a handsome quarto volume. As it contains a considerable array of argument in favour of medical representation in Parliament, it will be of permanent professional interest, and copies may be had of Messrs. Fannin, Dublin.

SUPPLEMENTAL REPORT
ON THE
HYGIENIC CONDITION OF THE MERCANTILE MARINE IN THE PORT OF LONDON.

I.—PRELIMINARY REMARKS.

TWO years have now elapsed since we took occasion to publish a Report on the Hygienic Condition of the Mercantile Marine, and the preventable diseases of merchant seamen. The investigations upon which this Report was based were instituted on account of the progressive decadence (for some years past) both in the number and quality of British seamen annually required to man the ships of the United Kingdom; and it was plainly shown that this decadence arose more from causes chiefly preventable, and from causes, too, that tarnished the reputation of the British nation as a great commercial community. It is not too much to say that this, and other journalistic utterances, emphasised by recorded facts of a most conspicuous description, at length roused the active attention of the Government, and resulted in a measure commonly called the Duke of Richmond's Act, or, more correctly, the Merchant Shipping Act of 1867. This Act was much curtailed as to the provisions embodied in the original Bill, but it provides a fit and proper supply of lime and lemon-juice to all sea-going ships; a tolerably liberal space for the berthing of the crew; a proper supply of medicines and medical stores, and an authorised ship captain's Medical Guide; and also contains a permissive clause as to the medical inspection of seamen before signing articles. The clauses relating to the lime-juice and the accommodation of seamen appear to work well, though no statistical facts indicating the diminution of scurvy and other diseases can be gleaned before the close of the current year. The clause relating to medicines and medical stores is defective, because no provision is made for ascertaining if these articles are really shipped—and even if shipped are of good quality. *Apropos* of this subject, we may refer to a conviction which took place lately before the Hull magistrates, when the captain of a brigantine was very properly fined £15 for omitting to carry a proper supply of lime-juice, medicines, and medical stores on a voyage from England to South America. But the ship returned with a scurvy-laden crew, and though the fine was inflicted, the mischief was done. The Medical Guide authorised under the Act is compiled by Mr. Harry Leach, and is partly the work of Dr. Rooke, surgeon to the Dreadnought Hospital Ship, and several instances of its practical usefulness have already been publicly recorded. That clause of the Act which relates to the inspection of seamen, all-important as it is, has been up to the present time a dead letter. It is permissive only; the fee of 2*s.* for the examination of each man is chargeable to the owners of the vessel; the liberal owners do not use it because the best men come to them, and parsimony, of course, carries the day with those who do not scruple to risk life for the sake of lucre. Two remedies may be recommended whereby this now utterly valueless clause of an Act might be utilised for the benefit of the sailor as well as the owner. The clause should be rendered obligatory, and the fee somewhat reduced, or the members of Lloyds' should be induced to raise their premiums of insurance unless it was certified that all vessels and cargoes to be insured were sent to sea with sound and healthy crews. In the introductory remarks to the *Ship Captain's Medical Guide*, it is succinctly remarked that "the adoption of this section of the Act will give a practical surety to the captain that his crew are in as good order as his spars and gear; to the crew that they will not be compelled to do more then a fair day's work for a fair day's wage; and to the owner that he will really get a fair day's work out of every hand shipped." These remarks are so plainly put, and are so obviously true, that it is the duty of the present Government to amend this clause, and to provide some means whereby it may be positively known that medicines and medical stores of proper quality, and in proper quantity, are provided and put on board every sea-going ship before her departure from port. These changes can be readily made by the President of the Board of Trade, when the Merchant Shipping Acts are amended and consolidated under his auspices during the ensuing session.

But this retrospect has reference solely to the welfare of those seamen who sail in foreign-going ships. They start off on their watery way, the hum of business in the busy port of London goes on, and the world on land forgets them. There are many vessels moored in the Thames, the sanitary welfare of whose inhabitants should as specially claim our care and concern. The coasting vessels are always with us. They steam up and down, or dodge in and out of the river week after week, but we dare to say that no appreciable fraction of London's vast population knows anything whatever as to the manners and mode of living appertaining to those who live, move, and have their being in the coasting craft of Great Britain. They read of Ice-shores, of dangers and discomforts caused by wind and rain, but there are dangers and discomforts that proceed from within as well as from without, born of many insanitary conditions of existence. We propose to show briefly what these insanitary conditions are; how necessary it is that the purlieus of water-ways, as well as highways, should be under skilled sanitary control; how dangerous the absence of that control is to the citizens as well as to the seamen of London; how miserably inefficient is the present piecemeal system of legislation that at the present time obtains on the Thames, and hence (to use the concluding words of a report lately presented by Dr. Letheby to the Commissioners of Sewers) "it is expedient, as well as imperative and necessary, that the several nuisance authorities on the two sides of the river Thames should agree on some mode of co-operation whereby a proper inspection of all the shipping in the Port of London shall be regularly and systematically performed in accordance with the provisions of the Act of Parliament."

THE MARSHALL HALL MEMORIAL.

A MEETING of the General Committee, formed to found some suitable memorial commemorative of the labours of the late Dr. Marshall Hall, was held at the rooms of the Royal Medical and Chirurgical Society on Friday, the 29th ult. Dr. Burrows presided. Among those present were Dr. Gull, Dr. Risdon Bennett, Mr. Solly, Dr. Sibson, Dr. Wakley, Dr. Russell Reynolds, Mr. Erasmus Wilson, Dr. Langdon Down, Dr. Dobell, Dr. Glover, Mr. Gower, Mr. Curling, Dr. Yearsley, Dr. F. Winslow, Mr. Gay, Dr. Webster, Mr. E. Saunders, Sir D. Gibb, Dr. Hare, Dr. Dickinson, Dr. Buzzard, Dr. Aldis, Dr. Ramsay, Dr. Nicholls (Chelmsford), Dr. Graily Hewitt, Mr. Charles Hunter, and Dr. Tilbury Fox.

Dr. BURROWS, on taking the chair, paid an eloquent tribute to the great originality of Dr. Marshall Hall's researches, his power of bringing the results of scientific investigation to practical purpose in the important diagnosis and treatment of disease, and his great personal benevolence and kindly feeling. His scientific reputation would rest mainly upon his demonstration of the reflex function of the spinal cord. The application of these researches to the diagnosis of various forms of paralysis and spasmodic affection solved enigmas previously unintelligible, and effected therapeutic and diagnostic improvements which the younger men of the present day could perhaps hardly appreciate. His inquiries into the effects of loss of blood enabled him forty years since to demonstrate the evils of a prodigal abstraction of blood, and to lay down rules to regulate venesection in acute diseases, which were highly rational and satisfactory, and gave the maximum of good effect where it was justifiable with the minimum of evil effect where it was not suitable to the case. Dr. Marshall Hall's ready method for resuscitating the drowned was a boon to humanity, and many points not satisfactorily settled by him had since received considerable illustration from the Committee of this Society. This was, perhaps, hardly an appropriate occasion to dwell upon the moral qualities or benevolent feelings of the man. By establishing some memorial which should be of use in stimulating and inciting the junior members of our profession—those who are gifted with talent, those who are gifted with the desire of distinguishing themselves—to spend some of those dreary years of early professional life in original investigations, it might be hoped that during successive generations, men may spring up who may, in some measure, emulate the reputation of Dr. Marshall Hall.

Dr. TILBURY FOX then read the report of the Preliminary London Committee. It stated that this proposal to found a memorial originated with Dr. Ellis (Newcastle). At the outset of the present movement, the foundation of a *scholarship* seemed best calculated to interest the profession, and it was desirable, if this form of memorial be adopted, to place it upon the broadest basis—to make it, in fact, an open scholarship, so as to interest as many medical schools as possible. Judging from the contents of the letters which the Provisional Committee have received, it would seem that this form of memorial would be a very popular one. The amount of support which has been and is likely to be given may be inferred from the fact that the General Committee list comprises the names of more than one hundred and fifty gentlemen, a large number of whom are connected with the schools of the metropolitan cities, and those of Leeds, Manchester, Newcastle, and Birmingham. The Provisional Committee believe that the time has now come for their labours to cease. Edinburgh is to be represented in the Executive Committee by Dr. J. Matthews Duncan, Dr. C. Brown, Dr. Rutherford, Mr. Annandale, and others; the provinces by Drs. Embleton and Ellis (Newcastle), Dr. Noble (Manchester), Mr. Higginbottom, F.R.S. (Nottingham), Dr. Alfred Hall (Brighton), Dr. Waters (Liverpool), Dr. Radclyffe Hall (Torquay), Mr. Cadge (Norwich), Dr. Heslop (Birmingham), Dr. Clifford Allbutt (Leeds), Dr. Falconer (Bath), and Dr. Nicholls (Chelmsford). Dublin has not as yet selected her representatives.

Several letters were then read, and amongst others one of approval from Sir Thomas Watson.

Dr. GULL, in proposing the first resolution, said,—It is now thirty years since Dr. Marshall Hall published his researches on the excito-motor system of nerves; and when I recall those words to any one of your minds, you will see that it opened a whole new world to us; and that, though Whytt and Prochaska and others had written upon the sympathies of the nervous system, up to that time we had no idea how these were produced. Though the honour of the discovery was then contested as not strictly belonging to Dr. Marshall Hall, I think that time has allowed it all to gravitate towards his name. It is certainly a very wonderful thing that we should have been so long in recognising that most marvellous work. The discovery of the excito-motor system of nerves ranks quite equal with that of the circulation of the blood. Previous to the discovery of the circulation of the blood, all must have been dark as to the minute changes which went on in the tisssues, and how the blood got from veins to arteries; and so up to the time of the discovery of the excito-motor system as a great physical fact of nervous action, we were truly in the dark as to how the phenomena came about. I do not at all mean to say that we can trace all the steps whereby these results are produced; but that we have got the key to them I have not the slightest doubt; and it certainly is fair to ourselves, it is fair to our profession, it is fair to our country, that a man who has so distinguished himself should be held in the greatest honour, for his own sake, and for our sakes, and also for the furtherance of science. There is no doubt that the future development of medicine rests entirely upon these physical researches. Up to very recent times, as we all know, symptoms were regarded as the data upon which we had to form our opinions. Now symptoms are slowly, day by day, sinking into insignificance, and we are getting our data from fact. These excito-motor phenomena were essentially symptoms, and had no intelligible significance till the discovery of the excito-motor system. I think, therefore, we do well to acknowledge before this meeting and before the whole profession, how much we owe, and how thankful we ought to be, to such a labourer in the field of science, and to establish such a memorial to him that he, though dead, may still, as it were, live, and that new work and new results may ever spring from his labours; for we know that every discovery of science is as a seed which continues constantly to produce new seeds and new growths, and so on ever to be fructifying. The question of the form of this memorial may, I think, with advantage be discussed. I am inclined to think that, on the whole, it might be better to put this memorial upon a higher basis than to give a scholarship to students. I would only suggest that if we could get the College of Physicians or Surgeons or Royal Society to take charge of such sums as may be subscribed, and apply the proceeds year by year to fresh investigations as to the physiology and action of the nervous system, that, I think, would be the greatest honour we could do to Marshall Hall. Without further remarks, therefore, I will propose to the meeting the resolution which has been placed in my hands: That the physiological labours and other scientific researches of the late Dr. Marshall Hall on the nervous system are worthy of especial recognition, and that it is desirable that steps should be taken for the foundation of some suitable memorial."

Mr. ERASMUS WILSON, in seconding the resolution, alluded to the varied character of Dr. Marshall Hall's labours, and to the lustre which he shed on every subject by his personal zeal and research. In surgery even he had given great attention to the operation for the cure of nævus; while a paper on an interesting form of skin-disease—namely, erythema iris—they owed to the same active mind.

Dr. SIBSON proposed, and Dr. RISDON BENNETT seconded the second resolution. "That the following gentlemen—viz., Dr. Burrows, Dr. Risdon Bennett, Mr. Lockhart Clarke, Dr. Dickinson, Dr. Gull, Professor Huxley, Mr. Prescott Hewett, Mr. Seymour Haden, Mr. C. Hunter, Sir Wm. Jenner Bart., Mr. Paget, Dr. Sibson, Mr. Solly, Dr. C. J. B. Williams, Mr. Erasmus Wilson, and Mr. Webber (with power to add to their number), be requested to act as members of an Executive Committee, and to arrange, in conjunction with Edinburgh, Dublin, and provincial representatives, some plan for carrying into effect the foregoing resolution." It was carried unanimously.

A vote of thanks to the Chairman was then proposed by Mr. Solly, and seconded by Dr. Russell Reynolds.

The following is the first list of subscriptions formed at the end of the meeting. Dr. Burrows, £10:10; the *Lancet*, £10:10; Dr. Gull, F.R.S.; £10:10; W. Bowman, Esq., F.R.S., £5:5; Lockhart Clarke, Esq.,

£3:3; Dr. Russell Reynolds, £5:5; Dr. Webster, Dulwich, £5; T. Turner, Esq., Manchester, £3:3; J. Vose Solomon, Esq., Birmingham, £1:1; G. Southam, Esq., Manchester, £1:1; Mr. T. Lloyd, £1:1; Dr. Bartleet, Birmingham, £1:1; Dr. Birkbeck Nevins, Liverpool, £1:1; Dr. Peter Eade, Norwich, £1:1; Dr. Hutchinson, Manchester, £1:1; Dr. Glover, £1:1; Dr. Francis Sibson, £5:5; Dr. Risdon Bennett, £3:3; E. Saunders, Esq., £5:5; Dr. Dickinson, £1:1; C. Hunter, Esq., £3:3; Dr. Hare, £5:5; Dr. Langdon Down, £1:1; Dr. Nicholls, £1:1; Dr. Graily Hewitt, £2:2; Dr. Yearsley, £2:2; Dr. Buzzard, £1:1; Dr. Stallard, £1:1; T. Ballard, Esq., £1:1.

Communications may be addressed to Dr. Tilbury Fox, Sackville Street, W.; and Subscriptions will be received at the office of this JOURNAL.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE Quarterly Meeting of this Association was held at the Freemasons' Tavern, Great Queen Street, on Friday evening last.

Dr. ROGERS, the President, took the chair, and delivered an address. He alluded to the motion of Mr. Torrens, which he thought would be useful; to the fact, proved anew by a recent parliamentary return, that the inmates of provincial workhouses are mainly the aged, sick, and imbecile; and to recent malappointments of the last President of the Poor-law Board. He then discussed the question of medical relief in the provinces, and quoted the authority of Dr. Wallis, that 72 per cent. of paupers are made so by sickness. He took it on the authority of Dr. Guy, that the average cost of medicines for out-patients at dispensaries is 2s. 5¾d. a case; and contrasted it with the total payment of Poor-law medical officers, which he stated at an average of from 1s. to 2s. as total payment, including attendance. He took the figures illustrating the working of the excellent Irish system of relief. They show that, after the Charities Act had been in operation seven years, the expenditure on the poor had diminished by nearly one-half—from £937,556 to £513,048. It has since slowly risen; but, nevertheless, the figures for 1867 represent a diminution of £142,662 upon the outlay for 1852. In Ireland, £118,000 is expended on the medical service for a population of five and a half millions; in England, £272,225 for one of nearly four times the number. To reach, therefore, the Irish scale, nearly £200,000 more should be secured for the English medical officers. In Ireland, too, the salaries were adjusted with much more relative equity, although still scanty. Taking the statistics of a number of districts, he found reasons, which he stated with much detail, to support the proposition that, in proportion as the sum paid for medical relief was small, pauperism was excessive, and poor-rates high. He concluded by urging that the Irish system should be adopted here. This would involve a probable annual outlay of, in round numbers, £500,000, of which some £86,000 would be expended in medicines and medical appliances, arguing from the Irish figures, leaving £414,000 available for the salaries of medical officers, dispensers, and for contingencies. He utterly despaired of the intelligence and public spirit of the guardians in this matter, and would throw the whole salaries of the officers, instead of, as at present, the half of them, upon the Consolidated Fund, compelling boards of guardians to find medicines.

The COUNCIL presented their quarterly report, in which they announced the accession of many new members, and detailed their labours in obtaining parliamentary support. They stated that promises of support had been received from eighty-nine members of the new House of Commons; and that a mutual interchange of good offices had been agreed upon with the Irish Medical Association, who were very desirous of obtaining superannuation allowances.

Dr. ROGERS moved the adoption of the report.—Dr. FOWLER (East London Union) seconded the same, and, in so doing, expressed his concurrence in the President's opinion, that liberal medical treatment of the sick poor was the ratepayers' best economy. If this had been attended to before, Gathorne Hardy's Act would not have been needed. The figures under the column of medical relief in the Poor-law returns were very fallacious, and unjust to the medical officers. The public fancied that all, or at least the greater part of this amount went into their pockets; whereas, under this head were set down not only medical officers' salaries, but also drugs, appliances, wine and spirits, subscriptions to hospitals and institutions, in fact, anything spent over the sick.

Dr. DIXON (Bermondsey) moved the first resolution, that the salaries of medical officers had been fixed by the Guardians without regard to any uniform standard of remuneration, and that, for the most part, they are inadequate for the onerous duties they had to perform. In support of the resolutions, Dr. Dixon entered into statistics to show that, when the cost of medicine had been deducted, the medical officer's average pay, in the metropolis, was 6½d. per case; and in the country districts 1s. 9½d. To show the utter want of uniformity, some were receiving nearly 3s. per case, while others received only 3d. Their pay was worse, he contended, than that of skilled mechanics. Medical officers in the navy, and even in gaols, were far more liberally treated and better considered.

Dr. WELCH seconded the resolution. He had been fourteen years medical officer in Bethnal Green. His work had been largely increased. In 1865, the number of cases was 1213, and they had risen, in 1868, to 2198. During the prevalence of an epidemic, the Guardians retained the services of a professional man, and paid him for a very limited period £106:4. He had made a calculation, based on this gentleman's rate of payment, and he found that, according to the same scale, he (Dr. Welch) was entitled to £1600 a year. And yet the guardians demurred to raising his salary of £120 a year.

Mr. HOGG, a member of the St. Giles's Board of Works, moved that the President's address should be printed and extensively circulated, in order that the facts might be put well before the public.—Dr. FIRTH, of Rotherhithe, seconded.

Dr. GODDARD moved the third resolution, which concerned permanency of appointment. He maintained, that to make a medical officer free and independent in the exercise of his duties, and not merely time-serving, he ought to be permanently appointed. He conceived this quite as essential in a medical officership as in a chaplaincy.—Dr. THOMAS seconded the motion.

Mr. BENSON BAKER moved the fourth resolution. That medical officers were justly entitled to superannuations in common with the members of the Civil Service. Medical officers had no half holiday, no vacation; their occupation was uninterrupted. Therefore, they were as much entitled to be considered to superannuation allowance, if not more so, than any other class of public servants.—Dr. SMYTHE seconded the resolution.

The fifth resolution was moved by Dr. SMYTHE, and seconded by Dr. CLAREMONT. That a petition, embodying these resolutions, should be presented to the House of Commons. It was likewise resolved to send a copy of the Council's report, and of the proceedings of the meeting, to the Right Honourable the President of the Poor-law Board.

The meeting closed with a vote of thanks to the President and the Council.

METEOROLOGICAL REPORTS FROM HEALTH RESORTS.

MR. W. J. TREUTLER, of Kew, writes to us as follows:

"I have much pleasure in informing you that our arrangements regarding the comparative meteorology of our winter resorts, and other places, are now so far completed that I hope to be able to send you the first table for publication in the JOURNAL of the 13th inst. It will refer to the meteorology of the week commencing January 31st. The places from which reports have been promised are: Bath, Dr. Barter; Scarborough, Dr. Fox; Malvern, Messrs. W. and J. Burrow; Worthing, W. J. Harris, Esq.; Sidmouth, Dr. Mackenzie; and Bournemouth, Dr. Compton. My own observations here will fairly enough represent the climate in the immediate vicinity of London. I am also in correspondence with gentlemen at other places, regarding returns from these also. The observations from which the tables will be constructed are taken thrice daily, and may hence be considered as furnishing good means for determining the climate of a place. I am sure the Association will feel much indebted to the gentlemen who have kindly undertaken to furnish these reports, as it will be readily understood that the registering and working out of observations and returns day after day, and week after week, involves no small amount of time and labour. It will also be evident that these tables, if constructed from accurate and uniform observations, must prove of great value, which will increase as the returns accumulate".

MEDICO-PSYCHOLOGICAL ASSOCIATION.

THE second quarterly meeting was held in the rooms of the Medico-Chirurgical Society, on Thursday, January 28th.

Dr. BOYD exhibited the Brain of a Woman who had been Idiotic from birth, the left hemisphere of which was not more than half the size of the right hemisphere.

Dr. CHRISTIE exhibited the membranes of the Brain of a patient who had died from General Paralysis; a large effusion of blood had taken place between the membranes on the left side.

Dr. WILLIAMS mentioned the case of a woman in Bethlehem Hospital, suffering from Puerperal Insanity, who at one tug had torn her hair, which was plaited at the time, completely from the scalp, leaving this bleeding at all its pores.

Dr. Maudsley proposed, and Dr. Lockhart Robertson seconded, the following resolution with regard to the late Professor Griesinger, who had been an honorary member of the Association: "That the Medico-Psychological Association cannot allow its first meeting, since the death of Professor Griesinger, to pass, without earnestly expressing its sincere recognition of his high moral qualities, his distinguished scientific labours, and his energy and humanity as a reformer of the treatment of the insane in Germany; and desires to convey to his widow its heartfelt sympathy with her in the heavy bereavement which she, in common with medical science, has sustained."

THE NOMENCLATURE OF DISEASES.

At the meeting of the Royal College of Physicians on January 28th, it was resolved that 1,600 copies of the *Nomenclature of Diseases* should be at once printed. Next week the price of the work, and the exact time at which it will be published, will be announced.

THE GENERAL HOSPITAL, BIRMINGHAM.

At their last meeting, the Weekly Board of the Birmingham General Hospital authorised the medical officers to admit two of the most meritorious students to all the privileges of house-pupils without payment. As, however, there is not any room available for sleeping, they will, for the present, be obliged to sleep out of the hospital.

ASSOCIATION INTELLIGENCE.

NORTH WALES BRANCH.

The next intermediate general meeting of the above Branch will be held on Thursday, March 4th, at 12 o'clock noon, at the Black Lion Hotel, Mold, under the presidency of James Williams, Esq.

Dinner at 3 P.M. Tickets 5s. each, exclusive of wine.

Gentlemen who have papers or cases to communicate, will please to forward the title or short abstract of the same; and those who purpose dining, will be good enough to give a few days' notice to the Secretary.

Beaumaris, February 1869. D. Kent Jones, *Hon. Sec.*

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, JANUARY 26TH, 1869.

S. Solly, Esq., F.R.S., President, in the Chair.

REMARKS ON THE NATURAL HISTORY OF RHEUMATIC FEVER. BY WILLIAM W. GULL, M.D., AND HENRY G. SUTTON, M.B.

The discussion on this paper was resumed.

Dr. Daldy wished to know what was meant by "rheumatism", and what by "rheumatic fever." He would like to abolish the word rheumatism altogether, including, as it did, several conditions, such as neuralgia with swelling of the joints. By rheumatic fever was generally understood the lithiasis, for which the elder Dr. Warren had said that six weeks was the treatment. The so-called subacute rheumatism was really a form of remittent fever *plus* rheumatism. Many of the cases mentioned by Dr. Gull as cases of rheumatic fever were not examples of rheumatic fever at all, but of a remittent fever, with associated local conditions, and having a course of from fourteen to twenty-one days.

Dr. Handfield Jones said that there was importance in the remark that rheumatic fever was not an uniform condition. There were many other instances, such as epilepsy, neuralgia, etc., where the phenomena were liable to mislead; and the mere phenomenal study of disease was insufficient as a guide to treatment. The pathology of rheumatism was not known; and its treatment was altogether empirical. Some rheumatic fever patients excreted much acid and received relief and benefit from alkalies; while in other cases with articular manifestations there was an excess of alkali, and here large doses of quinine did good. Again, some cases (but not all) derived benefit from the application of blisters, though they were not cured thereby. It was necessary to exercise discretion in selecting the proper treatment for a case of rheumatic fever. There was only one definite fact: that the production of much acid is a definite indication for the use of alkalies. It ought to be asked whether what was called rheumatic fever was one disease or a variety of diseases.

Dr. Wynn Williams said that the discussion had diverged a little from the original question—whether rheumatic fever was benefited or not by medicines. He had had several attacks of rheumatic fever, and had tried both the "do-nothing" and the alkaline systems of treatment; and was led to strongly recommend the alkaline plan. When there was effusion in the joints, alkaline lotions with laudanum, applied hot, gave much relief. His remarks were based on an extensive experience among country patients.

Dr. Wilks was more or less in accord with the authors, and thought that Dr. Handfield Jones was much of the same opinion. He had had a large experience in rheumatic fever, but he did not know the remedy for it. He had used all the various means recommended; and it was remarkable that all the remedies were almost equally successful; he did not find that any were of no use. There was no one plan of treatment to be used successfully in all cases. The cases to which he referred were of rheumatic fever, as the term is generally understood. The fact of a paper such as that which had been presented being brought forward, was of some importance. Four or five years ago, there was a discussion on the treatment of rheumatism; and if a non-medical writer to the Society had then suggested that rheumatic fever patients might recover without medicine, none could have contradicted him. But now, by obtaining a knowledge of the natural history of the disease, physicians were on the road to its proper treatment. He did not believe that the cases described by Drs. Gull and Sutton were cases of remittent fever. He considered the reading of the paper, as a contribution towards the natural history of the disease, an important fact in the annals of the Society.

Dr. Billing had hoped that Dr. Wilks would have given his opinion as to the value of the mint-water or "do-nothing" treatment of rheumatism.

Dr. Sibson would ask whether that treatment could be called "do-nothing" which consisted in keeping a patient in bed, supplying him with proper food, and guarding him from injury? A treatment based on the strict observation of facts, and excluding all distinctly foreign elements, was doing more than giving alkalies, lemon-juice, or other drugs. Nothing was more easy than to prescribe on paper; but the physician must labour in constantly watching the patient and protecting him from harm. Behind all the various methods of treatment there was a common measure; and this was the rest, care, and nurture in hospital. During the last two years and four months, he had treated rheumatism without internal remedies, but with a care, attention, and nursing which he had never before bestowed on his patients. He had been led, by observing relapses in consequence of allowing patients to get up too early, to keep rheumatic fever patients in bed for some time after they were free from pain; and this was a most difficult matter to carry out. Patients would get up and use their limbs, and consequently had relapses. In his treatment, he aimed at securing absolute rest from movement. The patient was kept in bed, with the affected limbs wrapped in cotton-wool; and a cradle was placed to relieve him from the pressure of the bed-clothes. He studied to relieve pain in every possible way in which this could be done. He applied belladonna liniment to the joints; placed a pillow under the foot to prevent it from hanging down, etc. He did not think that this "surgical watching" of the patient could be called "do-nothing" treatment. Mr. Hilton had called attention to the importance of rest in surgery; and it was of equally great importance in the medical treatment of disease. In speaking of the shortness of acute symptoms, we lost sight of an important fact. The great point was, to observe what tendency there was to inflammation of the fibrous structures of the heart. There could be no question that the valves and cavities of the heart were most worked, and more liable to become affected; hence the value of rest and withdrawal of pressure. If there were much pain in the joints, with inflammation, he applied a few leeches; if there were no inflammation, a little morphia was injected subcutaneously. Regarding the use of peppermint-water, he was not sure whether it was right to pretend to give medicine. He had given medicine only for special purposes for more than two years, except, during convalescence, a little iron with quinine; and his patients were well pleased to be relieved from taking medicine. His mind was, however, not made up as to which was the best treatment of rheumatism. This had yet to be proved. We must go carefully and earnestly into the inquiry, and treat patients, not symptoms alone.

Dr. Billing said that giving mint-water was doing nothing. Even Dr. Sibson's treatment, as described by him, was not in all respects mild; he used leeches, morphia injections, belladonna, etc. The management of the patient, as described by Dr. Sibson, was the work of a nurse. Various modes of treatment were useful at different times.

Dr. Anstie said that the alkaline treatment of rheumatism had been regarded as a great boon, and there was a mass of evidence in its favour, which it was hard to get rid of. But before this plan was given up (though he had lost much of his faith in it) he would have its effects more carefully tested. He believed that it had fallen into disrepute with many practitioners from its effects not having been properly observed. A friend, who was a very careful observer, had assured him that he took care to ensure alkalinity of the urine, and that his treatment was very successful. He thought that leeching might be discarded in all cases, and that small subcutaneous injections of morphia would be sufficient.

Dr. Leared would ask whether there was an essential acid in the blood in rheumatism. If it were lactic acid, there was a rational explanation of the relief afforded by alkalies.

Dr. Reginald Thompson spoke of the results of treatment of rheumatic fever at St. George's Hospital. In 1866 and 1867 there were 100 patients admitted, of whom 48 had heart-complication on admission, 21 became affected during their stay in hospital, and 31 remained free. The average duration of the stay of patients in hospital was in 1866 22 days, and in 1867 26 days. The average duration of the cases with pericarditis was 46 days.

Dr. Habershon thought that Dr. Sibson's remarks on the importance of relieving pain deserved much attention. It could not be said of the measures used for the purpose—such as belladonna, opium, conium, etc.—that they cut short the rheumatic process. The great tendency to relapse had been overlooked in speaking of the natural history and the treatment of rheumatism; and he was led to ask whether the means previously used had not induced in patients a greater liability to relapse, and whether patients who were merely kept in the best position for the remission of the disease were not less liable to relapse than those who had been treated by alkalies or other remedies. He thought that alkalies, when given freely in large doses, produced changes in the blood, and rendered patients liable to come again under treatment. Observations ought to be made not merely on a few cases, but for a long time, if we would estimate the value of different plans. He thought that he had seen much harm done by large doses of alkalies.

Dr. Dickinson, when registrar at St. George's Hospital, had witnessed cases treated in different ways. In 110 patients treated by various remedies, 35 had endocarditis or pericarditis after the commencement of the treatment. At the same time, 47 cases were treated with large doses of alkalies (rendering the urine alkaline), and of these there was only one in which heart disease was discovered. The alkaline treatment would be, of course, given only in cases attended with much acid. He asked Dr. Sibson how many cases of heart-disease he had had among his rheumatic fever patients during the last two years.

Dr. Sibson replied that he could not give the exact statistics, but that the number was smaller than in any previous similar period.

Mr. Macilwain called attention to a law of disease which he had observed, in reference to the connection of the site of disease and the interference with the general system.

Dr. Sutton said, in reference to the stay of the patients in hospital, that this was not given in the paper, because in some cases the patients had been kept in hospital both by Dr. Gull and himself beyond the usual time. The diagnosis of the disease was not always easy; but the patients referred to by him and Dr. Gull were mostly females, aged about 19. He could say that all the cases were examples of rheumatic fever—there were certainly none of a gonorrhœal character. The detection of heart-disease was difficult; often, the only sign to be detected by careful examination was a "leather-creak" in the second costal interspace, which, when watched from day to day, might be observed to become developed into the ordinary pericarditic friction-sound. Dr. Dickinson's statistics showed that there was a tendency for the heart to become affected during the first week. He could not understand Dr. Daldy's remarks about remittent fever. In reply to a question from Dr. Reginald Thompson, he said that no relapse had occurred in any of the cases. The patients were kept in hospital until the temperature had been normal for two or three days, and the specific gravity of the urine had fallen considerably.

PATHOLOGICAL SOCIETY OF LONDON.

January 19th, 1869.

Richard Quain, M.D., President, in the Chair.

Dr. Quain delivered an Opening Address on taking the chair as President of this Society, which will be found at page 98.

Dr. Moxon showed specimens of Cancer of the Spleen and Lymphatic Glands taken from a stout man, aged 61, who was admitted into the surgical ward of Guy's Hospital under the care of Mr. Durham, suffering from tumours of the neck, which were removed. He afterwards died of œdema glottidis. After death, there was found enlargement of the bronchial, mediastinal, lumbar, and iliac glands, which were affected with encephaloid cancer. The spleen throughout was stuffed with miliary angular masses arising from the surface of the tissue. One of the large mediastinal glands had invaded the tissue of the lung and its neighbourhood by continuity. Encephaloid disease, Dr. Moxon observed, was a rarity at the age of 61. In this case, there was a condition in the spleen similar to lukæmic tumour. The case corresponded partly to Hodgekin's disease. Referred to Committee on Morbid Growths.

Dr. Murchison exhibited for Dr. Archer, of King's Lynn, two specimens of extensive Calcareous Deposit in the Pericardium from old pericarditis. There was considerable hypertrophy of the heart, but the valves in one were quite healthy, and in the other nearly so. The one was from a man admitted into the hospital almost moribund, and the other from a woman who died of cirrhosis of the liver.

Mr. Callender showed a specimen from a patient in whom a Bubo had Sloughed and Perforated the Femoral Artery and vein just as they became the deep femoral. This accident had apparently been of more frequent occurrence in former days than now, but had died out as the abuse of mercury had died out.

Mr. Spencer Watson brought forward a Wasted Eyeball containing a shot which had been extirpated by Mr. Haynes Walton. The shot had remained in the eyeball twenty-four years without setting up any inflammation in the other eye, and then inflammatory action had set up, probably from a bony deposit which had taken place.

Mr. Watson showed also a Fibrous Tumour of the Sclerotic and Choroid on the temporal side.

Dr. Kelly exhibited a specimen of Embolism of the Pulmonary Artery taken from a healthy married woman, aged 21, who was admitted into King's College Hospital under the care of Mr. Smith for ulcer of the rectum. She was then six months pregnant. At her urgent request, the sphincter ani was divided, this operation having been done successfully on a previous similar occasion. Two days afterwards, labour-pains came on. On the morning of the tenth day, she was suddenly seized with urgent dyspnœa, and the contents of the uterus were forcibly expelled; her face was pale; the pulse could only at times be felt, and then but feebly; she felt as if suffocated, and died in an hour and three quarters. After death, the right side of the heart and the large veins were found very much distended with blood, while the left side was empty and contracted. The lungs were collapsed and very light, but otherwise healthy. A plug of fibrine was found blocking up the two divisions of the pulmonary artery; it was pale, firm, and not surrounded by a black clot; in front of this spot the vessels were empty; behind, very full. A firm clot was found at the junction of the internal and external iliac veins on the right side; it was very adherent at its distal end, but the rest of the clot, about two inches long, lay in the iliac vein, but not filling up all the canal. At one spot was a rough depression, on which fitted a portion of the clot found in the pulmonary artery. All the other organs of the body were perfectly healthy. The firmness of the adhesions of the venous clot would point to its having formed some time previously, and might have been due to the pressure of the uterus as it rose out of the pelvis, the blood in pregnancy having a tendency to clot-formation. The rectum and the veins leading, therefore, seemed to have had no part in forming the thrombus in the iliac vein.—Dr. Playfair said that the period after delivery at which embolism occurred was not sooner than the twelfth or thirteenth day, and sometimes not till the thirtieth. Here the embolism apparently took place before delivery. He thought the cause of the embolism was the operation.

Dr. Crisp exhibited several specimens of Tubercle in the Common Fowl which, he believed, were produced by a damp atmosphere. The birds had been brought from a district in Suffolk where tubercle among birds was unknown, and had been since kept in a damp hen-house at Chelsea.—The President inquired if Dr. Crisp had read Dr. Buchanan's papers on the subject. Dr. Crisp replied that Dr. Buchanan's inferences were drawn from one part of England only; his included all districts.—Dr. Langdon Down supported Dr. Buchanan's observations.

Mr. Claremont showed a specimen of Abdominal Tumour supposed to be Scirrhous, adherent to all the organs. Referred to the Committee.

Mr. Bruce showed parts from an old woman who had been operated on for Strangulated hernia. The patient died, and at the autopsy a stricture was found in the rectum and above it of saccular dilatations containing fæces. The external os of the uterus was also occluded. There was also found an enchondromatous tumour of the thyroid, which had become encysted before becoming calcified. She had also an additional lobe in either lung. In answer to Mr. Thomas Smith, who asked if the costal cartilages were ossified, which he believed is generally due to disease and not to old age, Mr. Bruce replied that, with the exception of two, they were so.

Dr. Moxon brought forward a Diseased Suprarenal Capsule, but with no clinical symptoms of Addison's disease. There was a hyperplastic tumour about the size of a walnut.

Dr. Moxon showed a specimen of Diseased Heart leading to Imperfection of the Aortic Valve from a sailor, aged 20, who had well-marked syphilis. The rings of the aorta were so dilated that the valves no longer covered the widened orifice.

Dr. Hyde Salter brought forward the Liver from a strumous boy who came into Charing Cross Hospital eight months ago. Five years ago, he had pain and tenderness to the left and above the umbilicus. This lasted a month, and then passed off. Two years ago, his abdomen was as large as when admitted. There had been no symptoms of jaundice. The hepatic dulness measured sixteen by nine inches. It had gone on increasing in size. He died semi-comatose, vomiting having occurred fourteen days before his death. At the autopsy, the liver measured twelve inches across. The whole of the left lobe and the anterior part of the right lobe was involved in disease. The mass was whitish, semifluid in some parts, and in loculi communicating with one another. Microscopically, the material consisted of liver-cells and free oil-globules. The other organs were healthy.

Mr. Henry Arnott brought forward Multiple Melanotic Tumours from a patient who had died in the Middlesex Hospital. Referred to Committee.

DUBLIN PATHOLOGICAL SOCIETY.

Saturday, January 16th, 1869.

A. H. M'Clintock, M.D., President, in the Chair.

Dr. Robert McDonnell brought before the Society a case of Popliteal Aneurism of rather an unusual nature. The specimen had been sent for exhibition by Dr. Booker of the Shillelagh Infirmary, the patient having died of dysentery while under his care, and while undergoing treatment by compression of the femoral artery. The popliteal artery soon after entering the space—in fact, rather less than one inch below the opening in the tendon of the adductus magnus muscle, was found to have upon it an aneurism, of the size of an orange; a second aneurism, of the size of a walnut, was situated lower down, immediately behind the knee-joint. The second smaller aneurism was apparently undergoing cure; its contents were exceedingly firm. The femoral artery was healthy; no aneurism existed elsewhere.

Dr. Eames exhibited the Pericardium and Heart of a boy who was admitted into Mercer's Hospital under his care, on the evening of Dec. 24th, and was seen for the first time next morning. The patient complained of agonising pain in the wrist, elbow, knee, and ankle-joints on both sides. He cried out if any attempt were made to move him. He had a slight cough without expectoration; and experienced a feeling of uneasiness about the heart. His tongue was coated with whitish fur, and moist. The pulse was full, 120. The bowels were regular; and he passed high coloured urine. The skin was bathed in acid perspiration. The affected joints were red and swollen. A loud rasping to-and-fro sound was heard over the base of the heart. On the 27th, a thrill was communicated to the hand placed flat over the base of the heart. The to-and-fro sound was distinctly audible when the ear was held close to the chest, though not in contact. Over the sacrum was a large and deep bed-sore. On the 29th, the friction-sound was less distinct; the area of cardiac dulness was enlarged; the bed-sore was improved in appearance. Pulse 140, weak. On the 30th the pulse was 150; the friction sound was scarcely audible; the breathing was very rapid, with a hacking cough. The area of dulness was much enlarged. The joints were much better and less painful, with the exception of the left knee. He felt himself very weak. On the 31st, the pulse was 150. He felt better; the effusion was much increased. As he lay on his left side, the dulness reached to the right of the sternum. There was no friction-sound, and no murmur along the aorta. The bed-sore was not improving. For the next few days he seemed to improve in general health; but still cried out on any attempt to move him. On Jan. 2nd, 1869, the area of dulness reached to the right nipple as he lay on his left side, and upwards to the lower border of the second rib. There was marked œdema of the integuments over the præcordial region, with bulging of the intercostal spaces. No friction-sound was audible, and the heart's impulse was felt as a wave. Dr. Eames was obliged to leave town on the morning of the 4th, and the case was kindly taken charge of by one of his colleagues. Returning on the 10th, Dr. Eames observed a patch of diffuse erysipelatous inflammation on and around the left eye-lid; this had appeared two days previously. The left knee-joint was much swollen and puffy. The pulse was fast and small. There was low muttering delirium. Urine and fæces were passed unconsciously. The bed-sore was much increased in size, and penetrated deeply. The inflammation spread rapidly, and the patient sank on the evening of the 14th of January. An examination of the body was made next morning. On raising the sternum with the costal cartilages, the pericardium appeared bulging forwards, and covered with a net-work of injected vessels. The sac reached upwards to the upper border of the second rib. On the right side it extended beyond the right nipple. On the left, it had pushed upwards and backwards the left lung, and seemed to occupy the entire left side of the thorax. The diaphragm was horizontal; or rather slightly convex downwards. The amount of liquid effusion measured 12 fluidounces. On opening the abdominal cavity, pus was observed in the right iliac region; and on raising the intestines, this was found to proceed from a slit in the iliac fascia. As it seemed possible that the bed-sore, which was so troublesome a feature in the case, might have some relation to this unexpected appearance of purulent matter, the body was rolled over, and the seat of the sore examined with a probe. The sore held a sinuous course to the right sacro-iliac synchondrosis, and the probe readily passed between the sacrum and ilium. The cartilage was completely eroded, as was also the periosteum of the ilium about the posterior superior spinous process. The pus entirely filled the iliac fossa, and, following the conjoined tendons, appeared at the lesser trochanter. The right knee-joint was filled with pus; the other joints were free. On laying open the pericardial sac, both surfaces were seen to be intensely injected, and a thick layer of lymph overlay the heart. The depth of this layer over the great vessels was quite half-an-inch. On the posterior wall of the left ventricle, a little above the apex, the two surfaces had united with a firm union over an area about the size of a two-shilling piece. The endocardium was vascular, as was also the commencement of the aorta. The valves were healthy, and had no lymphy deposits on them. On a very careful examination there was found, on the posterior wall of the left ventricle, a deposit of pus about the size of a grain of No. 2 shot, just below the origin of the aorta. The fluid taken from the pericardium was examined under the microscope; it presented no pus-corpuscles. There were no purulent deposits in the lungs, liver, or spleen, these organs being most carefully and minutely examined.

CORRESPONDENCE.

MR. SYME AND TEACHING IN THE UNIVERSITY OF EDINBURGH.

Sir,—In reply to Dr. Bennett, it is hardly necessary to say that I never characterised "microscopes and ophthalmoscopes" as physiological "toys". What I have said is, that this title seemed applicable, not to these most valuable instruments, but to those which, instead of promoting the progress of science, simply demonstrated certain ascertained physiological facts.

As to the dissection of living animals, I have always expressed the opinion that it was warranted for scientific investigation, but not for merely exhibiting the results so obtained.

In regard to clinical surgery, I have taught it in the way that appeared to me most useful, and my pupils have never complained of their instruction. During the last twenty-six years, there has been no alteration whatever in the mode of conducting my lectures.

I am, etc., James Syme.

Edinburgh, February 1869.

HOSPITALISM, etc.

Sir,—Will you allow me a little space to make two comments on Sir J. Simpson's article in your last number, just in order to set myself straight with your readers? The general subject is obviously not ripe for discussion; nor can it be till Sir J. Simpson redeems the promise of publishing and commenting on his statistics, which I note with pleasure in his article. The two points to which I want to allude are the following:—1. The alleged difference in mortality between town hospital and country private practice is "startling". I did not intend in the least to say this; what startled me was not that such difference existed or was supposed to exist; for the mere fact that all the circumstances are different appears to me enough to account for difference in results, but that one of the leaders of our profession should attach so much weight to these figures as to be led by them to tell the public that the hospitals (which they have built mainly on the faith of the representations of other professional authorities) are a huge mistake, and a cause of incalculable loss of life, and that they ought to be replaced by a plan which (as far as can be judged from the sketch of it in Sir J. Simpson's letter in the *Scotsman*) would involve not only the sacrifice of all the hospital property, already in existence, but the expenditure of vast sums of money besides. Surely the general public, as well as myself, may well be startled at hearing that all this waste of life has been going on for more than a century under the eyes of all the best practitioners of their day, without any of them having had either the sense to find it out, or the honesty to publish it.

2. The other point on which I would observe is Sir J. Simpson's very dexterous endeavours to retort upon me with a *tu quoque*, when I object to his inferring from amputation death-rates that the hospitals in which the large death-rate occurs "induce a sacrifice of [so many] human lives out of every 1000 amputations." He retorts—you and Dr. Bristowe have yourselves pointed to the difference between Parisian and London hospital death-rates as rendering it probable that the cause of the excess in the former is due to some other reason than the patients' constitutions or the nature of the injury. Yes; but surely there is some difference between Sir J. Simpson's conclusion and ours. Our comparison was between groups of the same sort of institutions, and we did not select one out of the causes which might possibly produce the difference, and hold it up before the public as proved and as furnishing a reason for the utter condemnation of the institutions in question. We merely dwelt on the facts as a motive for a closer inquiry into the management of those hospitals with a view, if possible, to their improvement. If Sir J. Simpson be right in his facts (*i.e.*, if the difference he states do really exist between similar operations in town hospitals and country private practice) I would agree in a similar conclusion. But the great difficulty is in proving any similarity in the cases operated on. We know that in public practice, especially in the larger hospitals and in presence of the members of a medical school, every case is treated according to the strict rules of surgery—*i.e.*, amputation is performed whenever recovery does not seem absolutely impossible, and when the patient cannot otherwise recover. No one, I think, follows this rule in private practice, nor would be allowed to do so if he wished; and I repeat that promising cases do well in town. It will take more than a bare enumeration of figures to show whether unpromising cases do well in the practice of country surgeons, or whether their greater success (if real) is due to their rejecting such cases.

Awaiting the production of the promised evidence, and with many thanks to Sir J. Simpson for setting on foot a discussion which cannot fail, I think, to lead to good, I am, etc., T. HOLMES.

31, Clarges Street, Feb. 1869.

PROFESSIONAL REMUNERATION.

SIR,—Allow me to question the strictures on the overcrowded state of the medical profession, as they appeared on the 9th, and were further referred to by Mr. Baxter Langley in your impression of the 23rd inst.

I think we may trace the pressure on the pecuniary resources of the profession to other causes than the one specified—namely, to the gratuitous mania, which daily threatens to increase rather than otherwise. Take Birmingham as an example. We have here a population of 360,000, and about 170 medical men—*i.e.*, about one doctor to every 2000 inhabitants—none too many; but, on the other hand, we have 100,000 persons or more relieved annually at eleven charitable institutions. These contribute nothing to the support of the profession. In these institutions we find the male and female servants of respectable families, also tradespeople, manufacturers, and wholesale dealers, skilled artisans, etc. Many practitioners could testify that a large proportion of the patients from whom they receive pecuniary acknowledgment have had dealings with the hospitals, dispensaries, etc.

A yet further source of abuse of charity is the method many large firms have of providing for the medical exigencies of their work-people by inaugurating an hospital fund, to which all hands must subscribe. This entitles them to out and in-door notes when they or their families are sick, so that even the much deprecated pay of the club doctor is avoided; the hospital physician and surgeon undertaking to attend them without fee or reward of any kind. If charity begins at home it is not so with us, for ours is broad-cast.

Calculating 3*s.* per head for each of these patients, would give us £15,000, equal to £500 a year to thirty medical men, or, if falling into hands of the hospital staff, would enrich it to that extent, and indirectly elevate the whole profession in pecuniary value, so that we should no longer hear of qualified assistants at £50 a year, and even then not to find employment. There is work enough for all, if each would only do what they can do properly, and see to it that they are paid. I am, etc., PERCY LESLIE, M.D.

Bristol Street, Birmingham.

THE POOR-LAW MEDICAL SERVICE
OF
GREAT BRITAIN AND IRELAND.

THE TYNEMOUTH UNION.

THE correspondent of the *Newcastle Daily Chronicle* says, while writing on the subject of the poor of the Tynemouth Union, I may as well allude to the extremely shabby treatment of the medical officers by the Guardians. During the recent fever epidemic, the medical officers, not only in North Shields but throughout the Union, had a large amount of extra duty laid upon them, and there is no complaint that any of them shirked their duty. One of the medical gentlemen in North Shields who had the "thick end" of the work, asked for the moderate sum of £25 for extra services, in addition to the ordinary salary of £50 a year; but the majority of the guardians, led on by an "economist," so called, refused a single sixpence extra, or even the consideration of his claims. Such conduct is disgraceful. If these persons imagine that they are saving the rates by so doing they are greatly mistaken, for the life of one working man rescued from the jaws of death by the zeal and attendance of the medical officer, without which a whole family might have become "chargeable to the parish," would more than reimburse the extra pay to the medical officer. The meanness and niggardliness of the Poor-law Guardians in their dealings with the medical men is an old and standing reproach; but the paltry conduct of the Tynemouth guardians has rarely been equalled.

A CORRESPONDENT (Craig Avon, Taibach) asks us for some data upon which the salaries of medical officers of unions should be regulated. It is under consideration in the Newth Union. This is a most important subject, and one on which we find ourselves frequently consulted, and as often embarrassed. Will some of our members—say Poor-law medical officers—tell us of any data which may exist, or which can be suggested and agreed upon?

OBITUARY.

GEORGE MACIVER CAMPBELL, M.A., M.B.,
ASSISTANT-SURGEON H.M. 85TH REGIMENT.

IT is with sincere regret that we record the death of Dr. George Campbell, one of the most promising assistant-surgeons of Her Majesty's service, cut off prematurely, in the midst of his duties, with every prospect of a bright and honourable career. The son of the respected Principal of the University of Aberdeen, living under the very shadow of the venerable pile of King's College, and passing several years of his life within its walls, Dr. Campbell will be remembered well by King's College men of a few years back. As a student in Arts, he conducted himself with no little credit, carrying off prizes in several branches of study, and graduating with classical honours in 1861. While studying medicine at the University of Aberdeen, he won the regard of all his teachers and fellow-students. He distinguished himself in nearly every branch, and completed his curriculum by graduating with honours in 1864 as Bachelor of Medicine. In the following September, after the usual examinations, he was gazetted as staff assistant-surgeon, occupying a high place in the order of merit. After being attached for some months to the staff of the Royal Victoria Hospital, Netley, he served with the 67th Regiment, first in British Caffraria, and then, on its return home, in Ireland. In 1867, he exchanged into the 85th King's Light Infantry, and proceeded to India in the beginning of last year with that regiment.

A serious outbreak of typhoid fever occurred in the regiment soon after its arrival, in which his services were found of the greatest value. He was shortly afterwards seized with remittent fever, and invalided to the hills, where he soon recovered, but on resuming duty there, he was attacked by "hill diarrhœa". Through characteristic devotion to his duties, the disease was greatly aggravated by exposure on a march in charge of a party of troops from the hill to Meean Meer, and assumed the form of dysentery, of which, after five weeks of severe suffering, borne with Christian faith and fortitude, he died on December 6th, at the early age of 26. Such is a short memorial of one who commanded the respect of all with whom he came in contact. Gifted with talents of no mean order, unassuming and unselfish in a marked degree, a thorough gentleman, and a man of sterling worth, Dr. Campbell will be long remembered with affection by his old fellow-students and regimental comrades.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

Drawing Classes.—The Radcliffe Librarian gives notice that, for the purpose of aiding Natural Science students and others in acquiring the power of correct drawing from nature, arrangements have been made for conducting a class of natural history and anatomical drawing, in the Library, on every Thursday evening during the present Term, at Seven P.M. Persons desiring to avail themselves of this help can learn further particulars by applying at the Library from Two to Four on any day.

UNIVERSITY OF CAMBRIDGE.

Trinity College.—The authorities of this College have determined to give henceforth a Fellowship, once in three years at least, for Proficiency in Natural Science. The examination will be open to all Graduates of the University whose standing after the B.A., M.B., or B.L. Degree does not exceed three years. It will take place at the usual time of the Examination for the Fellowships, *i.e.*, early in October.

Clare College offers a Scholarship for Natural Science of the value of £50 a year, tenable for three and a half years. The Examination will take place on March 17th, and will be open to all Students who have not commenced residence in the University. Further information may be obtained from the Rev. W. Raynes, tutor of the College.

MEDICAL NEWS.

Royal College of Physicians of London.—At a general meeting of the Fellows, held on Thursday, January 28th, 1869, the following gentleman, having undergone the necessary examination, were duly admitted members of the College.

Corfield, William Henry, M.B.Oxon., University College
Fox, Alexander, 10, Finsbury Pavement
Mayo, Charles, M.B.Oxon., 121, Belgrave Mansions, Grosvenor Gardens
Ord, William Miller, M.B.Lond., Streatham Hill

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, January 28th, 1869.

Banks, Richard, Cockermouth
Burroughs, Benjamin Power Beames, Flax Bourton, near Bristol
Dean, Edward, Slaithwaite, near Huddersfield

At the same Court, the following passed the first examination.

Morris, William, Birmingham

As an Assistant in compounding and dispensing medicines.

Job, Thomas, Tavistock

At the Preliminary Examination in Arts, held at the Hall of the Society, on the 29th and 30th of January, 1869, 35 candidates presented themselves; of whom 10 were rejected, and the following 25 passed, and received certificates of proficiency in general education.

In the First Class.—Henry Boyson, Joseph Foreman, Arthur Jones, and Fredk. Edward Woodward.

In the Second Class.—Matilda Chaplin, William Robert Channell, Bolton George Corney, Lewis Davies, Charles Walter Godfrey, William Homewood Gravely, Keith Foster Hodgson, Thomas Jones, Robert H. Kellie, Frederick William Lewis, Edward Jas. Lloyd, Herbert Page, Alfred P. Pilgrim, Walter Pocock, Thomas M. Raye, Charles Rees, Everard Home Saunders, Charles Louis Isidore de Seilan, Charles Seymour, George Augustus Slater, and John Douglas Scoffern.

MEDICAL VACANCIES.

The following vacancies are declared:—

ANDERSON UNIVERSITY, Glasgow—Lecturer on Ophthalmic Medicine and Surgery.
BALLINASLOE UNION—Medical Officer for the Laurencetown Dispensary District. (£80 per annum, and Vaccination and Registration Fees.)
BOLTON INFIRMARY AND DISPENSARY—House-Surgeon.
BOOTLE DISPENSARY—House-Surgeon (£100 per annum, with Apartments, Coals, Gas, and Attendance).
BRADFORD (Yorkshire) INFIRMARY AND DISPENSARY—Physician.
BUCKINGHAMSHIRE COUNTY LUNATIC ASYLUM, Stone, near Aylesbury—Assistant Medical Officer. (£80 per annum, with board and furnished apartments.)
CAISTOR UNION, Lincolnshire—Medical Officer for the Waddingham District.
COVENTRY AND WARWICKSHIRE HOSPITAL—Physician.
EAST INDIAN UNITED SERVICE CLUB—Surgeon.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon
GENERAL INFIRMARY, Salisbury—House-Surgeon.
HALSTEAD UNION, Essex—Medical Officer for District No. 1; ditto for Workhouse.
HEXHAM UNION, Northumberland—Medical Officer for District No. 5.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton—Resident Clinical Assistant.
INFIRMARY FOR EPILEPSY AND PARALYSIS, Charles Street, Portman Square—Assistant-Physician.
KENT AND CANTERBURY HOSPITAL—Physician; Assistant House-Surgeon and Dispenser.
KINGSTON UNION, Surrey—Public Vaccinator.
LAMBETH, Parish of—Resident Medical Officer and Dispenser for the Workhouse in Princes Road. (£80 per annum, with board, apartments, and washing.)
LEICESTER BOROUGH LUNATIC ASYLUM—Resident Medical Superintendent. (£350 per ann., with residence, coal, gas, washing, and garden produce.)
LIVERPOOL INFIRMARY FOR CHILDREN—House-Surgeon. (£60 per annum, with board, lodging, and washing.)
LODDON AND CLAVERING UNION, Norfolk—Medical Officer for District No. 1. (£43 : 7 : 3 per annum and Vaccination Fees, and extra fees for Surgical and Midwifery Cases.)
MACCLESFIELD UNION, Cheshire—Medical Officer and Public Vaccinator for the Whaley, Taxal, and Kettleshulme District.
NORWICH DISPENSARY—Physician.
NOTTINGHAM DISPENSARY—Resident Surgeon; Assistant Resident Surgeon.
ROYAL BERKSHIRE HOSPITAL, Reading—Physician.
ROYAL COLLEGE OF SURGEONS IN IRELAND—Examiner in Midwifery.
ROYAL GENERAL DISPENSARY, Bartholomew Close—Physician; Assistant-Physician.
ROYAL KENT DISPENSARY, Greenwich—Resident Medical Officer. (£150 per annum, with unfurnished apartments, coal, and gas.)
SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—House-Surgeon (£100) and Assistant House-Surgeon (£65), in each case Apartments, Washing, and Board.
SOUTHAMPTON DISPENSARY—Surgeon.
SWINFORD UNION, co. Mayo—Temporary Medical Officer for the Kilkelly Dispensary District.
URLINGFORD UNION, co. Kilkenny—Medical Officer for the Kilcooly Dispensary District. (£100 per annum, exclusive of Vaccination Fees.)
WEST ASHFORD UNION, Kent—Medical Officer for District No. 4. (£70 per annum.)

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

Brocklehurst, Thomas Howard, Esq., appointed Resident Medical Officer to the New Dispensary, Hulme, Manchester.

Field, George, Esq., appointed Aural and Ophthalmic Clinical Assistant to St. Mary's Hospital.

Lilly, Hubert Walter, Esq., elected District Medical Officer to the Western Division of Notting Hill.

*Vincent, Osman, Esq., appointed Chloroformist to the Middlesex Hospital, *vice* *John Murray, M.D., resigned.

BIRTHS.

Elliston.—On February 1st, at Manor House, Ipswich, the wife of *W. A. Elliston, M.D., of a son.

Greene.—On December 13th, 1868, at Neemuch, Rajpootana, the wife of Hubert R. Greene, Esq., Staff-Assistant-Surgeon, of a son.

Grove.—On January 13th, the wife of *William R. Grove, M.D., St. Ives, Huntingdonshire, of a son.

Hardesty.—On January 18th, at High Street, Lochee, Dundee, the wife of J. Jeffrey Hardesty, L.R.C.P. and S.E., of a daughter.

Kidd.—On January 29th, at 6, Newton Terrace, High Road, Lee, the wife of Staff-Surgeon Leonard Kidd, M.B., Army Medical Department, of a daughter.

MARRIAGES.

*Cooke, William Harry, M.D., of Aldridge, to Harriet Anne, only surviving daughter of the late Joel Smith, Esq., of Chorley Place, near Lichfield, at Farewell Church, on January 25th.

*Fisher, Stephen Winter, M.D., to Mary Anne, daughter of Henry Baker, Esq., Ham House, West Buckland, Somerset, on January 28th.

DEATH.

Gillam, George J., Esq., Surgeon, formerly of Burnham, Buckinghamshire, aged 41, on January 12th.

◆

Tower Hamlets Dispensary.—At the annual meeting of the Governors of the Tower Hamlets Dispensary, held on the 27th of January, an unanimous vote of thanks was passed, and an *honorarium* presented to their resident medical officer, Mr. A. A. Cæsar, for his very successful efforts on behalf of the charity during the past year.

Bequests, etc.—The late Mr. Davidson, of Balnagask, Kincardineshire, has bequeathed £1500 to be divided between the Aberdeen Infirmary and one or two other charitable Institutions in that town. Also, £100 to the London Hospital, Mile End Road.—The will of John Staniforth Beckett, Esq., Deputy Lieutenant for the West Riding of Yorkshire, was proved in London on the 13th inst., under £350,000. He has left to the Beckett Dispensary, Barnsley, £5000.—Mrs. Jean Johnston or Logan, of Glasgow, has left a legacy of £200 to the Royal Infirmary of that city.—The will of the late Dr. Edward Scholfield, of Doncaster, has been proved under £18,000 personality.

DR. WILTSHIRE, Government Inspector, has been visiting the town of Wombwell, Yorkshire, where there was an outbreak of fever in August, September, and October last, which was fatal to many persons, for the purpose of inquiring into and reporting upon its sanitary condition.

ODONTOLOGICAL SOCIETY.—At the usual monthly meeting, held on Monday evening last, J. H. Barrett, Esq., President, in the chair; Mr. Sewill, M.R.C.S., and L.D.S., read a paper "On the Comparative Value of the Materials used in Taking Impressions of the Mouth." Mr. Sewill's object was not so much to lay down any positive rules as to give his own experience in the hopes of raising a discussion. The Chairman, Mr. Ramsey, Mr. Turner, Mr. Vasey, Mr. Moore, Mr. Sercombe, Mr. Fox, and others gave their respective views as to the use of gutta percha, stense composition, plaster of Paris, and wax. Mr. Sewill, in replying, rejoiced that the advocates of wax were so silent, while the Chairman equally regretted the circumstance and considered it as by no means a conclusive argument against that material. No positive conclusion was arrived at as to which was the best material in all cases. The general opinion seemed to be that much depended on the nature of each individual case.

OPERATION DAYS AT THE HOSPITALS.

MONDAY	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY......	Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY..	St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY........	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London. 8 P.M., Casual Communications. 8.30 P.M., Mr. Wm. Adams, Third Lettsomian Lecture, "On Strumous Diseases of the Joints: their Pathology and Treatment; also, the Treatment for the Restoration of Motion in Cases of Stiff Joint or Partial Ankylosis."—National Association for the Promotion of Social Science, 8 P.M. Economy and Trade Department.

TUESDAY.—Royal Medical and Chirurgical Society. 8 P.M., Ballot. 8.30 P.M., Mr. John Wood, "On Fission and Extroversion of the Bladder, and Epispadias, treated by Plastic Operations."—Ethnological Society of London, 8 P.M. "On Ceremonies accompanying Childbirth in Australia and New Zealand", communicated by Dr. Hooker, F.R.S.; "On Cromlechs and Megalithic Monuments", by Hodder M. Westropp.

WEDNESDAY.—Royal Microscopical Society, 8 P.M. Anniversary, Election of Officers, and President's Address.—Epidemiological Society, 8 P.M. Dr. Ed. Goodeve, "On the Cholera Epidemic of 1867 in Northern India"; Mr. Radcliffe, "On Fluctuations of the Subsoil Water in a London Parish."

FRIDAY.—Clinical Society, 8 P.M. Dr. Buzzard, "Case of Acute Rheumatism in an Epileptic Patient"; Mr. Maunder, "A Case of Colotomy"; Dr. Duffin, "Treatment of Cases of Syphilitic Rheumatism"; Dr. Baümler, "Cases in Non-Tuberculous Hæmoptysis."

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each. By post, 1s. 8d.

IN THE BRITISH MEDICAL JOURNAL of February 13th, will appear a Lecture by Sir James Y. Simpson, Bart., Edinburgh, on the "Siamese Twins", with eight illustrations.

A. A. D.—The Hunterian Oration will be delivered on Monday, the 15th instant, by Mr. Quain, the President of the College. On application to the Secretary, you can ascertain the hour.

DR. HAYNES (Laverstock), and Mr. Vose Solomon (Birmingham), must consider that the total annual subscription which is to cover the expense of the JOURNAL post free, and the working expenses of the Association as such, is only one guinea annually. It would not be possible, then, to publish and supply weekly for that sum a Journal such as that on which they pass a flattering judgment, but for the great extension which we have been able to effect during the last two years in the advertising connection. To publish extra numbers and large supplements such as they suggest, would involve an enlarged subscription. If the total subscription to the Association and the Journal were £1:11:6, which is about the ordinary subscription to another similar weekly journal, there would be a surplus of £2000 a a year for the purpose of enlarging the Journal or for other expenditure. The 10s. 6d. saved is in the nature of "a dividend," of which one of our contemporaries speaks as a desideratum, forgetting that it is not possible to eat a cake and to have it.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

LIFE ASSURANCE SOCIETIES AND MEDICAL FEES.

SIR,—The letter of "An Associate", in the JOURNAL of January 23rd, reminds me of an intention I some time ago had to write you on the same subject; and, as I can reveal a little more of the *modus operandi* of the London Life Association, I will ask for a small corner of your space.

In December last, I received the enclosed form, asking for "unreserved answers" as to "the health and habits" of a patient of mine. It is, I have no doubt, similar to that sent to you by "An Associate". I wrote at once to the secretary, saying that, as a report regarding eligibility for assurance could be only of advantage to an Assurance Company, and might possibly be injurious to the interests of one's patient, it was not fair in any case to look to the latter for remuneration; and that I should have much pleasure in filling up and forwarding the report on being informed that I was to look to the London Life Association for my fee. I at the same time sent a copy of the letter to my patient. A few days afterwards, I had to visit a member of the family, and I was shewn a form almost entirely in print, which ran thus, or nearly thus, for I quote from memory.

"Sir,—Your medical attendant, Dr. Stephens, having refused to make a report as to the state of your health, I have to request that you will answer the annexed questions. "Yours obediently, "———, Secretary."

On the other leaf was a long string of questions, somewhat in this wise.

"What illnesses have you had?—What was the duration of your illnesses?—When were you last ill?—How long has Dr. S. attended you?—How often has he attended you?—What has he attended you for?—When did he attend you last? etc."

It so happened that the assurer was a very healthy man, and had scarcely ever been the subject of medical treatment; but, I presume, if the answers had been unsatisfactory, the life would have been summarily declined, or I should have been asked once more for a report, with the tender of a fee.

To the ordinary intellect, it appears incomprehensible that men of the world should place implicit reliance in the word of an interested party, and risk being cheated out of a large sum of money, rather than disburse a trifling fee for a disinterested and trustworthy opinion; I can only suppose that companies as well as individuals are sometimes afflicted with obliquity of vision, and perhaps even with blindness.

In the case to which my letter refers, the guinea was really saved; but I could tell an Assurance Company of another case, where a fee was refused to a medical attendant, who would have reported the existence of a cavity in an assurer's lung, and thus have saved the "penny-wise and pound-foolish" Company from being mulcted, sooner or later, of some hundreds of pounds. This, however, I take it, is a matter for the consideration of Assurance Companies and not of the medical profession; and I would merely now draw attention to the necessity of communicating with our patients when we decline to act as the protectors of the interests of Assurance Companies at their charge. Had I not done so my patient would naturally have been offended at my apparent obstructiveness; for I knew nothing against his life, and the circular sent him from the office curtly stated that I had "refused" the necessary information, without mentioning the manner in which my refusal had been qualified.

I am, etc., JOSEPH STEPHENS, M.D.

Pavilion Parade, Brighton, January 1869.

SIR,—I beg to congratulate our Associate at Bishop Stortford upon the course he pursued with reference to the London Life Association, as stated in your correspondence of January 23rd. I have done precisely the same with that Company on two separate occasions. In each instance the life was a first-class one; and, having been declined by the "London Life", in consequence of my refusing to give a certificate, was afterwards assured, in accordance with my suggestion, at another office.

An important object of our Association being to defend, by combined action, the just interests of the profession, let me hope that none of our members will ever give a medical certificate to any Assurance Company which insults the medical referee by asking him for *gratuitous* advice. I am, etc.,

THE SENIOR PHYSICIAN OF ONE OF THE LONDON HOSPITALS.

PRIVATE ADDRESSES ON HOSPITAL LETTERS.

SIR,—I cannot undertake, as you suggest, to supply you with a list of all the institutions upon whose letters of admission the private addresses of the medical officers are printed, but I have much pleasure in forwarding two or three; *e.g.*, the Westminster Hospital, the Victoria Hospital for Children, Chelsea, the Westminster Dispensary, and the Royal Pimlico Dispensary. I could mention many more, but I have not the letters by me with which to refresh my memory.

I am, etc., C. A. SOLBÉ, Clerk, B.A.,
Honorary Secretary to the Hospital for Diseases of Women and Children.
9, Vincent Square, Westminster, January 29th, 1869.

EARL SPENCER.

SIR,—Earl Spencer's father was the Honourable Admiral Spencer, who commanded the *Doris* frigate on the South American Station in 1824, represented Worcestershire in 1834, and was brother to Lord Althorp, who was Earl Grey's Chancellor of the Exchequer. I am, etc.,

Pershore, December 1868. FRANCIS DAVIES, Captain W. R.V.

PRIVATE PRACTICE BY HOUSE-SURGEONS.—A controversy has arisen at the Gainsborough Dispensary, as to the right of the house-surgeon to practise for profit. We have no hesitation in expressing the opinion that it is not right that the paid resident surgeon of a dispensary, where the consulting surgeons attend without fee, should practise for profit. The injustice and impropriety are too obvious to need discussion. The practice is one which is, we think, unknown. It would make the position of general practitioners simply intolerable; and convert the use of charitable donations to the private support of a gentleman intent on gaining an income without risk or expenditure.

A MANCHESTER STUDENT.—The disgraceful and wanton destruction of two valuable paintings in the College of Surgeons, took place on the first evening of the recent examination for membership; consequently, a stigma attaches to all who went up that evening. It is hoped the delinquent will be denounced.

REPRESENTATION OF THE SCOTCH UNIVERSITIES IN THE MEDICAL COUNCIL.

SIR,—The Medical Act of 1858 is an utter failure. It is painfully incomplete, and in many points most unjust. Edinburgh and Aberdeen men have seen from the commencement that a trouble would arise when Aberdeen ceased to give in to Edinburgh, and oppose the return of the Edinburgh man. The Aberdeen turn certainly has arrived; and very properly Professor Macrobin has been elected. For ten years the greatest unfairness has existed, as follows. Edinburgh returned 3 members; Glasgow, 2; Aberdeen, 0.

Now, it was proposed in the Medical Act that the College of Surgeons and the Glasgow Faculty should unite and form one College of Surgeons for Scotland. If, then, that was desirable, why not have given one representative to this twin College of Surgeons? Then Aberdeen and Edinburgh Universities might and ought to have each had a representative as much as the Apothecaries' Hall of London or Dublin, or the University of Durham, which returns a representative, and rarely confers a medical degree. Those places that do the work of medical education for Scotland should have their own man in the Medical Council. Let us have reform.

Suppose the members of each University, College, or Hall, were to elect the representative for the Medical Council, a popular and talented man would be chosen, and the profession represented, and the post become a prize and position of honour. Thus I am certain the standard of education would be kept up, since the members of the different Universities and Colleges would desire to protect themselves. Trusting that every member of the profession will do his best to aid the new Bill, when it is ready.

I am, etc.,
W. MILSTED HARMER, M.R.C.P.Edin.

December 1868.

THE NON-MERCURIAL TREATMENT OF SYPHILIS.

SIR,—On visiting the hospitals in London and Edinburgh this autumn, I had opportunity to hear the opinions of the English and Scottish doctors regarding the treatment of syphilis; and, with very few exceptions, they are still using mercury as an universal treatment of syphilis. For this cause, I feel desirous to inform you that the use of mercury, as an universal remedy against syphilis, is rejected, and, for the most part, abandoned by the whole Norwegian faculty, as an obnoxious remedy in the treatment of syphilis. This conviction we have gained by the most exact and scientific examinations, having an experience of almost twenty years, during which time the treatment of syphilis without mercury has been successfully performed. We do not need, I fancy, a more sufficient argument than the fact, that, after the employment of this drug in syphilis has been abandoned, such severe forms of the disease, as carious affections of the bone, phagedænic ulcers, paralysis, mental affections, etc., very rarely have manifested themselves; and, even when they have, it has been recognised that these had generally been the consequence of mercury used in a past epoch.

A very intelligent and skilful Norwegian syphilographer, Dr. Owre, has collected statistics of about one hundred cases from the last three or four years; these he has treated without any universal remedy, solely by treatment of the symptoms, and he has not yet been obliged to prescribe mercury for any local syphilitic affection, nor for iritis nor for laryngitis, etc. These recovered altogether only by treatment of the symptoms without any particle of mercury. In July last, he read a paper to the Norwegian Medical Society, pointing out his statistics and the success of his treatment, which is as good, and for many reasons far better than that of the treatment with mercury.

My opinion is, that syphilis is a disease having a cyclic course, like variola and vaccinia, and it requires merely time, never mercury, to pass through the different degrees, and in most cases to result in recovery. I quite agree with Dr. Charles Drysdale, in saying, "that the chief point in the treatment of that sad plague of our race, syphilis, is first to get rid of mercury."

I should wish to have been able to refer to some cases explaining this view, and shewing the success of the treatment of Dr. Owre; but at present I have not the necessary material with me. I hope meanwhile that I shall have opportunity afterwards to hand you a more instructive and complete report.

I am, etc., CHRISTIAN KIÖNIG, M.D.,
from Fredrikstad, Norway.

London, December 1868.

DR. J. L.—From a letter which appeared in the *Times* of Saturday last, with the well known initials T. M. S., it appears that no person of the name of "Charles Griffith" appears in the Register of the 1,200 gentlemen pursuing their professional studies in this metropolis. It is an old trick of well dressed delinquents to designate themselves at the police courts as medical students.

SCOTCH GRADUATES AND LICENTIATES.

SIR,—I am astonished that a gentleman like Mr. Baxter Langley should have committed such an error in his letter in your issue of January 23rd, as not to make some difference and distinction between Edinburgh graduates and mere licentiates of the College of Surgeons, in his statements that you can get Scotch and Irish assistants cheaper than English ones. By not making this distinction, Mr. Langley tends to keep up, perhaps unwittingly, the popular error, that Scotch licentiates and graduates are the same, and have not a different social status.

Should this letter induce Mr. Langley to modify his statements, it would tend greatly to remove the unjust slur cast upon Scotch diplomas in England.

I am, etc., AN ENGLISHMAN WHO HAS GRADUATED IN SCOTLAND.

"ON LEAVE" writes from the Netley Medical School:—"It will be a remarkable blunder if the Chair of Hygiene, the most highly necessary one in the whole system, should be abolished to save a paltry £600 or £800 a year, and that wickedly extravagant fabric of governors, assistant governors, and their *attachés*, which costs the country thousands a year, should remain as a gigantic monument of absurd wasteful and futile administration." We entertain precisely the same opinion.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

THE ABERDEEN ROYAL INFIRMARY: THE FEMALE LOCK WARD.

SIR,—It may be not without effect to call attention again to a grievance which has been for a long time a subject of complaint among the students here; viz., the decision of the Infirmary Managers to exclude students from accompanying the surgeon during his visit to the Female Lock Ward. The Infirmary Managers consist largely of representatives, lay and clerical, from the various churches which contribute to the Hospital funds; and there is a tradition, that these gentlemen were the means of getting the ward in question closed to us. On what principle, it is not easy to understand It has often happened that one class of men have been entrusted to legislate for others in a different social position, or, as in the present case, following a different profession; and it has always been a question whether such legislation can be just. In the present instance, we believe there is not a single member of the medical profession itself but would consider the restrictions put upon us to be unreasonable. Does it appear to the theological mind that this fruit of the tree of knowledge is of the kind that is "bought dear by knowing ill," so much so that we had better remain altogether ignorant of the practical treatment of an important part of surgery? Perhaps one of the Managers—and they have among them a Rev. Doctor who is always foremost in their deliberations, and is reckoned a great casuist in these parts—may be able to explain to us on what principle and with what practical benefit we are prohibited from accompanying the surgeon to the ward in question. It is, doubtless, with the best of motives, and in no arbitrary exercise of their authority that the Managers have imposed the restrictions, but they must be ignorant of the injurious effect their regulations have upon the pupils of the hospital. Our students, as a rule, leave the Infirmary without any practical experience whatever of diseases in the female received into this ward, the ready diagnosis and treatment of which it is of the greatest importance that they should be thoroughly acquainted with. If the matter were put before the managers in the proper light it is to be expected that they would remove the present restrictions, so far, at least, as to allow the advanced students attending the surgical wards to accompany Professor Pirrie, the surgeon of the ward, at his visit. Any limitations that Dr. Pirrie might think it necessary to make would be at once respected by the students. I am, etc., A STUDENT OF THE UNIVERSITY.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Feb. 3rd; The Merthyr Telegraph, Jan. 30th; Arris's Birmingham Gazette, Jan. 30th; The Japan Times' Overland Mail, Dec. 9th, 1868; The Melbourne Argus; The Newcastle Daily Chronicle, Jan. 25th; The Durham County Advertiser, Jan. 29th; The Scotsman, Jan. 25th; The Retford, Worksop, Isle of Axholme and Gainsborough News, Jan. 16th; The Barnsley Chronicle, Jan. 30th; The Reading Mercury, Oxford Gazette, Newbury Herald, and Berks County Paper, Jan. 30th; The New York Medical Record, Jan. 15th; The Geelong Advertiser, Nov. 12th, 1868; The Scarborough Gazette, Jan. 28th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. W. Stokes, Dublin; D. V. V., Devon; Mr. T. Q. Couch, Bodmin; Surgeon R.N., Cornwall; Messrs. Black, Edinburgh; Mr. C. H. Solbé, London; Messrs. Andres, Bros., London; Mr. S. D. Wells, Falmouth; Mr. H. Cautley, Hedon; Mr. H. J. Simpson, Leeds; Dr. J. C. Garman, Wednesbury; Mr. Higginbottom, Nottingham; Dr. Stephens, Brighton; Netley, Southampton; Dr. Hugh Norris, South Petherton; Dr. Andrew Clark, London; Dr. John Harley, London; Dr. Buchanan, London: Dr. Dobell, London; Dr. C. Archer, Lynn; Dr. Peacock, London; Dr. W. Rutherford, Edinburgh; Dr. T. Nedley, Dublin; Mr. G. Oliver, Redcar; Mr. J. Crew, Higham Ferrers; Dr. L. S. Haynes, Salisbury; Mr. J. White, Nottingham; Dr. Thomas, Merthyr Tydfil; Dr. J. Davies, Abersychan; Mr. G. Field, London; Dr. J. Blackstone, London; Dr. A. Wiltshire, London; Dr. Waters, Liverpool; Dr. Broadbent, London; Dr. Peacock, London; Dr. Munk, London; Dr. Murchison, London; Dr. Aitken, Edinburgh; Dr. William Budd, Clifton, Bristol; Mr. Syme, Edinburgh.

LETTERS, ETC. (with enclosures) from:—

Sir W. Jenner, Bart., London; Dr. G. M. Humphry, Cambridge; Mr. Furneaux Jordan, Birmingham; Dr. Drury, Odiham; Fiat Justitia, Barnsley; Mr. R. B. Sweeting, Basingstoke; Mr. J. de Courcy Young, Bristol; A. B. C., Reading; Dr. E. Trestrail, Luton; Dr. C. S. Barter, Bath; Mr. G. M. Gifford, Launceston; Mr. J. Sampson Gamgee, Birmingham; Dr. G. Buchanan, Glasgow; Mr. Harry Leach, London; Dr. Murray, London; The Honorary Secretary of the Harveian Society of London; Mr. Holmes, Slough; Dr. D. Mackinder, Gainsborough; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Trcutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. Aquilla Smith, Dublin; Mr. T. Pope, Cleobury Mortimcr; Mr. Wm. Copney; London; Dr. Rigden, Canterbury; Dr. Peter Hood, London; Dr. Percy Leslie, Birmingham; Mr. T. Holmes, London; Dr. Joseph Bell, Edinburgh; The Assistant Secretary of the Royal Microscopical Society; Mr. Thomas H. Brocklehurst, Manchester; Mr. W. Strange, Worcester; Mr. Mac Cormac, Dublin; Mr. T. H. Bartleet, Birmingham; Dr. Elliston, Ipswich; Mr. Nclsin C. Dobson, Redcliffe, Bristol; Mr. H. Taylor, Cottishall; Dr. Andrew Clark, London; Mr. Heckford, London; The Honorary Secretaries of the Ethnological Society of London; The Honorary Secretary of the Epidemiological Society; Dr. Eustace Smith, London; Dr. Barr Meadows, London; Dr. R. D. Tannahill, Glasgow; The Honorary Secretary of the Royal Medical and Chirurgical Society: Mr. Osman Vincent, London; Dr. FitzGerald, Dublin; Mr. D. Kent Jones, Beaumaris.

BOOKS, ETC., RECEIVED.

The Physician's Daily Pocket Record. By S. W. Butler, M.D. Philadelphia: 1869.
On Going to Sleep. By C. H. Moore, Esq. London: 1868.

CLINICAL LECTURES

ON THE DIAGNOSIS OF

EXTRAPELVIC TUMOURS OF THE ABDOMEN.

By SIR W. JENNER, Bart., M.D.Lond., D.C.L.Oxon., F.R.S.,
PHYSICIAN TO THE QUEEN; PHYSICIAN AND LECTURER ON CLINICAL MEDICINE IN UNIVERSITY COLLEGE HOSPITAL; ETC.

(*Reported by* W. Richardson Gower, Esq.)

Lecture III. (*Concluded.*)

Diseases of the Spleen causing Tumour in the Abdomen—Case of Emma H.—Case of Mrs. B.

I will now read you the case of Emma Hurren.

Acute Tuberculisation, Large Spleen, etc.—Emma H., aged 29, admitted May 25th, 1868. No history of phthisis in the patient's family. Patient's health was good till she came to London, two years ago. Before that time, she lived in Ipswich for a year, and previously in Yoxford, in Suffolk, not very far from some salt-marshes; but she never had ague, nor does she know that cases of ague ever occurred there. She has been married nine years, and has had three children and three miscarriages. All her children are dead—one by accident; two by diarrhœa, aged one and five years respectively. Her habits have been temperate. She had plenty of food, and lived in an open situation, till the last two months; since that time, she has been in want, and occupied a cellar-kitchen in a court in Holborn. Two years ago, she began to suffer at times from dull aching pain in the left side of the abdomen, increased by walking. At a hospital, she was told she had a "lump" there, and took quinine without benefit. Nine moths ago, the pain became worse, and the "lump" bigger than it was before or has been since; and at the same time her legs and body swelled, and remained swollen for about a fortnight. During the last few weeks, she has been free from pain, but has been becoming thinner and weaker. She has no cough, but sweats much at night. She has not menstruated for the last nine months.

Present State.—June 3rd. The patient is thin; her eyes much sunken; pallor of face considerable. She can lie easily in any position, and complains of no pain or uneasiness. There is no headache. Tongue clean; appetite good; skin hot and dry; no rash. The temperature has varied since admission, at irregular intervals, from 100.5 to 104 deg., generally attaining its greatest elevation during the forenoon, and then sinking till night, when it will rise again. The pulse varies from 100 to 120. The respiration is about 24. There is no excess of white corpuscles in the blood. The patient has now a slight cough, without expectoration. The thorax is small and long. The right infraclavicular region is slightly duller than the left; there is no difference in respiration. Percussion and respiration are normal posteriorly. The heart is healthy. The spleen can be easily felt, reaching nearly to the crest of the ilium; its percussion-dulness reaches upwards to one inch below the nipple. The anterior edge is oblique, and the notch in it is very distinct. The posterior edge is perceptible behind. The tumour moves very distinctly with respiration. It appears to vary in size from day to day, the anterior edge coming an inch and a half more forward at certain times than it does at others. It is sometimes much less distinctly felt than at others, from intestines coming in front of the lower part. The apparent variations in size bear no relation to the variations of temperature. Between the last rib and the crista ilii on the right side, can be felt a body with a sharp anterior edge, apparently continuous with the anterior surface of the liver. The finger can be placed under the sharp margin. The lower border of the liver can be felt about two finger's breadths below the margin of the thorax; it is slightly tender. The urine is quite free from albumen. The patient sleeps well.

The patient continued to lose flesh and strength; the temperature to range between 101 and 103 deg. The pulse varied from 100 to 130. The cough became more and more frequent, hacking, and loose; some moist *râles* were superadded to the other chest-signs; vomiting supervened; and she died on June 26th.

You heard it stated in the history, that the patient had had occasional pains in the left hypochondriac region. It is always well to ascertain exactly the kind of sensation which the patients themselves vaguely term "pain." Only a few days ago I was in a court of law to give evidence. Dr. Walshe was at the same court; we had seen the patient together; I had attended him all through his illness; Dr. Walshe for a month or two. Now one medical man who gave evidence swore, with the most perfect confidence, that the man suffered a great deal of pain, much to the astonishment of Dr. Walshe and myself, who were sitting by, listening to the evidence. The patient certainly had not suffered a great deal of pain in the sense in which I would use the word, or in which Dr. Walshe would have used it. He had an enormous amount of discomfort, so that he was almost ready to tear himself to pieces, but not at all what I should call pain, nor what I would teach you to call pain. The swelling of the body, mentioned in the account of this case, was probably the result of disturbed digestion *plus* "the lump in the belly". Remember what I told you in a former lecture; how patients with abdominal tumours frequently do not suffer distension from the tumour till they have excessive accumulation of flatus, and then, in consequence of the presence of the tumour, an amount of flatus which would not by itself cause uneasiness, gives rise to very considerable discomfort. This woman's body swelled, probably on account of flatus, but she could have borne that amount of flatus if she had not had a big spleen. At the same time her legs swelled. Now, this swelling of her legs was due to a certain amount of fluid in the cellular tissue; and that was the result—not of any mechanical effect of her spleen-disease, such as may result from a diseased liver or a diseased heart—but of her anæmia, which, especially when conjoined with a certain amount of emaciation, will give rise to some degree of swelling of the legs. The watery serosity more readily than healthy serosity escapes from the capillaries; and, when a person is emaciated, the vessels are less well supported. In old books, the symptoms of diseases of other organs are often confounded with the symptoms of spleen-disease. For example, derangement of the circulation in consequence of diseased liver has often been supposed to be due to spleen-disease. It was noted in the account that the respirations were frequent. Now, spleen-disease has no tendency to alter the respiration, unless it be by interfering with the descent of the diaphragm by its large size, and so making the patient breathe more frequently. The apparent variations in size were probably due to variation in the distended colon. The colon does not lie in front of the spleen, it does in front of the kidney; but when the spleen is considerably enlarged, its lower part may be, as it was in this woman, overlapped by the distended colon. The woman had cough which continued to increase. Now, cough is no symptom of spleen-disease, nor is rapid emaciation such as is noted in this case. Remember that, in the time she was in the hospital, no marked emaciation would occur from simple spleen-disease. The fluctuation that was felt was probably aërial fluctuation, and not the fluctuation of fluid.

When this woman came into the hospital the first question was, What was the tumour that we felt? We had no doubt that it was the spleen, for the reasons which I have given you: first, its situation; secondly, the character of its edge; thirdly, its mobility. We felt the posterior edge as well as the anterior; and, if we required further evidence, it was exceedingly superficial, nothing lay between it and the margin of the thorax.

The second question was, Were the symptoms due to splenic enlargement? This was a point of great importance in prognosis and in treatment. No, they were not due to it. At any rate, when I saw the woman, no one could entertain the slightest doubt that they were due to something else. In the first place, the spleen was perfectly indolent. There was no pain or tenderness. Now, had this been an acute enlargement, or splenitis, to lead to fever, there would have been tenderness. In all cases in which the spleen is actually enlarged from febrile disturbance, when there may be a form of inflammation, there is tenderness. In typhoid fever, in scarlet fever, in measles, there is a certain amount of tenderness. Even when the patients are semi-comatose, they often shrink when you touch it. Secondly, febrile disturbance was present. Now febrile disturbance is not a consequence of spleen-disease. In some febrile diseases, as I have told you, the spleen is enlarged, but it is moderately, compared to this case; never attaining the size it had in this case; and, again, the fever in such cases precedes the splenic enlargement; in this case, the febrile disturbance was very considerable, but was in no relation to the enlargement of her spleen. We had evidence that the condition of her spleen had existed for two years, and we know that chronic enlargements of the spleen do not have, as consequence, fever of such degree as was here present, and so we knew that her illness must be due to something else than her spleen-disease. To exclude leukæmia the blood was examined and no excess of white corpuscles was found.

I am not going to discuss the case at any length, but I may briefly say that we supposed that an acute deposit of tubercle was going on, because of the duration of the disease, and the absence of any of the acute specific diseases, the absence of pyæmia, the absence of any other affections, together with the constant elevation of all temperature, varying from day to day and at different parts of the day; and this led us to the conclusion that it was an acute deposit of tubercle, affecting especially, we thought, her lungs, because of her increasing cough and because she had a certain amount of physical signs.

And now I will read you an account of the *post mortem* examination thirty hours after death. The diaphragm was greatly arched; the spleen more under the chest-walls than it was felt to be during life; the lower end covered by the transverse arch of the colon, which is distended with flatus; the costo-colic ligament was very broad. The liver lay very obliquely, so that the left lobe extended very little beyond the middle line; the body felt in the right lumbar region was part of the right lobe of the liver itself, lying vertically, and extending much below and in front of the kidney, so that it would not have been possible to feel the latter; the intestines and peritoneum were redder than natural. Both lungs were studded throughout with grey granulations; there were evidences of recent pneumonia, and much muco-purulent matter in the bronchial tubes. The kidneys were healthy. The spleen weighed 17 ozs.; it was 8½ ins. in length, and 4½ ins. in breadth; the trabeculæ were more visible than they should be; the Malpighian bodies less so; the tissue generally was much firmer and tougher than natural. The liver was not enlarged, but its cut surface was granular, the margin of the granules being very vascular, the granules pale and soft. The spleen lay high under the ribs, for the diaphragm was greatly arched after death, because the patient died at the termination of an expiration. This is a point not always sufficiently thought of in considering the *post mortem* position of organs. The patient dies at the termination of the deepest expiration he ever made in his life, and the diaphragm is greatly arched in consequence, and the organs lie higher up under the ribs than they were felt to do during life. There was scarcely any fluid in the abdominal cavity. I mentioned to you the possibility of a certain amount of fluctuation being caused by a distended colon containing fluid. The condition of her lungs was sufficient to enable us to say what was the cause of death. The spleen presented the characters that we commonly find in those which have been the subject of chronic congestion and of the changes consequent on congestion. It is possible, very possible, that her living in the neighbourhood of a marsh may have had something to do with the spleen disease. The white patch on the anterior margin of the spleen was at the spot where it had rubbed up and down during respiration. We felt it to do so, and as it pressed against the chest it led to thickening of the capsule. The microscopic characters were just those of a spleen that had been long congested, containing a large number of fibro-plastic corpuscles in the process of development into tissue. It was as if the cellular tissue of the organ were becoming much increased in quantity.

Those are the principal points in connection with this case. I should mention to you the case of the boy who was lately in the hospital, and who died of pericarditis. We found that his spleen contained a considerable excess of blood. It was much enlarged, but never descended below the margin of the thorax. But, in addition to the congestion, which was probably due to the state of her heart, we found two spots on the spleen, of which I should like to read you an account.

"There were two crimson spots at the surface of the spleen. One was about an eighth of an inch in breadth, and a quarter of an inch in depth, extending into the substance of the spleen, the broadest part being at the surface. The other was somewhat larger, somewhat paler; and the tissue around was very dark. They were both wedge-shaped, both almost structureless and granular. The one looked like a recent clot of blood of that peculiar form; and the other was a little puckered at the surface, and the tissue around rather congested."

Now, these spots were the result of the circulation in the blood of minute particles of fibrine; in fact, they were due to embolism, and to coagulation of blood around the particle of fibrine, which was exceedingly small; and, being arrested here, blood accumulated in the vessels around, and was extravasated. These spots are not uncommon in the disease from which this boy suffered—acute rheumatism, with endocarditis; and in these plates you will see representations of the same thing in the kidney. Particles of fibrine are carried from the valves of the heart, are arrested in the capillary circulation of the liver or kidney, and so give rise to these wedge-shaped fibrinous-looking masses. Rayer termed the condition "rheumatic nephritis". We might just as well term the condition in the spleen "rheumatic splenitis". Rokitansky has termed it "capillary phlebitis"; but now there is no question that these wedged-shaped masses are due to embolism.

I should have mentioned to you that, in cases of acute tuberculosis, the spleen is enlarged; and in children it is often at the same time the seat of a deposit of tubercle, but in the adult it is the exception to find tubercle in the spleen. You know that the organs are most prone to deposit of tubercle which are in a state of active work; and you know in what an active condition in the child are the spleen, lymphatic glands, and Peyer's patches, all of which are then especially liable to deposit of tubercle in early life.

Cancer of the spleen is exceedingly rare; you would think first of everything else. But it is the seat, now and then, of a deposit of cancer, which assumes usually the nodular form; but it is very rare, and I have never seen it, except in conjunction with deposits in other organs. There was a woman in the hospital lately whom I suppose to have cancer of the spleen. You all saw her. She lay in my female ward; her name was Beaumont, her age 49. She had scirrhus cancer of the right breast, and a cancerous mass in the anterior wall of her rectum. Her liver was rather large and hard, perhaps infiltrated with cancer. She was sallow, and offered a good specimen of the appearance of the subjects of cancerous cachexia. In this woman, a large tumour occupied the left hypochondrium, and passed up under the ribs. It was hard, with a sharp edge, which met the margin of the thorax at a right angle. It was plainly the spleen. Its dulness extended up to the level of the nipple, and the lower edge was on a level with the umbilicus. It was situated just beneath the parietes, moved up and down with the movements of respiration, and could be pushed a little from side to side by the hands behind and in front of it. Its surface was irregular, and, in the anterior border, several distinct nodules could be felt. It was not tender. The woman left the hospital, and, after a few weeks, died in the country.

ON THE REMOVAL OF HÆMORRHOIDS BY PAINLESS OPERATIONS.[*]

BY HOLMES COOTE, ESQ.,

Surgeon to St. Bartholomew's Hospital, London.

THE division of hæmorrhoids or piles into "external" and "internal" is arbitrary, though useful for purposes of description. It must not be supposed that there is any marked line of demarcation between the two, or any peculiarity of structure, except that, in the former, a part of the swelling is covered by the external integument—a structure that is highly sensitive.

The removal of hæmorrhoidal swellings, whether by the ligature or the knife, has till lately been always attended by severe pain; while, contrary to the opinion once entertained by the profession, serious after-consequences occasionally ensue. Cases of phlebitis—of deep-seated pelvic suppurations—have occurred in my own practice, and, although rare and manageable, have always been the cause of anxiety. The immediate danger, against which surgeons endeavour to guard at the time of operation, is hæmorrhage. Now, in dealing with a strictly external pile, the removal may be at once effected painlessly and safely by first freezing the part with ether-spray, and next by cutting it away with the scissors. Should there ensue any hæmorrhage, the open end of the vessel can be readily secured either by a needle or by a ligature.

Piles which are strictly internal, and offer no narrow basis or peduncle, may be safely treated by strong nitric acid. The patient, being on his hands and knees, strains so as to cause a protrusion of the affected part. The enlarged veins are next touched carefully with nitric acid, and the part is returned; an opiate suppository being finally introduced. By such means, the whole mass is often destroyed after one operation, and the patient experiences no further trouble, the vessels becoming consolidated.

The more important question is, How are we to deal with those hæmorrhoidal swellings, partly internal, and partly external, which consist of large venous trunks, which it would be dangerous to divide without precautions, and which could not be well removed by acid or by cautery? The clamp and hot iron of Mr. Henry Smith effect the removal of these swellings on very safe and easy terms. The operation is too well known to need notice from me here, beyond that of approval. I perform the following operation in some cases. The hæmorrhoidal mass having been protruded beyond the sphincter ani, I seize it with a pair of double hooked forceps, and freeze it with ether-spray. Next, I pass a long pin through its base, and apply ligature-silk in a figure of eight, so as to press the veins enough to arrest hæmorrhage, but not to cause strangulation (the latter being always the most painful part of the process). The frozen veins are then sliced off near to the line where the needle is inserted. The patient is scarcely conscious of any surgical operation, if these steps are performed well and quickly. In the course of a few hours, all fear of hæmorrhage has passed away, when the needle can be withdrawn, and the silk taken off.

Should it be necessary, the base or pedicle of the swelling may be charred with the gas-cautery. It will be remembered, that the crystals of ether are inflammable; and the surgeon must be prepared for such an emergency as that of igniting them, should the gas-cautery be used.

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[*] Abstract of a Clinical Lecture delivered at St. Bartholomew's Hospital.

A LECTURE
ON THE
SIAMESE AND OTHER VIABLE UNITED TWINS.*

By SIR JAMES Y. SIMPSON, Bart., M.D., D.C.L.,
Professor of Medicine and Midwifery in the University of Edinburgh.

UNITED twins or double monsters appear under a great variety of forms, and under very diverse degrees of duplicity. Sometimes the two individuals are complete, or nearly complete, in all respects, and are found united by the fronts of the chest and abdomen, or by the backs, or by their heads and scalps, or by the pelves, or by the arms and sides. More frequently the two united persons are more or less incomplete, in consequence of their conjunction being more intimate and deep at the line of union. The degree of incompleteness which thus occurs varies infinitely. Thus, some monsters are altogether double above, and altogether single below; or, in other words, they possess two heads and four arms, but only two lower extremities. Others, again, are single above and double below; or, they have one head and four lower extremities. Every conceivable gradation is found in the intermediate part and organs in these varying degrees of double union. But the junctions, however diverse between the united twin individuals, are found to conform to the general teratological law that, in the two, the same parts only unite to the same parts; and not only muscle only to muscle, bone only to bone; but the same muscle in the one twin unites at the line of conjunction to the same muscle in the other twin; the same bone to the same bone; the same nerve to the same nerve; the same organ and part, as the liver, intestine, pericardium, nose, ears, etc., to the same organ and part in the opposite individual whenever the conjunction extends to these and other organs and parts. This teratological law of the union of like to like—*eadem ibidem*—is, as I have said, a general law in the structure of united twins; but it is not an universal law. For in some descriptions of double monstrosity, when one of the two attached beings has the form of a dwarfed parasite, the attached parasite does not necessarily conform in its mode and site of attachment to the principle of the union of the same parts to the same parts.

The Siamese twins form the most remarkable instance of united twins in this respect—that, with two bodies individually complete, they have lived to a more advanced age than any other instance in the records of science. Let me, therefore, state some of the more interesting historical, anatomical, and physiological facts regarding them.

The Siamese Twins: their History, etc.

The Siamese twins, Chang and Eng, or, as they now sign themselves, Chang and Eng Bunker, were born in the kingdom of Siam, in the year 1811. They are now, therefore, 58 years of age. Their father, originally Chinese, had emigrated to Siam, where he married a native, by whom he had four children before the birth of the twins. It does not appear, however, that any of the other children—for they had a large family—presented any peculiarity in development. The twins themselves declare that their mother experienced no special difficulty in giving birth to them. They affirm that, while the one came as a head the other came as a foot-presentation, a statement which, as made merely from what they have been told, does not at first sight seem very probable. The twins themselves, are however, very decided as to the truth of this tradition, and mention an interesting fact in corroboration of it; viz., that up to the age of twelve they were able to twist themselves on the band or ligament connecting their bodies together, so, that the head of Eng should be at the feet of Chang, and *vice versâ*; and they occasionally used to amuse themselves by doing so.

When infants, the two children were placed face to face, a position the extreme awkwardness of which would have completely prevented them from either walking easily, or sitting down at the same time. Hence, from a very early period of their childhood, they were continually and instinctively engaged in attempts to arrive at a more comfortable relative position. These efforts finally succeeded, so far as to enable them to adopt their present imperfect lateral relation to each other (as shown in Fig. 1). In dressing, etc., they still stand face to face.

The twins lived with their mother—for their father died when they were still young—in the kingdom of Siam until the year 1829, when an enterprising American ship-captain brought them over to New York for the purpose of exhibiting them. At the end of the same year, they came over to Europe and excited great interest in the scientific circles of the day, both in our country and on the continent. Having realised some money by thus exhibiting themselves, they went back to America and purchased property in North Carolina, and lived quietly and happily there, engaged in agricultural pursuits, until the late American civil war swept away their stock of slaves, etc., and again reduced them to comparative poverty. Since the close of the war, they have been obliged to exhibit themselves again in America, and they have arrived in Great Britain for a similar purpose. It is their object also to obtain the opinions of a few of the most eminent surgeons of Europe, as to the vexed question of their possible separation by the division of the band uniting them.

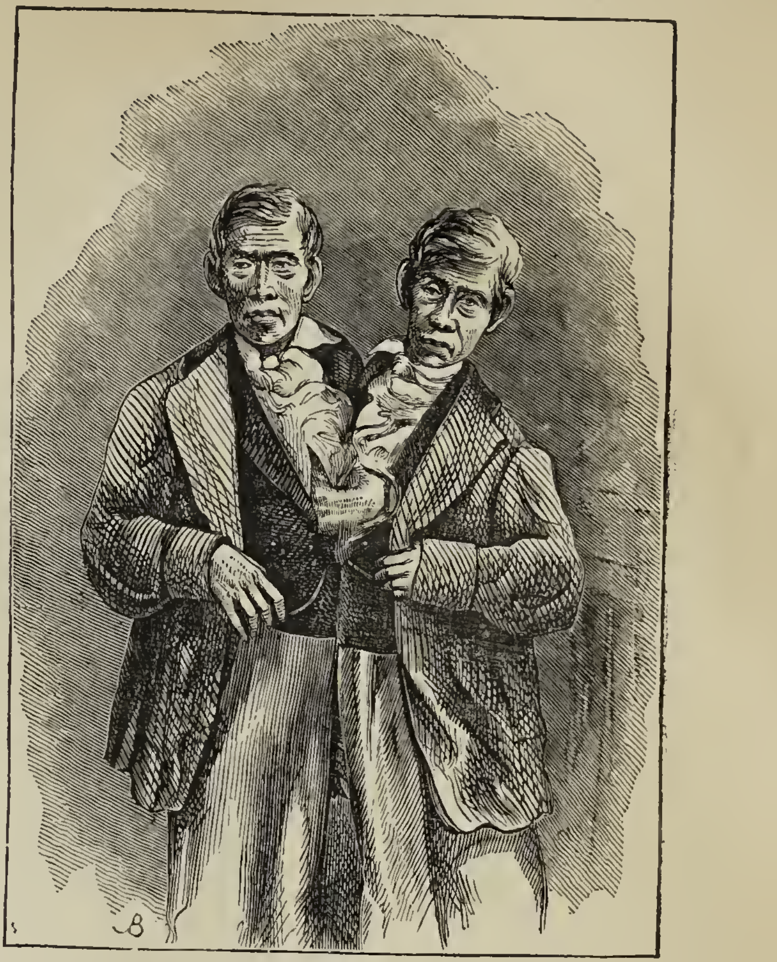

Fig. 1.

Description of the Twins.

Dressed, as they are, in the ordinary American fashion, with the hair cut short, and talking English, as they do, with the American accent, they retain little or nothing of the appearance of Eastern subjects; except their black hair and their features, which, however, can scarcely be called very typical specimens of Chinese or Siamese faces, though they have the external angles of their eyes slightly depressed. But their heads are markedly dolocephalic or elongated in form, and well developed. In features the brothers greatly resemble each other. They are short, but wiry-looking men; Eng, the taller of the two, being only five feet and two and a half inches; Chang an inch shorter; and this difference in height, combined with their lateral position, gives them an awkward appearance, as Eng appears always to be leaning upon Chang. This appearance, however, is deceptive, as they have themselves assured me that, though their chests touch above the band when they stand upright, yet they do not lean on one another. They are not placed exactly laterally, but somewhat obliquely to each other, the angle of obliquity being about thirty degrees. While sitting or standing, the left arm of the one and the right of the other are usually placed behind their backs, the most convenient position for them; but when eating, each of the twins generally makes use of both his arms in front without the one interfering in any degree with the other. As a matter of course, those arms which are in front are those most used; and in consequence they ought to be more muscular theoretically than the other two. This was maintained thirty years ago during their first visit to Europe; but actual admeasurement shews, now at least, little, or indeed no difference of this kind between the arms. But the two outer legs of the twins are more developed and muscular than their two inner legs, and measure about an inch more in circumference. They use the outer legs more than the inner in standing. When they stand or walk, they always keep the same relation to each other; Chang always taking the right side, and Eng the left. They have held this relative position from childhood, or ever since the band was so stretched as to allow them to take a partially lateral position. In consequence, the outer surfaces of their chests have come to bulge out more than their inner surfaces, which latter are somewhat flattened from mutual contact and pressure.

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* The Siamese Twins, when lately visiting Edinburgh, were good enough to allow themselves to be shewn to the students of the Midwifery Class in the University; and their presence led to the following lecture.

A curious circumstance, which was noticed at a very early period by the twins, is, that the two inner eyes—the left one of Eng, and the right of Chang—possess a much clearer and more distinct vision than the two outer. In fact, when the two inner ones are closed, they say they are quite unable to distinguish any object clearly. I have ascertained, by experiment, that the right ear of Eng is more acute than his left; and the twins themselves know very well that Chang is much deafer than his brother. He does not hear a watch in contact with his right ear.

Professor Allen Thomson of Glasgow has shown it to be a general law in relation to double monsters, that the heart, liver, etc., are inverted in position, or on the reverse side, in one of the two individuals forming united twins. This does not seem to hold good in relation to either Chang or Eng. Dr. Aitken has carefully examined them for me in relation to this question. The livers in both, if we may judge from percussion, are situated normally on the right side of the abdomen; and their hearts on the left side of the thorax. The apex-beat of the heart in Eng is a little below and to the outside of the left nipple. In Chang, the apex-beat is not very determinable; but the heart-sounds are loudest on a level with his left nipple, and a little to the right of it.

Neither are the respirations or circulations of the two brothers synchronous. On one of the occasions in which Dr. Aitken examined their hearts, the twins were both suffering from slight influenza; but Chang's pulse was twenty-four beats in the minute quicker than Eng's.*

In their chemical functions, if I may so call them, as well as in their organic, they are two separate and distinct individuals. In proof of this, let me state that Dr. Arthur Gamgee was so kind as to analyse for me specimens of the urinary secretions passed at the same time by the two brothers.† The urine in each differed as much in the relative amount of its solids, in its quantity of urea, uric acid, etc., as ever we see the same secretion differ in two different and unconnected individuals—one fact among many others proving that there is perfect duality in their unity.

Chang and Eng are married to two sisters, the daughters of an American clergyman. Each brother is the father of a large family. The family of Eng consisted of seven sons and five daughters; the family of Chang of three sons and seven daughters. Their first children were born within three or four days of each other; the others at irregular intervals. Chang's youngest child was born three months ago.

In regard to progression, they walk readily and easily; can run and swim; and their movements are, from education, so harmonious as to seem at first as if they were directed by a single mind. In farming operations at home, they often work together, and with different kinds of tools. They are keen sportsmen and good shots. They are fond of chess, playing it always, it is said, with a stranger, and not with each other. They are intelligent and well-informed gentlemen, and good men of business.

These Siamese brothers are perfectly dual in mind, though mythical and incorrect tales of an alleged perfect unity in thought, sympathies, etc., have been long circulated by some and accredited by others. Educated constantly together for now upwards of half a century, in thought and word, in action and movement, it is not, perhaps, wonderful that their tastes and habits, their ideas and the expressions of them, should conform so entirely as they do. Alike in moral character and disposition, and ever lovingly fond of each other, it is averred that throughout life they have never had a quarrel or any marked diversity of opinion; and hence apparently they think, act, and move like one individual. Always acccustomed, when spoken to, to listen together to the same conversation, one or other almost always gives any required answer or observation; but, when tested, the two brothers can so far be separated and changed from their usual custom as to carry on a conversation with two different individuals. Having spoken English for thirty years, they are perfect English speakers, and scholars also; and, when reading history or poetry, etc., of which they are both fond, one usually reads aloud, and the other listens. But they sometimes read separately, each to himself. They usually go to sleep and waken at or near the same time, but not always so; and their night dreams, like their day thoughts, are quite independent of each other. Their feelings of hunger and thirst, and the calls of nature upon them, are generally responded to simultaneously, but not always so, or necessarily so. Their minds are, indeed, more dual than their bodies; for the latter are united together, while the former are not.

Band of Union: its Formation.

The organic roundish band of union which connects the two brothers stretches in each from the xiphoid or ensiform cartilage or lower end of the sternum down to the umbilicus. In truth, the umbilicus is single, and its cicatrix can be felt upon the middle of the lower surface of the band. The measurements of the band are as follows. When it is put fully on the stretch, and the brothers stand face to face, as far as possible apart, its length is about 4½ inches. In the centre, its circumference is 7½ inches; while, close to each twin, it is nearer 8½ or 9 inches; and about 3½ in depth as it springs from the body of each. Consisting thus of a band about the thickness of the forearm, it varies much in consistence in its upper and lower surfaces, in consequence of the diversity of its contained structures. Covered over, of course, by a continuity of skin, it is felt to be, on its upper surface, composed of a kind of arched hard tissue, jointed, and partially flexible. In fact, it is formed of the ensiform cartilages of each twin, turned at right angles forwards, so as to meet at their apices, and form a sheath or covering within the superior surface of the band. This hard sheath superiorly is increased laterally by apparently some of the adjoining rib-cartilages, being also extended or dragged forwards. Below, the inferior surface of the band is, on the contrary, soft, thin, and elastic in its walls, like the integuments covering a large hernia. Indeed, when either brother coughs, the intestine can be felt projected forwards into the interior of the band.

The apices of the horizontally placed xiphoid cartilages feel close, but jointed, where they touch each other; but, when fully stretched out, the tip of the finger can be placed between them. The band still shows a considerable amount of flexibility, though nothing comparatively now to that which it is said to have possessed in the younger days of the twins. I have seen Chang, the shorter of the two, bend low enough to touch his foot, while Eng maintained the erect posture.

The Degree of Nervous Connexion between the two brothers, as shown in the sensibility of the band, is not great. When the middle of the band is touched, both feel it; and each brother feels every irritation applied to his own half of the band. But each seems also aware of any pricking or touching the skin of the band for about half an inch or more on the other side of the mesial line; this crossed sensibility diminishing from the centre outwards.

The Degree of Vascular Intercommunication between the Twins is a more interesting question. The pathological history of the brothers seemed to me at first sight to suggest that this vascular communication was greater than physiological inquiry has proved it to be. They have enjoyed, on the whole, excellent health; but have suffered under various diseases. When these were essentially blood-diseases, both brothers, as in other instances of united twins, suffered simultaneously. Thus they both at the same time laboured under small-pox, and again under measles. At one time they were attacked with ague; and the paroxysms of the cold, hot, and sweating stages went on simultaneously in each. I have seen both of them suffering under influenza, but one more severely than the other. Other diseases, not necessarily emanating from the blood and vascular system, have occurred in one, and not in the other—as toothache. Chang jocosely complains that, when suffering from severe toothache, he had failed in getting any due sympathy from Eng, who never had the disease; but more, even when he required to have his tooth pulled out by the dentist, Eng had no fellow-suffering with him. They have had diarrhœa sometimes separately, sometimes simultaneously.

There is no vessel to be found beating in the walls of the band connecting the two brothers, and hence no large artery passing from the one to the other. Is there aught like a very free minor or capillary vascular intercommunication in the walls of this uniting band? To answer this question, and test the freedom of the sanguineous intercourse between the two brothers, I have tried the following experiment. One of them—Eng—was so good as to swallow, at my request, a draught containing about ten grains of iodide of potassium. The first urine passed by each brother an hour or two subsequently was carefully tested for me by that able chemist, Dr. Arthur Gamgee. Eng's urine showed very deep discoloration under the starch-test. Chang's showed no distinct trace of discoloration under it. When we consider the great delicacy of this test, and the small quantity of iodine that gives the necessary reaction, it is evident that the vascular connexion between the two brothers must be comparatively very small.

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* [Recently examined in London in good health by Sir Henry Thompson and Mr. Ernest Hart, the pulse of Eng marked 81, that of Chang 84].

† The following is Dr. Gamgee's report of the analysis of the urines of the two brothers. "The urine of Eng is of normal colour, and has a density of 1015.7. Total solids per cent., 2.815; urea, 1.53. The urine of Chang is of a higher colour than that of Eng. On standing, a crystalline deposit of uric acid subsided. Density, 1025.1. Total solids per cent., 4.59; urea, 2.55. The urine of Eng is thus rather below the average density, whilst that of Chang is slightly above it. The percentage of urea in Eng's case was below the average, whilst that of Chang's urine was about the average. Chang's urine deposited uric acid, whilst Eng's did not."

Question of the Surgical Separation of the Siamese Twins.

Chang and Eng have themselves no desire to be surgically divided from each other. But some of their relatives have become anxious that they should be separated, if it were possible to do so; for latterly their two families have been living apart, and they have sojourned for a few days alternately in the two separated homesteads The operation is certainly possible, and would be attended probably with little, or indeed no difficulty; but it would be so perilous in its character that the twins could not, in my opinion, be justified in submitting to it, nor any surgeon justified in performing it.

The cutaneous, cartilaginous, vascular, and other tissues composing the walls and mass of the band, offer in themselves no special obstruction to its surgical division. The interior of the band, however, contains, I believe, a canal or diverticulum of peritoneum, which passes from the abdominal cavity of the one brother to the abdominal cavity of the other. In modern surgery, we are by no means so afraid of dividing and opening into the peritoneum, as medical men were ten or twenty years ago. In witness of this, we appeal, for example, to the marvellous success attending the now frequent operation of ovariotomy. Still the danger of cutting through a diverticulum of peritoneum is too great to be ever done without very grave and urgent reasons; and none such exist in this case. With them it is not a question of life or death; but a question merely of seemliness and convenience, and perhaps of pleasure and gratification to their relatives. Besides, if it were attempted in the Siamese twins it would be difficult perhaps to close up the exposed peritoneal cavity in each after the division. For, in the lower and inferior portion of the band, or in their umbilical region, the coats are very thin and distended, and this condition runs onwards to the middle of the band.

I have spoken of the band containing a peritoneal canal, common to the abdomen of each brother. That a large segment of peritoneum enters into the composition of the band on either side, is easily ascertained by touching it below or laterally, and feeling the full impulse of bowel sent into the band when the individual on that side coughs. That the peritoneal cavity, in the form of a canal, extends entirely through the band from one brother to another is more doubtful, and rests on this kind of evidence; viz., when you place your finger on the lower surface of the band, and upon the cicatrix of the umbilicus there, if the brother on the right coughs he sends an impelled portion of bowel not only up to, but *beyond* the point touched; and, in the same way, if the brother on the left coughs, the impelled bowel passes somewhat apparently to the right, beyond the site of the central umbilical cicatrix.

You are well aware that various attempts have been made of late years, by electric and other strong lights, to make portions of the body more or less translucent. By placing a powerful light behind the connecting band in Eng and Chang, I tried to make its thinner portions transparent, with a view of possibly tracing its contents better than by touch; but I failed entirely in getting any advantage from this mode of examination. If the band contains throughout it an extension of peritoneum, as I believe it does, then it is possible that—as in similar cases of the same type of double monstrosity united by a similar band in the same situation, and described by Otto, St. Hilaire, and others—a portion of bowel or even of hepatic structure may intercommunicate; but I do not think that this is the case in the conformation of the Siamese brothers. When twins are united front to front, like Chang and Eng, the degree of union in the band has varied infinitely in *extent* and also specially in *depth;* being far more complete and intimate in some cases than in the Siamese brothers, and less perfect in others again than in them, as was probably the fact in united female twins, whose case is recorded by Emmanuel Koenig in the *Ephemerides* for 1690, and where he tells us he effected successfully their surgical separation. The uniting band in Koenig's case was in the same situation as in Chang and Eng, and extended, as in them, from the ensiform cartilage down to the thick and single umbilical cord ("coalitus a cartilagine ensiformi usque ad eorum umbilicos in unum funem summopere crassum contortos"). There were four umbilical arteries and two umbilical veins in this double cord. The imperfect sketch which Koenig gives of those united twins (and which is copied in Fig. 2), represents the band as more narrow than we must hold it to have been from his own words, and from his account of its involving the ensiform cartilages in each twin ("contigit verò hic coalitus in ipsis cartilaginibus ensiformibus"). He speaks of the measurement of the band in these new-born infants as one inch in breadth, half an inch in depth, and five inches in thickness. Shortly after birth Koenig applied a ligature to the middle of the connecting band, tightened it daily, and, at last, successfully divided the remnant of the band with the knife. In the two cut surfaces represented as left after this division, no appearance of peritoneum is seen. The only other point noted by Koenig in regard to this case of—as he terms it—Gemelli sibi invicem adnati, feliciter separati—is that the operation on the two sisters was not followed by convulsions in either.

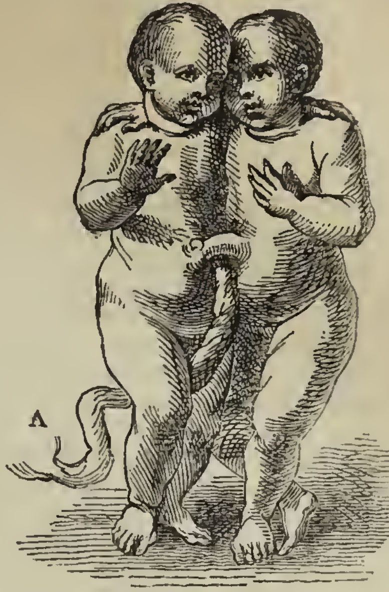

Fig. 2.

[*To be continued.*]

OBSTETRIC MEMORANDA.

[UNDER this head, we shall, from time to time, as materials come to hand from correspondents, publish records of cases remarkable in themselves, or illustrating points of interest in obstetric practice, therapeutic or manipulative. We shall probably in this way preserve from oblivion the notes of very many useful and instructive occurrences in private practice; for the great obstetric experience is that—for the most part hitherto unwritten—of the great body of general practitioners throughout Great Britain. We will only ask those who may forward cases for record, to relate them with the utmost brevity, and equally to condense any appended remarks.]

CASE OF TWINS, OF WHICH ONE WAS IMBEDDED IN THE PLACENTA.

By JOHN BROWN, L.R.C.P., Oldbury.

I WAS called lately to attend a lady in her sixth confinement. I found, on examination, the os uteri dilated to about the size of a five shilling piece, and the membranes entire, and presentation natural. In the course of a short time, the membranes ruptured spontaneously, and the nurse sent for me. I found the head in the natural position, but the os not fully dilated. I left for a short time; and upon my return, I found another bag of membranes, which were entire. The os being now fully dilated, I ruptured them. The pains followed regularly, and the child was expelled in due course. I expected a case of twins, from the fact of two lots of membranes. I at once examined the patient, but there were no signs of a second child. In the course of half an hour, the placenta followed. From its peculiar appearance, I was induced to examine it minutely, and I found imbedded in the substance of it a perfect fœtus of about three months' gestation.

HAND AND FUNIS PRESENTATION: VERSION.

ON the morning of January 27th, 1869, I was requested by a midwife to visit a poor woman in labour. Upon examination, I found the hand and a loop of the funis presenting externally; both were cold. The patient had been in labour twenty-four hours; the membranes ruptured six hours before I was summoned; the uterus was firmly contracted round the child; the pains frequent and tolerably strong, but, of course, without any avail. With much difficulty I succeeded in passing my left hand into the uterus, and found the child lying in the abdomino-posterior position, the feet being at the fundus uteri. I brought the feet down, and with considerable trouble effected delivery. The child was still-born, a female, and it was the mother's first labour. She subsequently did well. I believe hand-and-funis presentation in primiparæ to be sufficiently rare to merit notice.—C. S. D.

CASE OF AXILLARY ANEURISM: WITH REMARKS.

By KELBURNE KING, M.D.,
Surgeon to the General Infirmary, and Lecturer on Surgery in the School of Medicine, Hull.

On September 21st, 1866, two men were at work in this town near a pile of wood, when a sudden and violent gale of wind blew down the pile, and the men were buried under the falling timber. On being extricated, one was found to have sustained only slight injuries; the other was very much bruised, and was removed to the Infirmary.

On admission, I. R. laboured under great pain and considerable swelling of the left region of the thorax and of the left shoulder. Any motion of the shoulder-joint caused severe pain, and the arm hung powerless at the side. There was a dropping of the shoulder-joint, as if the head of the humerus had fallen from the acromion process; and, on passive motion of the joint, obscure crepitation was perceptible. There was no dislocation of the head of the humerus, and no rib was broken. As fracture of the neck of the scapula was indicated by the symptoms, the elbow was supported, a pad placed in the axilla, and the arm bandaged to the side.

Under this treatment, the pain diminished, the deformity was removed, and the man, fancying himself to be quite in the way of recovery, expressed a strong desire to go home on the 27th September. There was very great swelling and ecchymosis of the shoulder and side; and, as he seemed little impressed with the necessity of keeping the part still, he was recommended to remain a few days longer as an in-patient. Nevertheless, after the visit, he announced his determination to leave the hospital, and got up and dressed for the purpose. On putting on his jacket, he said he felt as if something gave way in the left shoulder, and great accession of pain took place. He said nothing about it to the house-surgeon, and persevered in his attempt to go home. As he walked along the streets, the pain in the arm and hand increased; and, feeling himself unable to complete the journey, he turned back, and arrived in the hospital about half an hour after he left it. On re-admission, he was almost in a state of collapse. His skin was covered with cold perspiration; his pulse was weak and rapid; his extremities cold; his arm, forearm, hand, and fingers swollen to twice the natural size, hard and tense. The pulse was scarcely perceptible at the wrist; and he described the left arm as being in an agony of pain throughout its whole extent; his breathing also was hurried. He was removed to bed; opiates and stimulants were administered internally, and soothing applications were made to the arm.

For some time he was in great pain; the arm and fingers were tense and swollen. The left radial pulse was rather weaker than the right. The system suffered from great constitutional irritation; and he continued much in this condition throughout the whole of the month of October. On October 30th, there is the following entry in the hospital-book. "Since the last note, he has suffered great pain, with little or no alteration in the appearance of the limb, which is much swollen, but rather less tense. There is much ecchymosis of the upper arm, and the swelling there is very hard. To-day, for the first time, a small, tense, fluctuating swelling was noticed in front of the shoulder-joint, near the coracoid process; the joint itself is not distended, but rather hollow below the acromion."

From this time, particular attention was paid to this swelling. On careful examination, obscure pulsation was detected in it, which gradually became more distinct. *Bruit* was heard with the stethoscope. The tumour gradually extended, especially towards the axilla; and there was no longer any doubt that rupture of a large artery had taken place; that the hard tense swelling of the limb had been caused by the effusion of arterial blood beneath the aponeurosis of the arm; and that, in the axilla and upper part of the limb, arterial effusion still continued to take place, not, however, extending to the lower part, where absorption seemed to be slowly going on.

I have been particular in detailing the history of this case, because it seems to me to present several points worthy of consideration. Had the patient kept his arm still, as he was recommended to do, it is quite possible that the case might have gone on to a favourable termination, without any injury to the artery having been even suspected. I presume that the rupture took place during the twisting motion used in drawing on his jacket. But the vessel must have been stretched at the time of the original injury, and diseased action set up in its coats; otherwise it would not have given way from so slight a cause. We thus see how, in severe accidents, tissues may sustain injuries which are never suspected, and which may never come under the notice of the surgeon.

When rupture did take place, the symptoms, both local and general, were certainly very severe. When the man returned to the hospital on September 27th, he was almost in a state of collapse; and, though no pulsation could be detected anywhere in the swollen arm and the radial pulse was felt on the affected side, it was evident that some vascular lesion had taken place. Very curiously, it happened that I had seen shortly before, under the care of my friend and colleague Dr. Lunn, a case in which sudden, hard, tense, evidently vascular, swelling of the arm took place after injury; but time, rest, and appropriate treatment, brought about a favourable issue without further interference. It had become evident that this happy result was not to take place in my patient; and the pulsating tumour in the axilla set aside all doubts as to the nature of the case.

The next question was that of treatment. I need not go over the arguments in favour of ligatures at the seat of the injury in cases of traumatic aneurism. I presume that question is settled. But it will be observed that this aneurism was not precisely the result of a wound, nor even the primary effect of an injury. Six days elapsed between the accident and the arterial rupture. The latter, therefore, was caused by a diseased condition of the artery, following upon ascertained injury to the neighbouring parts. But the man was of sound constitution. The heart and, as far as could be diagnosed, the arterial system, were perfectly healthy, except that point at which injury had been sustained. The probability, therefore, was, that the coats would be found in a healthy condition; and, accordingly, I resolved to apply ligatures at the seat of the injury, in place of selecting any point on the proximal side, where the artery might have been more readily secured, but where there would have been more chance of secondary hæmorrhage.

On October 8th, with the sanction and assistance of my colleagues, Dr. Lunn and Mr. Craven, I performed the following operation. Chloroform having been administered, and the patient laid on his back, with the left arm at right angles to the trunk, the hand in a state of supination, an incision about two or three inches in length was made along the lower edge of the great pectoral muscle. The aneurismal sac was thus brought into view, and an opening rather more than sufficient to admit the finger made into it. A great quantity of very dark firmly coagulated blood was turned out, and then from the top of the sac came a great gush of red arterial blood. This was commanded by extending the incisions, pushing the forefinger high up in the sac, and grasping the skin and pectoral muscle with the thumb. The sac was then laid open with a probe-pointed bistoury through its whole extent; the pectoral muscle was pulled out of the way with a bent spatula, the bleeding being still commanded by the fingers of the left hand. While endeavouring to ascertain the precise seat of the injury, I found that the aneurismal wall was very thin, and easily torn; and, feeling the pulsation of the axillary artery just above my left forefinger, I dissected very carefully down with the probe-pointed knife until the trunk of the artery came into view. A ligature was passed round it; and, the hæmorrhage being thoroughly commanded, the opening into the axillary artery was clearly seen. It was found to be not larger than a very small split pea, and of an oval form. Another ligature was then passed round on the distal side of this opening, and the operation might have been completed; but, on looking at the ligatures, I thought the distance between them (about an inch) rather great; and, intending to divide the trunk between them, seized the artery at the aperture. Finding that the closure of the blades of the forceps completely closed the wound in the artery, I changed my mind, and placed a third ligature round its circumference; the sensation imparted being that of perfectly healthy tissue. These three ligatures were allowed to hang out of the wound, which was brought together. The limb was wrapped in cotton-wool; and, as the patient seemed faint from the loss of no great quantity of blood from a large artery near the heart, he was left quiet for about a quarter of an hour, and then removed to bed. During the rest of the day, the night, and the following day up to 9 P.M., he was comfortable, slept well, had a fair pulse, suffered little or no pain; and the limb had a natural temperature, though no pulse was perceptible at the left wrist. But about 9 P.M., while in the act of coughing, he said he felt wet; and the attendant, on looking, found his clothes, etc., bathed in blood. The house-surgeon was immediately summoned, and applied pressure to the part, and to the subclavian artery in the neck. From that time no blood was lost. I saw him in a quarter of an hour, laid open the wound, and noticed that the middle ligature was lying loose in it. Though all pressure was now removed, no more blood flowed. But he had already lost a very great quantity, the bed being completely saturated with blood, and a small stream was running down the floor. His pulse was hardly perceptible; his face was ghastly pale, and convulsed; and he had all the appearance of a dying man. After a little time, he began to rally. Relays of students sat constantly by his bedside for many days, never losing sight of the wound. During this period, he showed the utmost patience, and seemed determined to make up, by strict observance of rules, for former remissness. No return of hæmorrhage took place.

The distal ligature came away on the 15th, the proximal on the 17th, of October, the eighth and tenth day respectively. His recovery was somewhat tedious, and he long complained of great pain about the region of the shoulder joint. There was a remarkable paralysis for some time of the intercostal muscles of the left side, arising, probably, from injury to the intercosto-humeral nerves. The limb remained œdematous. Pulsation never returned in the radial or brachial artery. The deltoid muscle became much emaciated, and the shoulder-joint drooped considerably. He had little use of the left arm, from these causes and from stiffness of the fingers; but, the axillary wound having been cicatrised for some time, he left the hospital on January 17th, 1867, and has since enjoyed good health, but with a wasted limb.

There seem to me to be several points of interest in connexion with this case: first of all, the cause of the rupture. Many cases are recorded in which slight causes, such as stretching of the axillary artery during the reduction of a dislocation of the shoulder-joint, have been followed by this accident. Thirty-one such cases are referred to by Mr. George W. Callender in the second volume of *St. Bartholomew's Hospital Reports*, and in two of them there was also fracture of the glenoid cavity. Mr. Callender thinks that, in these two cases, "some sharp edges or points were present, against which the vessel might have been torn." I am sure that in this case no such tearing took place. The small oval aperture was found on the anterior and upper surface of the artery, just after it emerged from beneath the lesser pectoral muscle. The whole of the axilla was stuffed with firm black coagulum; so that, when the clots were all turned out, it appeared as if dissected out by the scalpel of the anatomist. The boundaries were all distinctly visible, and the course of the vessels and nerves was distinctly perceptible. There was no spiculum of bone to be felt, and none could have come in contact with the artery. The position occupied by the wounded vessel was remarkable. Although the aperture was on its anterior and upper surface, the aneurism extended below and behind it; and, in place of the vessel resting on the subscapular muscle, it was pressed forward against the pectoralis major, and separated from the former muscle by the great chasm of the aneurism. It was owing to this that the principal hæmorrhage occurred, which took place during the operation; for, expecting, from the position of the pulsating tumour, that the artery would be pushed backwards, I searched in that direction for it with my finger, and so lost a little time in securing the vessel above the wound. I may mention, that the patient was a thick-set muscular man; and that pressure above the clavicle failed to command, or indeed to produce any effect on, the arterial flow.

With respect to the mode of conducting the operation: I commenced by making a small incision, and turning out the coagula with my finger. The quantity thus extruded was surprising. I expected to feel the fresh flow of arterial blood, and thus to command it readily with the finger. In this I was disappointed, owing to the high position of the rupture; and I was obliged to extend the wound along the whole inferior border of the pectoralis major, before I could get the sac thoroughly emptied and the bleeding orifice brought into view. In a case operated upon by myself, and in another under the care of Mr. Paget, Mr. Callender, in the paper before alluded to, mentions that, in addition to such an incision as I practised, a perpendicular incision was made, dividing the lower part of the substance of the pectoralis major. Had it been necessary, I was prepared to make this second incision; but, considering it of importance to divide as little muscular substance as possible, I preferred to endeavour to complete the operation without having recourse to this step. Though, perhaps, under the peculiar circumstances of this case, the vessel being displaced forwards, such a step might have rendered it rather easier to lay bare the bleeding point, I think it is better to plan the operation so as to avoid, if possible, cutting through the thick muscular substance of the pectoralis major.

With regard to ligatures, I may mention that, having on two former occasions applied metal ligatures—one to the external iliac, and one to the femoral artery—and not having been satisfied with the results, I used on this occasion the ordinary strong silk ligature. The application of the middle ligature was of no use. The complete closure of the aperture when caught by the artery-forceps, and the apparent healthiness of the coats, tempted me to apply it; but, though I do not think it could have done any harm, it is a proceeding which I would not repeat.

The most singular point in the case is unquestionably the occurrence, twenty hours after the operation, of nearly fatal secondary hæmorrhage; and the fact that never again was there the slightest tendency to its repetition. Whence came that still, slow, but excessive hæmorrhage, is a question which I have often asked myself. Clearly, it did not come from the proximal ligature. Had the artery been diseased at this spot, and the ligature cut through the coats, there must have been a recurrence of the hæmorrhage; and the bleeding at the time would have been marked by greater activity, and must, considering the quantity, have at once proved fatal. It is more probable that this accident might have occurred at the distal ligature, but even that is very unlikely. The shortness of time from the application, and the fact of there being no return afterwards, militate against that view. I am, therefore, inclined to suspect that a branch must have been given off between the ligatures from the back part of the artery, which was not brought into view; that it was probably of no great size; but, on the collateral circulation being restored, it bled long and freely. The state of collapse into which the patient fell, and the direct pressure at once applied by the house-surgeon, may have caused, in a small vessel, coagulation sufficient to prevent any recurrence of hæmorrhage; and, in the absence of precise proof, I believe this to be the explanation of this very remarkable occurrence.

There is just one other point to which I would beg leave to allude: the period at which separation of the ligatures took place. I have been concerned in the ligature of many large arteries; but neither within my own observation, nor, as far as I can recollect, in my reading, have I ever found a ligature separate from a first-class artery like the axillary in the space of only eight days.

Lastly, in these days when patients are supposed to be killed by "hospitalism", I have to express my belief that this patient owed his life to the constant and assiduous attention of my friend Mr. Evans, who was at that time the house-surgeon of the Hull Infirmary, and that such promptness and constant supervision as he brought to bear on this case, could hardly have been procured except in an hospital.

IPECACUANHA IN EMETIC DOSES:

AS A STIMULANT, RESTORATIVE, ELIMINATIVE, AND ADJUVANT, IN VARIOUS CASES OF DISORDER AND DISEASE.

By JOHN HIGGINBOTTOM, F.R.S., Nottingham.

THE interests and advancement of the medical profession cannot fail to be greatly promoted by a long, careful, and practical investigation of the properties and effects of a single therapeutic agent. In the ordinary course of practice, a medical man may for a specific purpose and for many years be administering a medicine, as ipecacuanha (for its emetic, expectorant and diaphoretic properties) without noticing the other valuable qualities it may possess, and which would render it helpful in the treatment of functional derangement and disease; for instance, the specific properties of the nitrate of silver were not known, although it had been used in surgery for many years, until I called the attention of the profession to it upwards of forty years ago.

I have been led to think that at the present day emetics are less used than formerly, and that many practitioners seldom, if ever, prescribe them, either from a change in practice, or from a fear of the effects of the operation; and, perhaps, from another cause, the natural dislike of patients to take them. On that account, a most valuable and effective remedy is often avoided or neglected, and an ineffectual palliative is substituted for it.

During the last fifty years, it has been my usual practice with almost every patient labouring under either acute or chronic disease, first to examine the state of the *primæ viæ*, and, if these be not in a satisfactory condition, to prescribe an ipecacuanha emetic to procure full vomiting; being well assured that no disorder or disease can be treated satisfactorily unless the assimilating organs be in a condition to receive either medicine or food. Without ipecacuanha, I should be constantly at a loss for a remedy.

The action of an ipecacuanha emetic excites the whole nervous, vascular, and respiratory systems, consequently the heart, the lungs, and the skin; and increases the action of the stomach, intestines, and liver; it acts also as a tonic stimulant to the general capillary organisation, so as to restore and produce a more normal state of the secreting and assimilating organs. The operation of the emetic produces a general reaction of the whole system, the torpid and congestive state of the various organs is roused and relieved, and the sanitary effects of the emetic are evident in bringing the system generally into a more active and healthy state, without producing any debility; on the contrary, I have often seen the effects in raising quickly the sinking powers of the system in extreme cases of syncope, hæmorrhage, etc.

Except in those cases in which I have wished to eject the contents of the stomach immediately, I have used the following method of administering the emetic. First, the patient to drink about a pint of weak tea, or thin gruel, and, half an hour afterwards, to take half a drachm of the powder of ipecacuanha, with ten grains of the bicarbonate of potass, in a little cold water, and, in a quarter of an hour after, to drink freely of weak tea or gruel. This usually acts as a safe, quick, and decided emetic, producing a full and effectual vomiting, clearing away any mucous and morbid secretion which collects and often adheres to the coat of the stomach when the patient is in a debilitated state of body. By this means the lining membrane of the stomach is free to perform its natural healthy function. Should the above dose of ipecacuanha fail to induce vomiting, the dose may be safely repeated in half an hour. I have often proved what the late Dr. James Johnson affirmed in his *Medico-Chirurgical Review* of April 1844, p. 492, that "a single emetic will often effect more good in the course of a day, than any other remedy in the course of a week or more."

It is of the utmost consequence that the ipecacuanha should be genuine; owing to its high price, it is subject to adulteration; and I fear that tartarised antimony is sometimes added to render its emetic properties more powerful, but this adulteration causes a marked difference in the success of the treatment.

Dr. Thomas K. Chambers, in his *Renewal of Life*, page 56, says on the subject of "Restorative Medicine," that "If a case is seen early, almost the only thing the practitioner notices is the lowered vitality of the stomach, how badly it digests its food, and how it hates its usual work. He conjectures that its function is arrested by the presence of some poison, and he empties it with an emetic. In many cases, early in the disease, this cuts it short at once."

Dr. Holland, in his *Medical Notes and Reflections*, says on the use of emetics: "Beneficial as is the action of emetics in unloading the stomach, and upper part of the alimentary canal, it is certain that the influence goes far beyond this; and that other parts of the body, even the most remote and different in structure, are powerfully acted upon. The emetic, moreover, if rightly used, is beneficial not merely in the effects of morbid matters removed from the body, and after the nausea attending its operation, and by the mechanical effect of vomiting; a combination of advantages scarcely belonging to any other remedy."

English Cholera.—I have found ipecacuanha in emetic doses an invaluable remedy in the early and in the sinking state of English cholera. The first time I witnessed the extraordinary power of ipecacuanha as an emetic dose, in the sinking and congestive state of English cholera, was in 1814. A female, forty years of age, was suffering in the last stage of the disease; the countenance was shrunken, the extremities cold, she had spasms in her legs, and other symptoms of approaching dissolution. I had just previously attended two similar cases, in which I had given opium, brandy, and medicinal cordials, and both patients died. I was induced to give, in this instance, an emetic dose of ipecacuanha, from having often seen its good effects in the commencement of the disease. Several hours after the emetic had been given, I again visited my patient, expecting to find her dead; but, to my great surprise and pleasure, so great a change had taken place as to appear almost incredible; the whole of her body was of a natural warmth, the dangerous symptoms had all disappeared. She made no complaint, except of great weakness. She had no other unfavourable symptom afterwards, and required nothing more but gruel, milk and farinaceous diet, and soon recovered.

In the early stage of English cholera, the sickness and purging usually cease after the operation of the emetic; the ipecacuanha appears to possess a specific effect, *sui generis*, on the primæ viæ generally. I have often noticed the peculiar power it has in allaying any inordinate action of the intestines, having apparently a sedative or tonic effect. In two or three hours after the emetic, I have thought it necessary to give a grain of opium with five grains of the blue pill, followed by a powder of two scruples of the sulphate of soda, and one scruple of the powder of rhubarb in water, to assist the natural action of the bowels; afterward a simple saline effervescing draught every three hours; and weak tea, milk, well-boiled gruel, milk with arrowroot, sago, or rice, as diluents and nutriment. A second dose of the rhubarb powder is sometimes required. In cholera, the emetic is best given in cold water, after an attack of vomiting; by this means the emetic usually remains five or ten minutes on the stomach, a sufficient time to secure its effects. Patients often object to taking an emetic in cholera, urging that nothing remains in the stomach and bowels after having been so severely vomited and purged; but when they understand that the cause of the disease still remains, and must be removed before there is an amendment, they are willing to submit to the treatment. Should spasms and other severe symptoms be present at any stage of the disease, I would pursue the same emetic treatment. My confidence in the effects of an emetic dose of ipecacuanha has been fully confirmed in such cases, after a practice of more than half a century.

Fever.—Since the year 1813, I have been in the habit of giving an ipecacuanha emetic in all cases of fever at the commencement of the disease with the most beneficial effect, and have often found that attacks of the complaint were warded off, and in some cases effectually checked. In most cases of fever, I believe the disease is materially mitigated, and in very severe attacks fatal consequences are prevented. It is of the first importance that the emetic be given early; indeed, I know of no other cases in which the old adage—*principiis obsta*—is so truly verified.

The following from Dr. T. K. Chambers's *Renewal of Life*, p. 47, is most worthy of attention, and fully accords with my opinion and practice, as to the use of emetics in fever. "I am inclined to think that the usual path by which the poison enters is the digestive canal. It is mixed with the saliva and carried down into the stomach, when it possibly may accumulate and be multiplied in the gastric mucus. At an early period after the poison has begun to act upon the system, the fever may be arrested by emptying the stomach; and thus apparently preventing the whole dose from being taken up. Those who have watched my practice will have seen several instances of the success of this treatment; the fever cut short and convalescence entered upon immediately, with its painless debility with emaciation gradually passing away."

My treatment of typhus and typhoid fever, was to secure free ventilation, the use of disinfectives, and cleanliness; to pay particular attention to the digestive organs, commencing with a full emetic dose of ipecacuanha, and giving aperient and saline medicines. In the sinking state of the disease, the sulphate of quinine, with the compound infusion of orange-peel, was taken three times a day; and the strength was sustained by mild nutriment, arrowroot, milk in various forms, beef-tea with sago, rice, bread, etc.—a little given *at very frequent intervals*, night and day; the result has been most successful. I have had no reason to resort to wine, or any other alcoholic stimulant.

Erysipelas.—I have nearly in all cases of simple acute erysipelas commenced the treatment with an emetic of ipecacuanha, and aperients, finding generally a disordered state of the digestive organs. An emetic has also considerable power in checking the inflammation. A decided application of the nitrate of silver, as directed in the third edition of my work on that subject, has an immediate effect in subduing the erysipelas; and, if there be any constitutional symptoms, they simultaneously cease. All inflammation, on which the nitrate of silver has been properly applied, is effectually subdued in four days. There is much truth in the observation of the celebrated Abernethy: "Subdue local irritation, and regulate the action of the digestive system, and you control all controllable diseases."*

(*To be concluded.*)

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE INTERNAL USE OF CARBOLIC ACID.

Of the numerous remedies which have been brought before the notice of the profession of late years, carbolic acid takes a very prominent position. Like most new and active agents it has been vaunted as a remedy for nearly everything—as a very panacea, indeed. Used in the form of a dressing, and applied to exclude the air, as recommended by Professor Lister, of Glasgow, it has certainly found favour among a good many surgeons. As a lotion it offers many advantages both as a deodoriser and stimulating application to open wounds, and diseased mucous membranes, as the vagina and the nasal passages in ozæna. That it should, however, be promiscuously prescribed in almost every ailment under the sun, and that the success of every case which gets well under its use be attributed to its influence; that it should be even thrust before the public and the profession as a specific in typhoid fever without trial in a large number of cases, is calculated to mislead members of our profession, who, after a few failures, may probably throw up in disgust a remedy which may yet turn out on further trial a valuable therapeutic agent. That success has followed its employment in several affections the following notes tend to show. It will remain to be seen how far it will continue to hold the prominent position assigned to it now as a therapeutical agent. Creasote, of almost identical composition in many respects, is thought by some to be more efficacious as a remedy; others again, have found carbolic acid the more effective agent; as will be seen, Dr. Murchison and Dr. Buchanan believe that carbolic acid has no specific effect whatever in typhoid fever, and, so far as they have observed, in any one continued fever.

At the Fever and Middlesex Hospitals, Dr. Murchison has used carbolic acid extensively in the treatment of both typhus and enteric fever. He has not obtained, however, from it the good results which he expected, and which have been ascribed to it. His experience leads him to believe that a great deal of what has been written by some writers on the marvellous effects of carbolic acid in fevers will be found, on more extensive trial, to require very great modification. At the same time he believes that carbolic acid is of use in typhoid (enteric) fever, when there is much tympanitis and diarrhœa. It will not of itself check diarrhœa—with opium it will (or perhaps rather the opium does). But it certainly has the effect of diminishing the tympanitis, and probably of checking the decomposition in the bowel, on which this tympanitis mainly depends. The prescription used at the Fever Hospital consists of thirty to forty minims of pure carbolic acid, four drachms of spirit of chloroform, and an ounce of syrup, in eighteen and a half ounces of peppermint water. The dose given is one ounce every two or three hours.

Dr. Buchanan has also, at the Fever Hospital, employed carbolic acid largely in the treatment of continued fevers, and is sure that it has no influence on the specific course of typhus, enteric, or scarlet fever; nor has it, he thinks, any effect of any value upon any symptom. There were cases in which he thought carbolic acid of service, but they were not cases of fever. Beyond this, he cannot express an opinion of its action as a remedy.

At GUY'S HOSPITAL, Dr. Wilks has used the carbolic acid in form of pill in chronic bronchitis in two or three cases, but without any marked effect. He has employed it instead of creasote for sickness, and with equally good effect. In one case it was tried after creasote, and apparently it was the better remedy. The cases were two of phthisis, where sickness was the most striking symptom. After using one or two medicines with no benefit, Dr. Wilks ordered a grain of Pharmacopœia acid, in form of pill, every four hours, and in both cases with a good result. Besides its internal use, Dr. Wilks has applied it externally in several cases. As symptoms of carbolic acid poisoning supervened in one cases, it may be well to mention it here, as it shows well the precautions necessary when using carbolic acid externally. In a child suffering from favus, he employed the acid as a lotion with glycerine, to the head and other parts, from whence the fungus had been removed. In a day or two the child became alarmingly ill—prostrate, pale, very sick, with feeble pulse, and loss of appetite. The remedy was at once discontinued, and all the substance speedily washed off the body. The child then got better. In another patient suffering from typhoid fever, whom he saw with Mr. Hill, of Camberwell, bed-sores subsequently appeared, to which Mr. Hill applied carbolic acid as a lotion. He was sent for one night shortly after, as it was said that the patient had passed blood—the urine being of a very dark colour. On the following day it was examined, and the colour was found to be due to carbolic acid, just as observed after use of creasote and tarry compounds.

Dr. John Harley has used carbolic acid internally in diabetes and in cancer of the stomach. In diabetes he has given it for several weeks continuously, but without any decided effect on the quantity of sugar. In two cases of cancer of the stomach he employed it in full doses, and continued its use as long as the patients could bear it. In one case it appeared to diminish the vomiting. In the other there was no amelioration of this symptom, and in both, although the vomited matters smelled of carbolic acid, the development of sarcina continued apparently undiminished.

At the GERMAN HOSPITAL, Dr. Hermann Weber has employed carbolic acid internally in two cases of typhoid fever, and in a few other miscellaneous cases; but from the progress of the cases under its use he has not been able to draw any conclusions whatever of its value as a medicinal agent.

At the LONDON HOSPITAL carbolic acid has been extensively employed by Dr. Andrew Clark. He believes it to be an agent of considerable therapeutic value, and we subjoin short notices of some of the chief affections in which he has seen it to be of positive and permanent use.

In vomiting, Dr. Clark considers that carbolic acid holds rather a better place than creasote, and is most successful where the vomiting is associated with fermentations and catarrh. When the stomach is very irritable it must be given in pill, and in obstinate cases combination with morphia will succeed when each drug by itself has been tried and has failed. Dr. Clark thinks that, if it do not succeed in one-grain doses, it will not succeed at all.

In the small, but often long-continued hæmorrhages issuing from gastric erosions, or from what has been called the hæmorrhagic ulcer, one grain of carbolic acid dissolved, with the addition of a little spirit, in two ounces of water, and given every two or three hours, commonly checks the bleeding at the third dose, provided the stomach be kept at rest.

In chronic gastric catarrh, when bismuth, silver, and acids have failed, success is sometimes obtained from carbolic acid. It is, however, almost exclusively in atonic cases that good is done; and in them the trial of the acid should be preceded by three or four days' employment of bicarbonate of soda, with or without a little hydrocyanic acid. The carbolic acid, moreover, should be given only in quarter-grain doses, much diluted, and upon an empty stomach. If it do no sensible good in a fortnight, it is not likely to succeed by longer use. In any case, it does not seem advisable to continue its administration beyond four or five weeks. After that time it interferes with digestion, and induces headache and general nervous irritability.

In two cases of waterbrash, when other remedies had failed, cure was effected by carbolic acid in grain doses given with bismuth and opium. In flatulence, whether gastric or intestinal, and due to the decomposition either of food or of secretions, carbolic acid acts occasionally with the happiest effect. It should, for this purpose, be administered in grain doses made into a pill, with flour and mucilage. Employed for the relief of flatulence, carbolic acid is of course in most cases more a temporary expedient than a means of permanent cure. That can be effected only by a due regulation of the diet, by iodide of potassium and alkalies where the starchy, and by pepsine and acids where the albuminous digestion is at fault. In those rare cases in which the flatulence is due to excess of mucus, and the decomposition set agoing by its constituent ferment, carbolic acid may be employed legitimately with the object of cure.

In chronic bronchitis, and in bronchorrhœa, the employment of carbolic acid is considered by Dr. Clark to be of great value. Internally it may be administered several times a day, in half-grain doses dissolved in water. It may also be used locally in the form of inhalation or of spray. In the form of inhalation by adding twenty drops of the deliquesced acid to half a pint of boiling water, and inhaling the vapour; in the form of spray by dissolving a grain of carbolic acid in six ounces of water, making a spray by means of Siegle's vaporiser, and causing fifty inhalations to be taken twice or thrice a day.

In certain forms of phthisis, in which there is much secretion either from the bronchial tubes or from cavities, and in which there is not very much irritation, inhalation of the vapour of carbolic acid, diluted with steam, produces much benefit. In no phthisical case, however, can the spray be used with safety. In fact, Dr. Clark says that all his trials of carbolic acid sprays in phthisis have been followed by bad results.

Oozing hæmorrhages from the air passages are quickly checked by inhaling sprays of weak carbolic acid solutions; but as many such cases are associated with organic disease of the lungs, Dr. Clark considers that their use for this purpose is attended with considerable risk.

Dr. Clark has had little experience of the use of carbolic acid in fevers, and that little is either quite negative or unsatisfactory.

Of no use whatever in cholera, Dr. Clark thinks that carbolic acid alone, or in combination with other drugs, is of real use in the diarrhœas which accompany the march of that epidemic.

In addition to the internal administration of the acid in the cases mentioned, we may add that in the form of injection Dr. Clark has found the use of carbolic acid of the greatest advantage.

In discharges from the nose and throat, and particularly in ozæna and naso-palatine gland-disease, he has employed the saturated watery solution with benefit. To secure its full curative effects, however, the parts should, in the first place, be irrigated by weak alkaline solutions, till all adherent mucus is dissolved, and then the naked mucous membrane will be more effectually acted upon by the carbolic acid water. The application of the fluid may be made in one of three ways: by means of Thudichum's admirable cistern-douche; by a special adaptation of Dr. Clark's spray-producer, which can be passed along the floor of the nose and be made to scatter its spray over the whole surface of the pharynx and back of the palate; or, better than by either of these plans, when it can be done by drawing the solutions through the nostrils into the mouth. In a few obstinate cases still amenable to cure by carbolic acid, the strength of the solution requires to be increased, and then a little alcohol must be used as the dissolving medium. The glycerine solution is not suitable in these cases; and, as a rule, when the weak solution fails the strong does not succeed.

In mucous diarrhœa, and in what is termed mucous disease of the large bowels, carbolic acid is a most successful curative agent when properly employed. It is necessary, in the first place, to use injections of solutions of chlorate of potash (five grains to the ounce) in order to dissolve and remove adherent mucus. In the next place, it is necessary to use the solution of carbolic acid (one grain to six ounces) in such a position of the patient, with the hips raised, as will permit it to reach the transverse colon, and to be retained for some time in contact with the mucous membrane. In cases of chronic cystitis, Dr. Clark has succeeded in curing profuse mucous, and sometimes bloody, discharges through irrigations of the bladder, with weak solutions of carbolic acid (one grain to six ounces) made by means of a double catheter.

DUBLIN HOSPITAL REPORTS.

CITY OF DUBLIN HOSPITAL.

DELIRIUM TREMENS TREATED BY CAPSICUM, AND SUBSEQUENTLY BY COLD: THERMOMETRICAL OBSERVATIONS ON THE EFFECTS OF COLD LOCALLY APPLIED.

(Under the care of Dr. HEWITT, Physician to the Hospital.)

Reported by Mr. DONALDSON, Purser's Student.

JAMES COON, aged 38, a labourer, was admitted into the City of Dublin Hospital on November 12th, 1868, suffering from the fourth attack of delirium tremens. He had been drinking hard up to the time he presented himself for treatment. His face was congested; the conjunctivæ were injected; tongue creamy and tremulous; the skin hot and dry; appetite lost; bowels confined; pulse 68, weak, but regular. He had had no refreshing sleep for several nights, in consequence of the hideous hallucinations which made him start out of his sleep. He was much afraid of being left alone, lest he should injure himself. He was by no means violent or noisy, and the tremors were not excessive. When asked by Dr. Hewitt to what extent he drank, he answered that "he had been at it for sixteen years, and often took three or four pints of whiskey in the day."

He was ordered to have twenty grains of capsicum, in a bolus, every eight hours; and to get milk and beef-tea at proper intervals. He passed a very restless night; but, after the second dose of the capsicum, he slept about an hour, and awoke refreshed. On the 14th, he had taken four doses of capsicum, and complained of a burning pain in the epigastrium, accompanied by vomiting. He had passed a bad night, and was much worse. He was perspiring profusely. At the same time, the skin was so hot that he steamed when the bedclothes were drawn down. The tremor was so great, that he could not hold anything in his hand. The heart was weak, but regular. The pulse could not be counted at the wrist, but in the carotid it was 68. The tongue was very tremulous, and creamy in the centre, but bright red at the edges and tip. He started from sleep with a shout, and would have fallen out of bed, but for the attendant. The capsicum was discontinued; and the ice-bag was applied along the spine, from the occiput down, for one hour.

	Pulse.	Temperature.
Before application	60	99.7 deg.
After application	64	100

In the evening, the ice was applied again for an hour, but to the head.

	Pulse.	Temperature.
Before application	76	99.3 deg.
After application	70	99.3

After the application to the spine, "he felt stronger and clearer in his head", but still continued to perspire copiously. When applied to the head, the temperature was unaffected, but the perspiration was checked; the heart's action was depressed.

On the 15th, he was greatly improved, had slept better, and the tremors were much less. The ice was continued to the head.

On the 16th, the ice was applied twice, and the temperature and pulse carefully noted.

	Pulse.	Temperature.
First application.—Before . .	80	99.7 deg.
After an hour and a half .	74	99.2
Second application.—Before . .	84	98.9
After an hour and a half .	80	98.7

It was very interesting to remark the rapid effect of this treatment on the patient. He slept during and after the application of the ice to his head, and for four hours continuously through the night. His appetite returned; the tremors disappeared; and the expression and colour of his face became natural. He was discharged in a few days, quite recovered.

Dr. Hewitt, in commenting on this case, drew the attention of the class to the failure of capsicum in this case, owing to the production of vomiting and gastric irritation. He reminded them that this was a result to be feared even more frequently than it occurred, and was due to the irritant effect of the drug. He was quite aware that there were cases which recovered under the use of this medicine, and that after the failure of many other agents. He requested their attention to the effects of cold in this case. It contrasted remarkably with the case of Mulholland, which they had seen previously treated by the same agent; for, in this case, as long as the ice was applied to the spine, there was little relief. Although the normal effects of increase of temperature and pulse were observed, yet the sweating did not diminish, nor did sleep result, until the cold was applied to the head. It was most interesting to observe the different effect on the temperature and pulse in this case when the cold was applied round the head, as contrasted with the result when applied to the spine. On the first occasion, the pulse only was affected; but subsequently the temperature also was diminished, and that to the extent of half a degree. It should also be remembered that the daily observations indicated a steady return to the natural temperature, which, though it might be said to be due to the occurrence of a sort of crisis, yet that crisis was brought about by the treatment adopted. He would be inclined to try the effect of the application of heat to the spine, with or without cold to the head, should this patient ever come under treatment again with similar symptoms. The sweating he regarded as due to the excessive supply of blood to the sweat-glands of the skin—a mere local condition of capillaries, not accompanied by that stimulated condition of the cerebro-spinal gland-nerves so frequently attendant on the *cold* sweats of delirium tremens. He thought it very probable that the effect of the cold to the head was to cause a contraction of the capillaries of the brain, and thus to bring about that degree of anæmia which favoured sleep, and might at the same time diminish the vascular excitement which want of sleep would give rise to. The local use of cold, either to the spine or to the head, was to be regarded as an important item in the treatment of delirium tremens; but it should never be regarded as the only remedy to be employed. Such a view could only lead to empiricism.

NEW INVENTIONS, &C.,

IN

MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

CURTIS AND CO.'S IMPROVED INHALER.

AFTER personal experience in its use, we are enabled to recommend "Curtis and Co.'s Improved Inhaler" to the favourable notice of the profession and the public. Made of strong white porcelain, very clean, simple, portable, and, from its shape and the flexibility of the inhaling-tube, handy in any position, and affording all the other necessary requirements of a good serviceable inhaler, we think it should deservedly become a favourite in the invalid's room.

A STUDENTS' COLLECTION IN MATERIA MEDICA.

IN order to assist students in preparing for their Materia Medica examinations, Messrs. Southall, Sons, and Dymond have prepared an admirable collection of one hundred and twenty-four characteristic specimens of the most important of the materia medica—barks, flowers, fruits, etc. To the student who desires to learn this subject with some degree of soundness, and with ease, as well as certainty, this collection cannot be too strongly recommended. It is above all things valuable that the student should learn facts, not words only; that he should see, smell, and handle the objects described in his text-books, and not merely repeat those descriptions parrot-like. To lecturers on materia medica this aid to their teaching will, we apprehend, be very welcome; and we commend it to their notice as a thing to be recommended by them to their students.

LIEBIG'S BAKING-POWDER.

WE brought lately to the knowledge of the profession some important researches of Baron Liebig, ending in the introduction of a new baking-powder, of which the object is to give to white bread—with all its beauty of appearance and superior palatableness—the valuable mineral constituents which make black and brown bread essentially more wholesome and desirable as food. Full particulars of the chemical nature of this powder will be found in our number of January 2nd.

Since we have drawn attention to the subject, Mr. Van Abbott has occupied himself with it, and is now prepared to supply an excellent and efficient preparation of Liebig's baking-powder. For the most part, what are called baking-powders are things to be never used. This, on the contrary, is a valuable addition to the dietetic quality of bread.

We shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 13TH, 1869.

OUR SYSTEM OF ARMY HOSPITALS.

Our system of army hospitals and of general administration of the Army Medical Department seems to be perpetually undergoing a process analogous to fermentation, but in which, unhappily, from the presence of some septic or disturbing element, to judge from the communications addressed to ourselves, as well as from the comments of our contemporaries on similar contributions, the results partake more of the acetous than of the generous vinous character.

As in the analogue, the cause of such unwelcome results is by no means of a simple nature. One class of correspondent tells us that the Army Medical Department, instead of having a separate and individual being, continues to carry on a sort of semi-vitalised placental existence, through its attachment to the regimental system; sever this, and independent volition and active life will be the result. Another asserts that, in the regimental system alone is there safety; that disaster and disgrace will inevitably result from deviations from it; and that upon its maintenance and extension will depend almost entirely the social position of the medical officers, and the well-being of the troops. Such opinions are very general among those medical officers whose lot, after long and varied service with a regiment in most parts of the world, has at last been to "do duty" at Netley or Woolwich, under the control of a military commandant, and the irritating ministrations of a superintendent-general of nurses, and the restrictive interference of the captain of orderlies and the purveyor. The complaints which we have received on all these subjects are so numerous and unanimous, and on *ex parte* evidence appear to us so well grounded, that we are forced to the conviction that peace and good-will can never be established among the classes concerned in the administrative and executive charge of our army hospitals until the whole subject be again fully entered into and discussed before a Commission, whose investigations can now be elucidated by the experiences of the last ten years, since the inauguration of the present system of management. One thing appears certain beyond a doubt, that, financially considered, the expenditure on the purely military element of army general hospitals may, with advantage to the public, and no loss to the soldier, be very considerably reduced.

A third series of correspondents, with equally plausible arguments, impress upon us that the commixture of the medical and military elements in any but the roughest and most transitory mechanical suspension is impossible; that they may, by a violent or almost spasmodic agitation, be made to assume the semblance of a chemical solution; but that separation and subsidence inevitably follow when the dissimilar particles exercise their mutual repulsions on the mixture being submitted to the test of the ordinary course of events. This is the class to whom purely professional studies and pursuits are the objects of highest regard, and to whom the pomp and circumstance of military trappings and of phantom relative rank have, in most instances, become distasteful, because unreal, almost before their cross-belt badge has lost its first thin coat of lacquer. This very question of the relative rank and military honours of the civil branches of the army is one which the writer of the series of articles now appearing in the *Pall Mall Gazette* on military reforms has noticed in a manner contemptuously demonstrative of the light in which the purely military mind contemplates participation in such honours by any but the fighting animal. His opinion is that there are other ways besides those which we have named in which the standard of our officers may be raised. Among them may be mentioned the negative improvement in an officer's position which would be effected by abandoning the present system of bestowing broadcast, and with an easy liberality, upon the civil branches of the army, and non-combatants, distinctions of rank which are essentially military. At present, every hanger-on to the military profession holds, in proportion to his service, a higher relative rank than the officer proper; and thus, either the value of promotion becomes cheapened, or the combatant officers learn to regard themselves as the least honoured members of the profession.

So be it, would say the third class of correspondent; we feel and admit that the duties of our position are essentially different from those of combatant officers; but we maintain that zeal and efficiency in their discharge are of paramount importance as regards the welfare of an army, and deserve reward in the shape of professional standing, increased emolument, and the confidence of the authorities, analogous to, and to a certain extent commensurate with, that which usually attends the exhibition of similar qualities in civil medical life. Were such now the case in the naval medical service, we should not see a committee of civilian practitioners directed by the First Lord of the Admiralty to report upon the administration of certain naval hospitals, as to the possibility of reducing expenditure and the number of medical officers. Nor should another civilian hold high place in the Sanitary Committee o the War Office, to advocate views on the etiology of epidemic diseases at variance with those of the majority of the profession, and to advance non-contagionist theories which, had they been entertained and put into practice by the Cattle-plague Committee, would, instead of stamping out the pestilence, have still permitted it to ravage our herds.

Such are the ideas of what may be called the "high" school of military medical officers—of men who prefer the executive to the administrative duties of their department; who would rather be good doctors than accurate compilers of diet rolls and tables of extras; and who, considering the prevention and treatment of disease to be the most engrossing and important subjects for investigation, devote all their energies to these, and would desire to leave the execution of the details and subsidiary measures to be carried out by the various departments concerned on principles defined by their medical and sanitary knowledge. Such men are, we believe, numerous, both amongst the senior and junior ranks; but many of this latter stamp, seeing and hearing as outsiders how things are managed, decline to enter. Some enter and remain only sufficiently long to judge of the system for themselves, and on leaving find in private practice a more open and remunerative field for competition.

Many who enter with the highest aspirations are educated downwards, and entrammeled by the shackles of a dull routine, soon submit to the bondage. They see that, in the vast majority of instances, to the idle and inefficient man, it is meted out with the same measure as to themselves. Prizes for purely professional work may be said not to exist; they may be counted almost on the fingers of one hand; where administrative rank commences, professional work virtually ceases. They see the senior members of their department put aside, while civilians sit in judgment on their works and requirements. They are themselves passed over in promotion by fortunate juniors who, by a stroke of luck having, as in the Abyssinian expedition, come under the favourable notice of the general commanding, are promoted for the purely *military* reason of having been to the front, while others, their seniors, having with equal zeal and ability performed merely *medical* duties in hospital ships, depôt hospitals, and such like, enjoy merely such reward as may accrue to them from the consciousness of having deserved better. With such experiences, can it be wondered at that few or none of the candidates for medical service in the army are the sons of officers already in the department?

These and many other causes of dissatisfaction have been so often laid before us, that we feel that their repetition is even more than a thrice told tale. While they exist without modification or attempt at remedy, so long will the service be unpopular with the very class of men who are most required; and those already in it will continue to press their grievances on public notice. On a future occasion, we shall further discuss the relative merits of the regimental and general systems, and suggest such remedies for existing causes of complaint as have occurred to us.

DR. R. H. ROBERTSON has been appointed Secretary to the Court of Examiners at Apothecaries' Hall in the room of Dr. W. P. Brodribb, deceased. Dr. George Corfe and Dr. John Sherwood Stocker have been elected members of the Court of Examiners; the former in the room of Dr. R. H. Robertson; the latter in the room of Dr. H. M. Rowden, deceased.

THE SMALL-POX AT DELHI.

SMALL-pox is abating in the city and district of Delhi. The *Pioneer* has heard, but can hardly believe, that no less than 1,000 children were carried off by the disease during the month of December.

CONTAGIOUS DISEASE IN THE FRENCH AND BRITISH ARMY.

ACCORDING to the *Statistique Médicale de l'Armée Française pendant l'Année* 1866, contagious disease infected 97 per 1,000 of the effective strength in that year; being an average loss of each patient's services for thirty days; the total loss being equivalent to the services of the whole French army for nearly three days. All French garrison stations are under sanitary restrictions, and the beneficial effect of these restrictions is well shown when the health of the French army is compared with that of the British army. The number of men affected in the portion of the British army at home was in 1866, 258.5 per 1,000 of mean effective strength, or nearly 2½ times greater than in the French army. The average loss of each patient's services being about twenty-three days, and the total loss equivalent to the services of the whole army for almost six days.

COMPARATIVE STRENGTH OF VIENNESE AND LONDON ALE AND BEER.

SOME misapprehension prevails, we find, as to the real strength of the Viennese beer now being sold here at the very high price of sixpence per pint. It is presumed to have all the other qualities of good beer, but to be comparatively innocent of alcohol, and far less "heady", for example, than porter or what is called "fourpenny ale" (the quart). This is not so. The two samples of Vienna beer referred to in the report published in this JOURNAL of the 23rd of January last showed an alcoholic strength amounting to about 4.45 per cent. by weight, or 5.55 by volume, of absolute alcohol, corresponding to an alcoholic content of 1.14 fluidounce per pint of the beer. This is rather higher than the alcoholic strength of the best kind of London porter, which contains about 3.76 per cent. by weight, or 4.7 by volume, of absolute alcohol. The generality of what is called fourpenny ale (the quart) has much the same alcoholic strength. The better kinds of ale, such as Crowley's Alton ale and bitter ale, contain from 4.48 to 6.16 per cent. by weight, or from 5.6 to 7.7 per cent. by volume, of absolute alcohol; and old Burton ale contains as much as 8.32 per cent. by weight, or 10.32 per cent. by volume, of absolute alcohol. In point of alcoholic strength, therefore, the Vienna beer sold in London is somewhat superior to good porter; but in this respect it stands below the average of the ale commonly sold, and it is not much more than one-half as strong as the best kind of old Burton ale.

FEVER.

IT would seem, says the *Englishman*, as if the epidemic fever, which has of late years raged in the districts bordering on the Hooghly, is slowly travelling northwards. It was only the other day that an outbreak was reported from Beerbhoon of a character sufficiently severe to induce the Lieutenant-Governor to visit the suffering district. About the same time, fever of a most virulent type was reported from the apex of the Delta at Jungypore. It would be as well if the Government were to make some inquiries on the subject of the spread of the fever, which, having had its origin in Jessore, has invaded all the neighbouring districts with the most disastrous effect.

INQUESTS WITHOUT INQUIRY.

THE *Barnsley Chronicle* contains an account of an inquest on William Shae. He was found dead, weltering in his blood, under circumstances calling for inquiry. Dr. Morris was sent for, and refused a certificate. Nevertheless, at the inquest, although no evidence was given to show where this blood came from, nor what was the cause of this sudden death, no *post mortem* examination was made, or medical evidence taken, the coroner "briefly summed up", and the jury returned a verdict of "Died from natural causes". Such inquiries are a mockery, and bring discredit on the coroner's office; while they break down the value of an inquiry which is the most important safeguard of life in this country.

FRESH MEAT FROM KANSAS.

ONE of the most hopeful of the many schemes for increasing the supply of fresh meat to this country appears to be that of Professor Gamgee, which was tested a fortnight since at the Society of Arts.. The Food Committee, who have had rather a hard time of it apparently as testers of not the most savoury of meats, ate some mutton chops and beef on January 13th which had been killed in New York on December 4th, 1868. This meat arrives uncooked, and has, in this respect, a great advantage over any sort of boiled or canned meat. The animals are killed by inhalation of carbonic oxide gas, and subjected to the action of the same gas in an air-tight tank. The carcases had been packed in a rough case and sent to England, and the meat was pronounced good. It was thought that meat might thus be killed and forwarded from Kansas, and sold at threepence or fourpence per pound here, and leave a good margin of profit to the adventurers. The same story has been told before, but this plan has much to recommend it; and we hope it may find capitalists to back it, and to succeed in their useful enterprise.

MEDICAL RELIEF IN PARIS.

IN an official report, recently published by M. Husson, of the work of the General Administration of Public Relief of Paris, M. Husson describes its operations as including for the year 1867, 277,342 persons, who are thus classified. Patients treated in hospitals, 96,704; infirm and old people treated in asylums, 9,025; insane people in Bicêtre and Salpétrière, 3,441; persons assisted at home by the Boards of Charity (*Bureaux de Bienfaisance*), 40,644 households, composed of 105,119 individuals; of the indigent sick treated at home by the medical officers of the Boards of Charity, 38,173; children sent into the country to cottagers, 24,880. These comparatively small numbers offer an astounding contrast with the numbers recorded as receiving hospital and state relief in London.

MR. FITZHERBERT.

WE understand that Mr. Fitzherbert, the eminent colonial minister, of New Zealand, lately fêted here, is a graduate of Cambridge, Member of the Royal College of Physicians, and actually lectured on the Practice of Physic either at Little Windmill Street or at Grosvenor Place School. Finding it slow work here, he embarked his capital in the purchase of a ship and cargo, and emigrated to New Zealand about 1840. He is a man of very superior education, and was highly thought of as a practitioner by his medical brethren, before, like Sir Rutherford Alcock and Sir Charles Nicholson, he exchanged a medical for a political career.

ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.

WE may call attention to an extraordinary general meeting of the Governors of the College, to be held at the office of the College, 37, Soho Square, London, on Tuesday, the 23rd of February inst., at Three o'clock precisely, when a resolution of some importance will be proposed on behalf of the Council; viz.,

"That after Easter Term, 1869, the payment to be made for all pupils residing in the College, being the sons of medical men (except the Foundation Scholars, the Surrey Society's Scholars, and the Exhibitioners), be at the rate of £45 *per annum*, instead of £40; and that the second Bye-Law of the College be altered accordingly."

MILLINERS IN ST. GEORGE'S.

When the medical officer of St. George's prosecuted the employers who were infringing the new Workshops' Regulation Act, he was assailed with a cry that he was not the proper person and that it was none of his business. We differed then from the excellent persons who entertained that opinion, and are glad to note the following results stated by the London Inspector of Factories. Mr. Redgrave writes, in his report about to be published:—

"Many of the local authorities have already taken action in the matter, and a vast amount of good has been effected in establishments coming under the operation of the Act. I have the gratification of particularising the Vestry of St. George's Hanover Square, as having been one of the first to put the Act in force, and they placed the matter in the hands of their excellent medical officer, Dr. C. J. B. Aldis, whose attention was first called to the case of the milliners and dressmakers, and by his earnest and firm administration, regular and moderate hours of work have been introduced into nearly all such establishments within the district of St. George's, Hanover Square."

INQUESTS IN LIVERPOOL IN 1868.

The following is a return of the number of inquests, with the verdicts returned, held within the jurisdiction of Mr. Clarke Aspinal, borough coroner, for the year ending December 31st, 1868. Condensed statistics, such as these, which we take from the *Leeds Mercury*, have an obvious importance.

	Males.	Females.
Infants (Legitimate):		
One year and under	68	62
Seven years and above one	43	43
Infants (Illegitimate):		
One year and under	41	32
Seven years and above one	1	1
Children:		
Under sixteen and above seven	44	9
Adults:		
Sixteen and under sixty	309	87
Sixty and above	52	23
Ages unknown	30	6
Total	588	263
Finding of the Jury.		
Murder	16	13
Manslaughter	7	5
Suicide	22	5
Accidental death	285	90
Injuries, causes unknown	20	11
Found dead	94	5
Excessive drinking	43	20
Disease aggravated by neglect	5	7
From want, cold, exposure, etc.	7	4
Other causes	89	51
Total	588	263

Each inquest cost £1 : 19 : 5½, and the total cost of the inquests during the year amounted to £1,679 : 5 : 4. Out of the number of inquests shown in cases of murder there have been eight persons (distinct cases) committed and tried; twenty were against persons unknown, for the murder of infants found exposed, and one against some person or persons unknown for the murder of a man. Of the inquests in cases of manslaughter, the accused persons have all been tried at the assizes. In addition to the above return, there were no fewer than 816 cases of death reported at the coroner's court by the police and others where inquests were not found to be necessary; but it should be borne in mind that in each of these cases the beadle's inquiries and the coroner's personal investigations were just as fully and thoroughly made as if formal inquests had been held. Thus an estimated cost of £1,609 : 18 has been saved to the borough, this estimate being based upon the average cost of inquests during the year, the average cost of each inquest held having been £1 : 19 : 5½, including coroner's fee, witnesses' expenses, surgeons' fees, engineer's fees, and cab fare for the conveyance of the jury. The total number of deaths (1667) reported at the court shows an increase of 456 on the previous year, but only an increase of 14 on the number of inquests held. This large increase of reported deaths necessarily involves the coroner's attendance at court every day, in order that he may give the friends of deceased persons as speedy a decision as possible, with a view to early interment. The average cost of each inquest held during the past year is 9¼d. under the average cost of inquests during previous years.

MEDICAL REPRESENTATION IN PARLIAMENT.

Sir D. Corrigan was chosen unanimously as the Liberal Candidate for Dublin at a meeting held at the Mansion House on Wednesday. A second subscription list was opened.

NAVAL ECONOMY.

We have been informed that the practice which has for some time existed in the naval medical service of surgeons holding appointments and performing duties ordinarily discharged by assistant-surgeons has been discontinued. All surgeons hitherto so employed are to be superseded and replaced by assistant-surgeons. We had understood this practice to have been one of necessity, in consequence of there not being a sufficient number of assistant-surgeons to take charge of the smaller vessels on foreign stations. Some of the posts, however, so occupied by surgeons were in training and other ships on home-stations, in which the transference of duties will probably be more highly appreciated by assistant-surgeons than by surgeons, some of whom will be temporarily on half-pay. As a piece of economy, it may be cheaper to keep surgeons idle on half-pay than to employ them in the duties of assistants.

BOMBAY MEDICAL FUND.

At the quarterly meeting held on January 5th, large annuities were granted to retired Surgeons W. G. Prichard, M.D., and D. MacFarlane, M.D., and retired Surgeon Neill's small annuity was raised to a large one. The established small annuity was granted to Surgeon-Major C. B. Craske, and the small annuities previously held by Doctors Prichard and MacFarlane to retired Surgeon Traill and Surgeon-Major H. F. C. Cleghorn.

FEVER CARRIAGES.

The Local Board of Health for the District of the City and County of Bristol, having provided a proper carriage for the removal of persons suffering from infectious or contagious disease, have given public notice that they are willing to lend the same, subject to the undermentioned rules, and that they will henceforth strictly enforce the penalties under the provisions of "The Sanitary Act, 1866," against any person suffering from any dangerous, infectious, or contagious disorder, entering or exposing himself in any public conveyance, and against the person in charge of one so suffering who so exposes the sufferer, and against the owner or driver of such conveyance. The following are the Rules for the use of the carriage.—1. The carriage shall be used only for the conveyance of persons suffering from infectious or contagious disease. 2. Upon application in writing from any qualified Medical practitioner, to be made to Mr. John Duston, at the Board's Yard in Meadow Street, Saint Paul's, the carriage shall be lent, free of charge, for the conveyance of any patient suffering from infectious or contagious disease. 3. Every person using the carriage for the removal of a patient, shall be held responsible for the carriage being returned to the yard with all proper diligence, and for any damage or injury that may be done to it, and shall repair such damage as soon as possible, or the Local Board may have the repairs done and charge such person with the cost. 4. The parties requiring the use of the carriage shall find, at their own expense, horses and harness. 5. Every application for the loan of the carriage shall contain the name and address of the person requesting the use of the carriage, the name, age, occupation, and residence of the patient to be removed; also the name of the disease from which the patient is suffering, and the place of intended removal. 6. The Medical Inspector of Health will disinfect the carriage after each time of using, and will be considered responsible for the carriage being free from infection at all times. 7. A printed copy of these rules be given to each party borrowing it, and he shall sign the agreement hereunder written. I, of hereby acknowledge that I have borrowed the carriage mentioned or referred to in the above rules, and agree to abide by such rules. Dated this day of 186 . (Name)

ROYAL COLLEGE OF SURGEONS.

At a meeting of the Council of this institution on Thursday last, Mr. Richard Partridge, F.R.S., was re-elected a member of the Court of Examiners, for a second quinquennial period, by a majority of twenty-two votes to one.

ASSOCIATION OF OFFICERS OF HEALTH.

At the next meeting of the Association of Officers of Health, on the 20th inst., at 7.30 P.M., Dr. W. A. Guy, F.R.S., will read a paper on "Indiscriminate Almsgiving as a Cause of Disease and Crime." The meetings of the Association are held at the Scottish Corporation Hall, Crane Court, Fleet Street.

THE OXFORD ADDRESSES.

The addresses delivered at the last general meeting of the British Medical Association at Oxford are about to be reproduced in a handsome volume, published by Macmillan. They have attracted considerable attention abroad as well as at home. Professor Haughton's address has been reproduced in America, and Dr. Gull's translated by Dr. Lorain, and republished in full in the *Revue des Causes scientifiques*, and partly also in *L'Union Médicale*.

DIPHTHERIA MORTALITY.

In the Woodbury subdistrict of St. Thomas, Devonshire, fifteen out of the thirty-two deaths during the last quarter were of children from diphtheria. In the parish of Polstead, in the registration district of Corford, in Suffolk, the Registrar-General's last Quarterly Return records the fact that five children out of a family of six have died of diphtheria in eighteen days, and that another family in the same parish was suffering from the same disease.

THE MIDDLESEX HOSPITAL—DEMONSTRATIONS ON DISEASES OF THE SKIN.

Dr. Robert Liveing has been appointed to deliver a special course of demonstrations on diseases of the skin at the Middlesex Hospital during the ensuing summer session.

PROFESSOR SHARPEY.

We hear that it is intended by old pupils and friends of Dr. Sharpey to collect a fund to found a travelling medical fellowship in connexion with University College, to be called the Sharpey Fellowship. A numerous and influential committee is in course of formation; and it is hoped that a sum of at least two thousand pounds will be collected to do honour to this veteran of science.

THE NAVAL MEDICAL SERVICE.

The Civil Commission appointed by the First Lord of the Admiralty have visited Chatham and Plymouth, but have not yet inspected the Naval Hospital at Portsmouth. It may be well to state that the terms of their instructions apply only to the possible reductions in number of officers employed in relation to the duties; and that they have been informed that existing interests will be respected, and that their report need, therefore, contain no reservations on this score. A preliminary report will be sent in as soon as the inspections are completed; but as yet no conclusions have been arrived at. The employment of civil medical men for this duty, however highly qualified and impartial, has given umbrage to many members of the service; but under the circumstances, we think, quite unnecessarily. It implies no slight, but signifies a desire of the First Lord to bring to bear upon the Government departments collateral experience of non-official persons, in addition to the reports of the officers of the department. We see no reason why, if such advice be taken in its proper place, and afforded with the judgment and modesty which are not likely on this occasion to be lacking, any susceptibilities should be outraged. Mr. Childers' selection embraces a hospital physician and surgeon, each of large experience on the subject in hand, and a general practitioner also of large experience in the details of dispensary practice which forms the system of relief in the naval hospitals.

LONDON STUDENTS' DEBATING SOCIETY.

A London Students' Debating Society has been formed for the purpose of bringing together the students of the various medical and other colleges in London to discuss general subjects. The first meeting, for the election of office-bearers and the transaction of preliminary business, will be held at University College, on Wednesday, the 24th inst., Dr. Sibson, F.R.S., in the chair. All students are invited to attend.

EDINBURGH UNIVERSITY CLUB.

The annual general meeting of this Club was held on Tuesday evening last at St. James's Hall. Dr. Murchison, F.R.S., was unanimously elected a vice-president in the room of Professor Syme, whose term of office had expired. Three vacancies on the Council were filled up by the election of Dr. Priestley, Dr. W. S. Playfair, and Mr. Robert Taylor. Several ordinary members were also elected. The report for the year 1868 was read. From this it appeared that the Club numbered 272 members. Five deaths had occurred in the past year, and no resignation had taken place. The financial condition of the Club was shown to be very satisfactory. Various grants of money were made towards the Association for founding Fellowships and Scholarships in the University, and to the Marshall Hall Memorial Fund. The latter was agreed to in consideration of Dr. Marshall Hall having been a distinguished graduate of Edinburgh. The quarterly dinner took place afterwards. Dr. Sieveking occupied the chair, owing to the inability of the Duke of Argyll, President of the Club, to attend. Dr. Halley, the Treasurer, and Dr. Duckworth, the Secretary, acted as croupiers, and there was a numerous attendance of members and guests.

THE MEDICAL DIRECTOR GENERAL.

It is understood that the Director Generalship will not be filled up till after the preliminary report of the Civil Commission on Naval Hospitals. If, as is believed, Sir David Deas should withdraw his claim, he will have done so under conditions honourable and useful to the service. We believe that as a matter of fact the choice will be limited to Dr. Armstrong and his junior, Dr. Salmon. The unanimous voice of the profession and the service point to the natural selection of Dr. Armstrong. The rare combination of administrative and professional ability and vigour with amenity and courtesy of character had already, for some years, marked out Dr. Armstrong as a man especially fitted to fill the post with advantage to the government, the service, and the profession.

SCOTLAND.

OPENING OF STIRLING DISTRICT LUNATIC ASYLUM.

The lunatic asylum for the joint use of the counties of Stirling, Linlithgow, Dumbarton, and Clackmannan, was opened last week, when a considerable number of patients belonging to the counties named were removed to it.

ABERDEEN MICROSCOPICAL SOCIETY.

The annual meeting of this Society was held in the Grammar School on January 12th, when the following gentlemen were elected office-bearers for the ensuing year. *President*—Professor Dickie. *Vice-Presidents*—Professor Nicol and Mr. A. D. Milne. *Treasurer*—Mr. George Walker. *Secretary*—Rev. Alex. Beverly. *Curators*—Mr. A. Clark and Mr. R. Leys. *Council*—Dr. Ogilvie, Dr. Gordon, Mr. J. Roy, and Mr. R. Ferguson. The proceedings of this useful Society during the past Session have been of considerable interest and value.

VISIT OF LORD STANLEY TO GLASGOW.

LORD STANLEY, who was recently elected to the Rectorship of Glasgow University, will probably visit Glasgow towards the end of next month.

DEATH OF PROFESSOR STRANGEWAYS.

THOMAS STRANGEWAYS, D.C.L., of the Edinburgh Veterinary College, died in Edinburgh on Saturday of liver complaint, after a few days' illness. Professor Strangeways was well known for his labours in veterinary pathology. He was buried on Tuesday at the Newington Cemetery. The students from the College attended, and a party of them carried the coffin shoulder-high, followed by several mourning coaches, to the place of interment.

SPEAR *V.* DOIDGE: DOIDGE DEFENCE FUND.

THE secretaries of this fund forward to us many extracts from letters received enclosing remittances to aid Mr. Doidge in meeting the expense of this prosecution. There is but one feeling expressed as to the extreme hardship of the verdict, and the desire that he may be relieved in pocket from the heavy expenses thrown upon him for a result for which he is, in the opinion of the most eminent surgeons, in no way accountable. Some of the writers suggest that, as he is a member of the Association, something might be done in the several districts. The total damages and costs in this action exceeded £580; the subscriptions to the present date are short of £120.

THE NOMENCLATURE OF DISEASES.

WE have already been able to lay before our associates a series of elaborate and searching analyses of the new Nomenclature of the College of Physicians. The possession of this alphabet of medical language will be as necessary henceforth to medical practitioners as that of the names of drugs or of authorised preparations. The Nomenclature is in many languages, and prefigures, we hope, an universal language of disease. Meantime, it will specially behove us to acquaint ourselves with the Nomenclature proposed and adopted by the most eminent public authorities in the three kingdoms. The work is now put on sale by the College of Physicians at three shillings a single copy, or two shillings and sixpence each copy if eight or more be taken. This will just cover the cost of the mechanical execution of this work. The long, tedious, and difficult labour of so many eminent men has been given without pecuniary reward.

A YEAR'S UNPAID WORK.

WE have received and perused the Report of the Thirty-third Annual Meeting of the Canterbury Dispensary. It shows, as usual, a considerable amount of medical work done, and includes a carefully drawn statistical table and report by Mr. George Rigden, Surgeon and Secretary to the Dispensary. Looking over the laws, we do not see any restriction as to the class of patients. We observe that subscribers of five shillings and upwards have the "privilege of recommending one patient during the year;" and subscribers of ten shillings "the privilege of recommending three." The whole control of the Dispensary is in the subscribing governors, of whom the medical officer is prohibited from being one. It seems to us that Mr. Rigden assumes here very onerous and severe duties as surgeon and secretary: 1,574 patients were attended during the year at their own homes, and 201 were attended at the Dispensary: total, 1,775. Ought such work fairly to be assumed by or imposed upon a member of a hardworking profession as gratuitous work? It would be interesting to know from what classes these patients are drawn. How far they are those for whom the state is willing to provide and pay for medical attendance, if gratuitous medical service did not step in; and how far they belong to classes who can and ought to pay? No doubt, Mr. Rigden and other practitioners of Canterbury could contribute some useful facts and reflections on the working of this institution, which seems to offer a strong example of heavy medical work performed by one individual gratuitously; an example such as no doubt may be paralleled elsewhere, but of which we doubt whether any other profession could or would desire to emulate.

ASSOCIATION INTELLIGENCE.

LANCASHIRE AND CHESHIRE BRANCH.

A SPECIAL MEETING of the above Branch will be held at the Palatine Hotel, Manchester, on Wednesday, February 17th, at 4.30 P.M. precisely, to prepare memorials in favour of the Direct Representation of the Profession in the General Medical Council.

Dinner will be provided at 5.30 P.M. Tickets 7s. 6d. each, exclusive of wine. HENRY SIMPSON, M.D., *Hon. Sec.*

METROPOLITAN COUNTIES BRANCH:

THE next ordinary meeting of this Branch will be held at the rooms of the Medical Society of London, 32A, George Street, Hanover Square, on Thursday, February 25th, at 8 P.M., when a discussion will take place on the subject of Hospital Administration.

A. P. STEWART, M.D. } *Honorary Secretaries.*
ALEXANDER HENRY, M.D. }
London, February 11th, 1869.

NORTH WALES BRANCH.

THE next intermediate general meeting of the above Branch will be held on Thursday, March 4th, at 12 o'clock noon, at the Black Lion Hotel, Mold, under the presidency of James Williams, Esq.

Dinner at 3 P.M. Tickets 5s. each, exclusive of wine.

Gentlemen who have papers or cases to communicate, will please to forward the title or short abstract of the same; and those who purpose dining, will be good enough to give a few days' notice to the Secretary.

Beaumaris, February 1869. D. KENT JONES, *Hon. Sec.*

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE third meeting of this Branch was held at the Royal Hotel, Bristol, on Thursday evening, January 21st, R. N. STONE, Esq., President, in the chair. Total attendance, fifty-nine.

New Members.—The following gentlemen were elected members of the Association and of this Branch: George Saunders, Esq., Surgeon-Major (Clifton); Douglas J. Dutton, Esq. (Dursley); T. G. P. Hallett, Esq.; Charles Pooley, Esq. (Weston-super-Mare); George D. Adams, M.B. (Westown); George Barnes, L.R.C.P. (Wrington); Thomas Dudley Saunders, Esq. (Bath).

Carriage for Infectious Cases.—Mr. DAVID DAVIES mentioned that the Bristol Board of Health had provided a carriage for the removal of infectious cases, which would be lent to any person on the certificate of a qualified medical practitioner that such carriage was necessary, the party applying having to provide a horse. Mr. Davies said he would himself take charge of the carriage, and guarantee its complete disinfection after each time of using.

Papers.—1. Dr. SWAYNE read a third paper on the Use of Obstetric Instruments.

2. Mr. PRICHARD read a paper on a Case of Gonorrhœal Rheumatism; observations on which were made by Mr. Collins and Mr. Smith.

3. Mr. DOBSON read a paper on some of the benefits arising from the Treatment of Wounds by Carbolic Acid. He first gave the method in which the remedy had been applied in a large number of cases in which he had seen it used; and then went on to enumerate some of the advantages arising from its use. He believed that he had some foundation for thinking that it lessened the rate of mortality, diminished the quantity of suppuration, and thus prevented, to some extent, the occurrence of blood-poisoning, exhaustion, and hectic. He noticed the styptic and soothing properties of the acid—the antisepsic and disinfectant powers it possessed. He gave cases in illustration of his assertions, and referred specially to the value of this mode of treatment in amputations of the thigh, and injuries of the soft parts. He stated that he had not seen it used very extensively in compound fractures or in gun-shot wounds, but spoke favourably of its use in the cases he had seen so treated. Finally, he showed the necessity for great care and caution in carrying out the minute practical details of the method of treatment which he was advocating.—Mr. SWETE approved of not using liquid carbolic acid, as it separates from its solvent, making the first portion of a bottle used weak, and the last too strong.—Dr. MARSHALL felt that Mr. Swete must have used impure acid, as pure always acts well and keeps in solution; and that Mr. Dobson had shown an interesting and important point of difference from Mr. Lister; namely, that carbolic acid treatment may be of great value without rigidly carrying

out the exclusion of air throughout the treatment, which involves so much trouble as to make one shrink from adopting it.—Mr. David Davies had used twenty tons of carbolic acid during the last year for disinfecting purposes. Much of the liquid acid is bad, containing very little acid, and consisting almost entirely of oil of tar; real carbolic acid can only be made in frosty weather. Calvert's best acid is always in crystals; even No. 5 acid contains a little oil of tar. Much of the carbolic acid in the market has no carbolic acid in it. In proof of the wonderful effects of carbolic acid, one grain will keep the contents of four eggs for months, and a little will preserve a bucket-full of sewage free from smell for a long time. Mr. Davies had lately brushed a painful stump of a finger with strong acid with complete relief. Carbolic acid with glycerine *(British Pharmacopœia)*, mixed with one-third part of sweet oil, gives great comfort in cancer of the breast. Carbolic acid is also useful as an application to internal hæmorrhoids and fissure of the rectum, and also as an internal disinfectant.—Mr. Bush, jun., mentioned a case under his care, shewing the value of Mr. Lister's plan.—Mr. Michell Clarke considered the consecutive contact of carbolic acid irritating; it should be combined with oil. He felt that in many cases the sulphites and hyposulphites are more useful. Carbolic acid is valuable to purify the atmosphere, but its value is being considerably exaggerated. Mr. Clarke could not admit statistics as to mortality; the results of amputations of the thigh had been the same previously to the use of carbolic acid. Every new remedy has its day, is exaggerated, then loses its credit. Mr. Clarke approved of leaving wounds uncovered, as the best treatment in amputations of the breast or limbs; and ovariotomy-wounds will heal to two-thirds of their extent, without suppuration, by this plan. Carbolic acid is not applicable to all stages of wounds; and, though it is extremely valuable, it will not do all that is expected. Isolation of cases of amputation is the right treatment, and ultimately it will be considered necessary to have a separate room and nurse for each case.

REPORTS OF SOCIETIES.

HARVEIAN SOCIETY OF LONDON.

Thursday, January 21st, 1869.

E. Headlam Greenhow, M.D., President, in the Chair.

The President, on taking the chair, delivered a brief address, in which he referred to the important work which the Society had done scientifically as well as socially. Many years since he had induced the Society to move the Government to make the first medical officer to the Privy Council a permanent one. This had been done—with how much advantage to science and humanity all knew. The results which the Society had achieved in dealing with questions such as those of Prevention of Infanticide and the Repression of Venereal Contagion, were matters of national importance. Important scientific papers were promised, and constant contributions of clinical matter in the way of short cases might be expected, as had been customary.

Mr. J. Zachariah Laurence showed a patient in whom there was a very high degree of Hypermetropia, and suggested that, in order to meet the convergent obliquity of the eyes which occurred in associated vision, it was useful to give to the spectacles a correspondingly oblique plane. With this view he had the frames bent, so as to give a suitable degree of inclination to the glasses.

Mr. Ernest Hart read a portion of a detailed paper on the Ophthalmoscopic Signs of Constitutional Disease. The nervous and vascular tissues of the eye, as observed by the ophthalmoscope, gave characteristic indications, according to the author, not only of a number of cerebral and spinal diseases, but of many cardiac, visceral, and vascular diseases. The part of the paper read (the whole being too long for the purpose) gave a minute description of the changes of the optic nerve and retina in spinal and cerebral affections. The general views were in most respects opposed to those of Bouchut, whose conclusions were not accepted; those of Galezowski being stated to be more accurate. Mr. Hart said that he had been called upon, from time to time, to give an ophthalmoscopic diagnosis to physicians of St. Mary's Hospital, not only with a view to the elucidation of the degree of organic change accompanying any particular series of brain-symptoms; but in order to help to distinguish between simulated or hysterical and real disease. In private life the ophthalmoscope had decided the diagnosis when the question lay between typhoid and meningitis; and had indicated more than once impending cerebral or other organic disease where only failure of sight was complained of. In a recent case, he had prevented an insurance company from advancing a heavy sum on the life of a gentleman already insured, but in whom there had been ground for ophthalmoscopic observation, owing to an anomaly of sight. The examination led to the conclusion that the arteries of the brain were atheromatous, which subsequent events have confirmed.—Mr. J. Z. Laurence said the subject was one which only ophthalmic surgeons in connection with general hospitals had much opportunity of following out, and constituted in itself quite a speciality in ophthalmic research. The paper was so full of valuable data that he hoped it would soon be printed for reference and discussion.

Mr. Bowater Vernon showed a beautiful specimen of Tubercles in the Choroid, from a patient who had died in King's College Hospital. The tubercle had been seen during life by Mr. Soelberg Wells with the ophthalmoscope.

The President referred to remarkable cases of loss of vision during and after pregnancy.

The author replied.

DUBLIN PATHOLOGICAL SOCIETY.

Saturday, January 30th, 1869.

G. H. Porter, Esq., F.R.C.S.I., President of the Royal College of Surgeons, in the Chair.

Aortic Patency, Pericarditis, Acute and Chronic; enormous General Hypertrophy of the Heart.—Dr. Stokes exhibited a specimen illustrating a remarkable combination of disease, including extensive and unusual hypertrophy of all the structures of the heart, disease of the aörtic valves, chronic pericarditis, acute pericarditis, and hydrops pericardii. The patient was a male, 25 years of age, whose history revealed the remarkable fact that scarcely a year passed without bringing with it an attack of rheumatic fever. There was tolerable evidence that the heart was first attacked some years ago, as from that date cardiac symptoms made their appearance. When the patient was admitted into the Meath Hospital, under Dr. Stokes's care, there were all the usual signs and symptoms of permanent patency of the aortic valves, in a marked degree. He particularly alluded to the greatly increased apparent volume of the carotids during pulsation, when they seemed to beat like the abdominal aorta; and he thought that this excessive action, which was observed not many days after admission, was indicative of commencing acute inflammation of the heart and pericardium. He believed that, in regard to the amount and extent of the hypertrophy, the specimen might be deemed almost "unique;" and he was not aware that there had ever before been such a one exhibited to the Society. Dr. Low had presented a case some years ago in which the heart weighed thirty-eight ounces, but in the present instance the specimen weighed four pounds two ounces (sixty-six ounces)—it was a fine specimen of the true *cœur de bœuf*—a rare example of most extensive irritative nutrition, implicating as it did both ventricles, and, rarer still, both auricles. It could be seen that the carneæ columnæ and the chordæ tendineæ had also partaken in the general excess of nutrition. The left ventricle was more than an inch and a half in thickness, and the muscle was firm and florid. The mitral valve was practically free from disease, but the aortic valve exhibited those changes which were diagnosed from the physical signs during life. The central valve was shrivelled, and contained a considerable amount of osseous deposit, and the other two valves were contracted. The surface of the heart was covered with a considerable thickness of lymph, in several distinct layers of different thickness and varying consistency, in some parts being quite cartilaginous and evidently the result of chronic disease, while more superficially it exhibited all the characters of recent formation. The pericardium was in some parts smooth, though greatly thickened; in others it was tuberose, and might be said to have an exaggerated ox-tongue appearance. He drew attention to the fact that the signs of the pericardial inflammation during life had obscured the valvular murmurs, so as to render it most difficult to ascertain their co-existence.

He also laid great stress on the fact that both murmurs had disappeared before death; they were all familiar with the diminished intensity, or disappearance of the direct murmur, owing to the increasing weakness of the heart prior to death, but although he often found the reflux murmur to diminish, he never before knew it disappear entirely. He attributed its disappearance to the diminished resiliency of the aorta.

There was a point in the history of this case which bore very much on the treatment of such cases, and should lead the thoughtful physician to ask whether there was not something wrong in the advice often given in such cases to avoid any active or violent exercise. He felt persuaded that there is a case in which rest is an absolute injury, and exercise, even violent, will prolong life, inasmuch as it promotes the vital activity of the patient. This patient was the son of a farmer, and, being a ploughman, he told him (Dr. Stokes) that he had never felt so well as after a hard day's ploughing. Dr. Stokes related the case of a patient suffering from aortic disease, who had been seen by Sir Dominic Corrigan and by himself some years ago, in which the parents, being tired of the treatment pursued by the family physician, took the treatment of their son into their own hands, and pursued the practice of taking him on a car to the Phœnix Park, where he got down, and, holding on by a hand-rail, ran after the car round the fifteen acres. The effect of this treatment was found to be in every way successful, and always relieved the sensations of distress. He also instanced the case of a patient of his own, who never felt so free from pain and distress as when, by joining in a violent game of cricket, he raised his pulse to 160.

Dr. FLEMING exhibited a tumour removed that morning by Mr. William Colles, at Steevens's Hospital, to whom he was indebted for the opportunity of laying it before the Society. The woman was 40; married and healthy. She had observed a tumour about the size of a hazel nut, in the right lumbar region about ten years ago. This had given no annoyance, and increased only very slowly until within the last three or four years, since when it grew rapidly, but was painless. It extended from the upper edge of the pelvis, in an upward direction, floating over the last two false ribs. The skin over it was normal; there was no appearance of enlarged vessels. It seemed very solid, but in the central part a sensation was communicated to the finger which might lead one to think it contained fluid. The hardness of the rest of the tumour might be said to amount almost to a bony hardness. It was suggested to make an exploratory puncture, but for some reason this was not done. It was very rapidly removed, there being little difficulty in turning the tumour out of its bed. It was evident that the tumour, which measured six inches in length by a little more in breadth, was very much like the fibro-cystic or sero-cystic tumour so often met with in the breast.

CORRESPONDENCE.

CLINICAL SURGERY IN THE UNIVERSITY OF EDINBURGH

SIR,—As Mr. Syme has ingeniously made it appear that he denies my statements, while in truth he confirms them, allow me to say:—

1. With regard to physiological instruments being toys and injurious to medical education, Mr. Syme made no exceptions when he uttered that remarkable statement. But it is satisfactory now to learn that the value of two of them, viz., the microscope and the ophthalmoscope, is at length admitted by him.

2. As to experiments upon living animals, Mr. Syme says they are warranted for scientific investigation. Why, then, did he interfere with the scientific investigations instituted by the British Medical Association, to determine the action of mercury on the liver, and thereby throw a large amount of unnecessary trouble and annoyance upon the Committee?

3. Concerning clinical surgery, the question is not what Mr. Syme thinks useful, or what change has taken place in his lectures. I never referred to these topics, but to the fact that he is probably the only clinical professor in the world who does not visit his patients in the hospital with his students, and afford them the opportunity of watching the effects and results of his practice. I fear that in England this is scarcely credited, and that the profession are slow to believe that in Edinburgh the University authorities permit such a procedure. But such is the case; and if his pupils do not complain of it to him, they certainly do so to others. The efforts made by the medical faculty to see that hospital visits with the students should be made by Mr. Syme have been counteracted by the influence which he exercised over the seven gentlemen who formerly constituted the University Court. It only remains, therefore, to make the fact known, so that professional opinion through a free medical press may be exercised in correcting so great an abuse in medical education.

Sir Wm. Jenner is reported to have said in his address to the Teachers' Association: "Let the licensing bodies make the students attend the wards of a hospital, and then, with rare exceptions, he will leave with a fair amount of clinical knowledge." But what hope would there be of such judicious advice being followed if Mr. Syme's system of teaching became general, or his peculiar views as to bed-side instruction be a "miserable claptrap and sham" were adopted by the Medical Council? I am, etc., J. HUGHES BENNETT.

SIR,—Allow me to assure Dr. Bennett that Mr. Syme never did a more kindly act to the Edinburgh University student, than when "he succeeded in preventing the attendance of students being ascertained in the medical wards;" and to ask him, if there were any other medical wards in the Edinburgh Infirmary last session, in which the attendance of students, on an average twice a week (lecture days exclusive) was ascertained except in those which he had charge of? I hold that the study of clinical surgery should, in as great a measure as possible, be pushed in the student's fourth year, so as to be of the greatest service to him as a student and practitioner—yet if Dr. Bennett's wish was complied with, he would ascertain the presence of the student in his wards three times a week, and effectually prevent attendance from twelve to one on Monday's and Thursday's clinical surgery lectures.

February, 1869. I am, etc., EDINBURGH'S FOURTH YEAR.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL".

ON THE USE OF CHARCOAL RESPIRATORS IN DISEASES OF THE LUNGS AND AIR-PASSAGES.

SIR,—Dr. Percy Leslie has favoured me in your number of the 30th ult. with an inquiry as to the advantage of the charcoal respirators I am advocating (BRITISH MEDICAL JOURNAL, Jan. 23rd) over any other mechanical agent for protecting the air-passages, and I must commence by apologising for not having answered this question in your last number.

Dr. Leslie observes, "admitting the property of charcoal of absorbing gases of various kinds, when it is once saturated with these, its action, then, I presume, can be only of a physical character, which it has in common with flannel, sponge, wire gauze, etc." I am very glad of this opportunity of answering the present remark, which must have suggested itself to many of your readers.

The power of charcoal of absorbing gases certainly appears at first sight to be very limited, considering the small bulk occupied by a thin layer of this substance; such is not, however, the case, as shown most satisfactorily by experience; a few facts will, I have no doubt, suffice to prove this assertion. Charcoal ventilators fitted up in 1854, both at the Mansion House and Guildhall, after a lapse of six years had never required renewing. In 1856 Mr. R. Rawlinson applied successfully charcoal filters to the air-shafts of sewers, the object of which was to prevent the impure air from passing into the streets. Dr. Stenhaus, the author of the above statements,* adds, "These filters, from their simplicity, are by no means costly in their construction, and if kept dry the charcoal never requires to be renewed." Dr. Letheby, in a letter to Dr. Stenhaus, published in the pamphlet from which I have obtained the present information, observes that a charcoal ventilator placed two years previously in a locality where the escape of sewer gases had been a source of great annoyance and injury to health, was then as perfect as ever, nothing having been done to it during the whole of that time. It had acted most efficiently in the destruction of the nauseous gases.

Thus it is that charcoal possesses to a wonderful extent the power of absorbing and destroying a number of foul gases known to act injuriously on health, a phenomenon due to the circumstance that charcoal has the property of oxidising the gases which it absorbs within its pores; this is shown to be the case from the fact that charcoal from sewer ventilators in action for from nine to twenty months, have been found, when treated with water, to yield abundance of nitrates and other salts, indicating the oxidation of ammoniacal and other gases it had absorbed.† It may, therefore, be safely concluded, that the charcoal of a respirator used for the protection of the lungs and air-passages against the impure air which cannot be avoided in the streets of large towns, in rooms where much gas is burnt, and under many other circumstances, will continue to act efficiently until the respirator is fairly worn out, care being taken to dry it now and then by the fire-side.

A very simple experiment will suffice to show the action of the respirators, the use of which I have been advocating. After putting on one of them so as to cover well the mouth and nose, on holding near it open bottles containing tolerably strong solutions of ammonia or of sulphurous acid, very little or no smell will reach the nose. It is quite possible that flannel or sponge would act as efficiently as charcoal for the filtration of air containing solid particles suspended in it; but breathing through flannel or sponge would not be carried on so freely as through charcoal; this I have tried; of course the sponge would have to be compressed so as to close its apertures.

In conclusion, allow me to add that I am in no way pecuniarily interested in the sale of these respirators. I am, etc.,

Harley Street, Cavendish Square, London. W. MARCET.
January 8th, 1869.

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* "On the Successful Application of Charcoal Air-Filters to the Ventilation and Disinfection of Sewers." A Letter to the Right Hon. the Lord Mayor. 1861.

† "Report to the Honourable the Commissioners of Sewers of the City of London, etc." By H. Letheby.

LEUCOCYTHEMIA IN DISEASE OF THE SPLEEN.

SIR,—In the last published section of his very able lectures upon extra-pelvic abdominal tumours, Sir W. Jenner candidly admits our ignorance of the functions of the spleen. It is not, as it seems to me, consistent with this admission that he should directly afterwards aver that in leucocythæmia the excess of white corpuscles "occurs *without doubt* from disease of the spleen; and that not as a *remote consequence*, but *directly* from the disease." The italics are mine. This, the common opinion, may be the correct one. But remember our ignorance of splenic physiology, and consider that all we really know of splenic leucocythæmia is the concurrence of two conditions, viz., enlarged spleen and altered blood. Is it not, then, unphilosophical to say that the explanation is "without doubt." We find in the blood an unusually large number of white, and an unusually small number of red, corpuscles. There is, therefore, evidence that the white do not undergo their usual transformations. Why not? Possibly they may be ill-formed by the spleen; but even then the fault may lie, not in the spleen, but in the pabulum supplied to it. On the other hand, it is at least conceivable that they may be well formed by the spleen, but that they do not afterwards meet with those conditions which are necessary to their development. In this case, the excessive number would be in no sense due to disease of the spleen. In the previous case, it could hardly be said to be *directly* due to it. I can quite conceive that blood charged with white corpuscles unchanged and unchangeable—from any cause—might after a time refuse to receive more, and that they would then accumulate in the spleen. If it be objected that these views are hypothetical, so, I retort, are the received ones. All are equally and alike full of doubt, the reputed absence of which has led to the sanctioning of so questionable an operation as extirpation of the spleen for leucocythæmia.

Birmingham, 1869. I am, etc., W. F. WADE.

THE CAUSE OF PHTHISIS.

SIR,—Dr. Mac Cormac, in reply to my letter of January 16th, says that, as a result of a life-long study, he has arrived at an "intimate conviction" that he has determined the cause of phthisis to be rebreathed air. I honour any honest labour of the kind, but am not bound to accept the results. Discoveries in science are not "educed from the inner consciousness," but are made by the Baconian method of experiment and observation of facts.

On the authority of a man who visited Iceland for a short time, Dr. Mac Cormac takes it upon himself to "deny and deride the proposition" that phthisis is not indigenous to Iceland. Schleisner wrote twenty years ago; and it is now well known that many cases then supposed to be phthisis were in reality cases of hydatid cysts in the lungs. It is difficult in Iceland to obtain *post mortem* examinations, the only mode by which the matter could be settled. Dr. Hjaltalin's peculiar opportunities, and, notwithstanding Dr. Mac Cormac's doubts, his fitness for the task, have led him to the conclusion that phthisis does not originate in the island. In his work on Consumption (p. 174), Dr. Mac Cormac, quoting from Schleisner, says: "Of consumption and decline, of which certainly the majority have suffered from hydatids, 10.3 per cent. perish in Iceland; whereas, in Copenhagen, 18.2 per cent." Here is the gist of the argument. It is acknowledged that hydatids played a conspicuous part in the matter. Dr. Mac Cormac will not admit that the hydatids caused the tubercles said to have been associated with them, and it is simply impossible that the association could have been a mere coincidence in such a large proportion of the cases. The true explanation is this: the pressure and irritation caused by such large bodies as hydatid cysts acting as foreign bodies in the lungs, produced effects mistaken for those of phthisis. In another place, the relative mortality from phthisis in Copenhagen and in Iceland, deduced from a quinquennial period, is given as 13.2 per cent. and 7.8 per cent. respectively. "This amazing difference only proves," Dr. Mac Cormac says, "the so much greater prevalence of indoor sedentary life in one country than in the other." But he is in error here; for the Icelanders, during their long winter, are one of the most indoor people in the world.

According to Dr. Mac Cormac's own showing, the Icelanders are remarkably free from phthisis. According to my showing, the Icelanders live in a state of remarkably bad ventilation. How is Dr. Mac Cormac to reconcile these opposing facts with his rebreathed air theory? It is probable that rebreathed air is an active exciting cause, but is not the essential agent in producing phthisis. How otherwise is it—not only that phthisis is not more prevalent amongst the Icelanders than amongst other people, but that the race does not die out of the disease.

The question is one of great interest; and I shall, as soon as communication to Iceland recommences, draw Dr. Hjaltalin's attention to the subject. He is now a member of our Association, and will no doubt afford valuable information.—I am, etc.,

ARTHUR LEARED.

THE POOR-LAW MEDICAL SERVICE
OF
GREAT BRITAIN AND IRELAND.

THE INFIRMARY OF THE ROSS UNION.

WE have read with care the details of an inquest on a pauper child who died shortly after it had been removed from the Infirmary of the Ross Union by its father. It seems clear that the father had allowed the poor child to be grossly neglected by a woman with whom he cohabited; but it seems also clear that bed-sores had formed while the child was in the infirmary, and that the matron and nurse had neglected it. The evidence of Dr. Washbourne and Mr. Carter leaves no doubt on this side; and it will behove the guardians to take steps to replace their paid nurse, or to see that her duty is more carefully performed.

NURSING AT ST. LUKE'S.

AN inquest on the body of the infant which was said to have died from want of proper nourishment while in the babies' ward of the St. Luke's workhouse was concluded on Monday. One of the witnesses said that the lunatic girl, who was one of the three people to whom the care of the babies was entrusted, almost smothered one of them by throwing the bed-clothes over its face to still its cries. The body of the child had many sores upon it, and some of them, a medical man said, might have been produced six weeks before death. The verdict returned by the jury was to the effect that death had resulted from disease of the mesenteric glands. The jurors added their opinion that the nurses having charge of the babies were incompetent, and ought to be removed, and that the healthy children ought to be separated from those which were sick.

VACCINATION.—We are very glad to see that the Board of Guardians for Northampton are enforcing vaccination in their district. A batch of summonses were heard last week. They were all adjourned by the magistrates, to allow compliance with the law; but with an intimation, that if certificates were not produced at the end of the month, shewing that the law had been complied with, penalties would be enforced. This is leniency which we hope will not be misplaced.

OBITUARY.

JOSEPH HODGSON, F.R.S.

ON the 7th inst., died Joseph Hodgson, F.R.S., late President of the Royal College of Surgeons, at the age of 81. He was born at Penrith in Cumberland. His father, a merchant of Birmingham, by the loss of his fortune had few resources for the education of his son. On leaving school, Mr. Hodgson was apprenticed to Mr. Frere, of Birmingham, with whom he remained some years. He then came to London and entered at St. Bartholomew's Hospital. It is told of him that, having but £100, generously presented to him by an uncle, to defray his expenses in town, he managed to lose £20 of his store one evening at cards. This imprudence excited such poignant remorse that he resolved never again to play for money. He adhered to this resolution through life, and was accustomed in after years to consider this mishap one of the most fortunate circumstances of his career. His means thus curtailed, the young surgeon was compelled to eke out his resources by writing articles for the journals of the day, and by teaching students less industrious than himself. This early training in the art of imparting knowledge gave him the faculty of teaching, which produced a numerous list of most distinguished pupils; among whom were Bransby Cooper, Mr. Partridge, Dr. Miller the chemist, Mr. Bowman, and Mr. Startin. Having passed the College and Hall in 1811, on entering practice, Mr. Hodgson was a few years Assistant-Surgeon in the Army at the York Hospital, Chelsea, but resigned his appointment when the expedition to Walcheren took his regiment abroad. For a few years in practice, in King Street, Cheapside, he occupied his leisure in aiding Dr. Farr to bring out his work on the Heart. It was about this time, 1811, that Mr. Hodgson wrote the Jacksonian Prize Essay on Diseases of the Arteries and Veins, which he afterwards elaborated into his well known treatise of that name. In 1818, he married the daughter of a wealthy clergyman and settled at Birmingham, where he became surgeon to the General Hospital, an appointment he retained nearly thirty years, and was ever active in promoting the advance of the hospital as a charity and as a school of medicine. Mr. Hodgson's fame as a scientific and skilful surgeon not only brought him an enormous practice throughou the Midland Counties, but induced Sir Charles Bell to urge him to re turn to London and become Surgeon to Middlesex Hospital. This proposal he firmly declined, as well as one from the Council of King's College, who offered him the chair of Surgery before its acceptance by Sir William Fergusson, in 1840. Being deprived of the entire use of one eye, and with weakened health, he retired from practice in 1848, receiving most gratifying expressions of affection and respect from his colleagues, who presented his portrait to the hospital which he had so long adorned. Mr. Hodgson then settled in London and took an active part in the proceedings of the Council of the College of Surgeons, of which he was elected a member in 1849. He was also a Fellow of the Royal Society, and an Examiner in Surgery in the University of London; this office he filled till he became one of the Examiners at the College of Surgeons, in 1856. In 1864, he was President of that distinguished corporation. Retiring from the Council by rotation in 1865, he also resigned his Examinership, but continued to take very active interest in the affairs of the College of Surgeons to his death. Besides the "Arteries and Veins," Mr. Hodgson made other valuable contributions to surgery. He was the first English surgeon to use the sliding lithotrite, in 1825. Mr. Hodgson's most striking characteristic was his sagacity in diagnosis. This, with his kindly disposition, enabled him to command his leading practice throughout the Midland Counties. He was a personal friend of the late Sir Robert Peel, and of many other eminent public men. His generosity was unbounded; throughout his long life he was resolute in declining fees from every patient whose means he fancied could not well afford to spare them. Mr. Hodgson's many friends will long remember his cheery benevolent reception of them at all times, whether they sought counsel or merely friendly chat. His interest in professional topics was keen to the last, and his desire to keep his mind informed of the progress of medical science was as great as in his student days. He occupied himself much in sanitary improvements, and advocated their adoption with great earnestness, giving his experience to the service of the Royal Commissioners for investigating these questions. His last illness was short; during the past year he had suffered much from carbuncle, but the sudden death of his wife the day previous was the immediate cause of his own decease. He will be buried, with his wife, at Highgate, to-day, February 13th, at half-past eleven.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 4th, 1869.

Curtis, Charles Edwin, Bessborough Gardens
Drew, Walter Henry, 15, Gower Street, W.C.
Fraser, Donald, Montreal, Canada
Green, John, Madras, East Indies
Hewer, Robert, Sheffield
Keunedy, Alfred Edmund, Stratford, Essex
Moorhouse, Henry, Budleigh Salterton

At the same Court, the following passed the first examination.

Robinson, Richard S., St. Bartholomew's Hospital

As an Assistant in compounding and dispensing medicines.

Seaman, Newcome, Laceby, Lincolnshire

MEDICAL VACANCIES.

THE following vacancies are declared:—

BIRMINGHAM—Five District Medical Officers (each £200 per annum, and £5 per annum for examining, etc., paupers and wandering lunatics); Medical Officer for the Workhouse (£200 per annum, furnished apartments, coal, gas, and attendance).
BOOTLE DISPENSARY—House-Surgeon. (£100 per annum, with Apartments, Coal, Gas, and Attendance).
BRADFORD (Yorkshire) INFIRMARY AND DISPENSARY—Physician.
BURY (Lancashire) DISPENSARY—Resident Medical Officer.
CAISTOR UNION, Lincolnshire—Medical Officer for the Waddingham District. (£35 per annum, and Midwifery and Vaccination Fees and extras.)
CARMARTHENSHIRE INFIRMARY, Carmarthen—Physician.
CLINICAL HOSPITAL and DISPENSARY for CHILDREN, Cheetham Hill Road, Manchester—House-Surgeon. (£60 per annum, with board.)
EAST INDIAN UNITED SERVICE CLUB—Surgeon.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon
GRANARD UNION, co. Longford—Medical Officer, Public Vaccinator, and Registrar of Births, etc. (£90 per annum, and Vaccination and Registration Fees.)
INFIRMARY FOR EPILEPSY AND PARALYSIS, Charles Street, Portman Square—Assistant-Physician.
KENT AND CANTERBURY HOSPITAL—Physician; House-Surgeon (£80 per annum, and board, lodging, and washing); Assistant House-Surgeon and Dispenser (£50 per annum, and board, lodging, and washing).
LEICESTER BOROUGH LUNATIC ASYLUM—Resident Medical Superintendent. (£350 per ann., with residence, coal, gas, washing, and garden produce.)
LEYBURN DISPENSARY—Surgeon.
LIMEHOUSE, Middlesex—Medical Officer of Health for.
LIVERPOOL INFIRMARY FOR CHILDREN—House-Surgeon. (£60 per annum, with board, lodging, and washing.)
LODDON AND CLAVERING UNION, Norfolk—Medical Officer for District No. 1. (£43:7:3 per annum and Vaccination Fees, and extra fees for Surgical and Midwifery Cases.)
MALE LOCK HOSPITAL, Dean Street, Soho Square—House-Surgeon.
MELTON MOWBRAY UNION, Leicestershire—Medical Officer for the Waltham District. (£40 per annum, and extras.)
NORTH ORMSBY COTTAGE INFIRMARY—House-Surgeon.
ROYAL BERKSHIRE HOSPITAL, Reading—Physician.
ROYAL COLLEGE OF SURGEONS IN IRELAND—Examiner in Midwifery.
ROYAL KENT DISPENSARY, Greenwich—Resident Medical Officer. (£150 per annum, with unfurnished apartments, coal, and gas.)
SALFORD UNION, Lancashire—Medical Officer and Public Vaccinator for No. 1 Salford District (£100 per annum, and extra Medical and Midwifery Fees and Vaccination Fees); Medical Officer for No. 3 District (£140 per annum, and extra Medical and Midwifery Fees).
SALISBURY INFIRMARY—Surgeon; House-Surgeon (£80 per annum, with washing, lodging, and board).
TORBAY INFIRMARY and DISPENSARY, Torquay—Physician.
WALLINGFORD UNION—Medical Officer for the Workhouse (£56 per annum); Medical Officer and Public Vaccinator for District No. 1 (£119 per annum, with extras and Vaccination Fees).
WEST ASHFORD UNION, Kent—Medical Officer for District No. 3. (£90 per annum, and extras.)

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TESTIMONIAL.—Dr. Aveling, lately of Sheffield, was, on Wednesday last, at the old Council Hall, presented with a valuable watch, on his removing to Rochester—"as a friendship's offering, and in special recognition of his services in founding the Hospital for Women." The Mayor presided; the meeting was composed of influential townsmen; and Mr. T. Jessop made the presentation.

FRENCH HOSPITAL AND DISPENSARY.—The first Annual Meeting of the Governors of this Institution took place in the Board Room on Saturday last. From the report read by the Hon. Sec., Mr. E. Rimmel, it appears that the Hospital was opened on the 1st December, 1867, at the corner of Lisle Street and Leicester Place, and contains four wards, two for men and two for women, numbering at present eighteen beds, but with ample room for more. It is attended gratuitously by leading French medical men, and Sisters of Charity act as nurses. From the date of its opening to the end of last year, it afforded relief to 4,061 out-patients, and 165 in-patients, belonging to no less than twelve different nations.

THE BEAUMONT MEDICAL SOCIETY.—This thriving East End Medical Society gives promise of being eminently successful. The meetings are well attended, and the subjects brought forward for discussion augur well for the future of the Society. At the last meeting, on the 4th inst., Mr. Kay brought forward an instance of replacement of the retroflexed pregnant uterus. Mr. Heckford, a successful case of amputation at the hip-joint in a child, for medullary cancer of the femur, and exhibited microscopical slides and drawings of the affected part. Subsequently, a discussion ensued on the "Wasting Diseases of Infants." The further consideration of this subject was, however, deferred until the next meeting of the society.

COMMUNICATIONS, LETTERS, ETC., have been received from:—
Dr. A. Ransome, Manchester; Mr. Turtle, Aghalee, Lurgan; Mr. Leadman, Leeds; Dr. E. Haughton, Great Malvern; Dr. Mackay, Stoney Stratford; Mr. C. L. Higgins, Bedford; Dr. J. R. Wolfe, Glasgow; Dr. T. Grainger Stewart, Edinburgh; Dr. W. Ogle, Derby; Dr. S. Westwood, Birmingham; Dr. Graily Hewitt, London; Dr. Black, London; Dr. W. Stokes, jun., Dublin; Dr. Dixon, London; Dr. Mapother, Dublin; Dr. Paul, London; Mr. Wanklyn, London; Dr. R. Barnes, London; Dr. Cotton, London; Mr. T. Dudley Saunders, Bath; Dr. Marcet, London; Mr. Brodhurst, London; Mr. Campbell de Morgan, London; Dr. W. Budd, Clifton, Bristol; Dr. Aldis, London; Mr. C. Johnson Smith, London; Dr. L. Down, London; Dr. Tenison, London; Dr. W. Boyd Mushet, London; Mr. J. Sleman, Exeter; Mr. Davis. Bath; Dr. Bernard, Bristol; Mr. T. G. Wright, Stilton; Dr. S. Haughton, Dublin; Dr. F. J. Brown, Rochester; Mr. R. T. Cæsar, Downton; Mr. O. A. Field, London; Dr. J. H. Hope, Edinburgh; Dr. J. K. Barton, Dublin; Dr. E. Bowen, Birkenhead; Mr. R. S. Fowler, Bath; Dr. Fuller, London; and Dr. Leared, London.

LETTERS, ETC. (with enclosures) from:—
Sir William Jenner, Bart., London; Sir James Y. Simpson, Bart., Edinburgh; The Secretaries of the Bath and Bristol Branch; Dr. G. M. Humphry, Cambridge; Dr. Kelburne King, Hull; Mr. Jeston, Henley; Dr. Drysdale, London; Dr. S. L. Haynes, Salisbury; Mr. Gifford, Launceston; Dr. Campbell Beach, Glasgow; Mr. West, Birmingham; Dr. J. Hughes Bennett, Edinburgh; The Secretary of the Society for the Relief of Widows and Orphans of Medical Men; Dr. Cooke, Aldridge; Dr. Fisher, Bristol; The Honorary Secretary of the North Wales Branch; Dr. FitzGerald, Dublin; Dr. Belcher, Dublin; Mr. Berkeley Hill, London; Dr. Lockhart Clarke, London; Mr. J. Hinton, London; Mr. Syme, Edinburgh; Dr. Kirkman, Woodbridge; Dr. J. Hardie, Harpurhey, Manchester; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. Heckford, London; A Student of the University of Aberdeen; Mr. Van Abbott, London; Dr. Simms, London; Mr. Joseph Welsh, Clun; Dr. R. B. Cooke, Scarborough; Mr. S. C. Noble, Kendal; Mr. T. P. Blunt, Shrewsbury; Dr. W. F. Wade, Birmingham; Mr. A. Bracey, Birmingham: Mr. Higginbottom, Nottingham; Dr. T. Clifford Allbutt, Leeds; Dr. Barr Meadows, London; Messrs. W. J. Coleman and Co., London; Dr. C. Kidd, London; M.R.C.S.E., Harrogate; Mr. Martin, Weston-super-Mare; Mr. H. Hancock, London; and Dr. Duckworth, London.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY ....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London. 8 P.M., Casual Communications. 8.30 P.M., Dr. Anstie, "On the Popular Idea of Counterirritation."—Entomological Society.

TUESDAY.—Pathological Society of London, 8 P.M.—Anthropological Society of London.

WEDNESDAY.—Geological Society.

THURSDAY.—Harveian Society of London, 8 P.M. Mr. W. F. Teevan, "Practical Remarks on the Treatment of some Diseases of the Genito-urinary Organs."—Royal Society.—Chemical Society.—Linnæan Society.

FRIDAY.—Geological Society (Anniversary).

SATURDAY.—Association Medical Officers of Health.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each. By post, 1s. 8d.

IN the next number of the JOURNAL will be continued Sir James Simpson's Lecture on the Siamese Twins. The papers of Dr. T. Clifford Allbutt (Leeds), Dr. Wm. Keith (Aberdeen), Mr. Higginbottom (Nottingham), Dr. Fuller (London), Mr. Thompson (Westerham), Mr. Rigden (Canterbury), Dr. Jno. K. Barton (Dublin), Dr. Mulvany, Dr. Basham, Mr. West (Birmingham), Mr. T. Smith, Dr. Savage (Bristol), Dr. Ellison Hall, Dr. Eustace Smith, etc., are in the printer's hands, and will appear with the least possible delay.

AN APPEAL.

ASSISTANCE is earnestly entreated for the wife and children of Mr. E. C. Smallman, L.S.A., formerly of Barnet. He is utterly disabled by illness, and is in hospital for operation. The wife and three children are entirely destitute. It is hoped that enough may be collected to make some provision for the children (13, 11, and 6 years old), for whom chiefly assistance is sought. The mother is anxious to obtain a place as nurse, for which she is qualified, or in a similar capacity.

Subscriptions will be received by Dr. Barr Meadows, Dover Street, W., and by Dr. W. V. Pettigrew, 7, Chester Street, S.W.

Dr. Barr Meadows presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, and will be obliged by the insertion of the following further list of contributions received for the Smallman fund:—T. T., £1; T. Heckstall Smith, Esq., £1:1; Jos. T. Clover, Esq., £1:1; J. T., 10s.; Dr. H. Marshall, 10s.

LIFE ASSURANCE.

THE Prudential Assurance Company have issued notices that they are prepared to grant life policies on a plan which for men of precarious incomes has great advantages. The policy will not be forfeited by cessation to pay the annual premiums, but will always bear a fixed value, marked upon it from the outset, in proportion to the amounts paid. These policies are absolutely unchallengeable and unforfeitable. These advantages will, we apprehend, be appreciated by a large class. We believe the tables are constructed upon data approved by Dr. William Farr.

REMUNERATION OF CLUB MEDICAL OFFICERS.—Mr. Davis, of Heytesbury, Bath, will be much obliged to a gentleman who wrote a most excellent letter in the BRITISH MEDICAL JOURNAL, signed "Tristis", dated January 1868 (whose card we have mislaid), if he will give him his name and address, that he may communicate with him.

MR. A. D. MACKAY.—Mr. Paget's paper on "the Cases which Bone-setters cure" was published in the JOURNAL of January 5th, 1867.

DR. S. WESTWOOD (Birmingham).—Why not employ subcutaneous injections of morphia? They are more certain and less mischievous collaterally than large doses by the mouth of the anodyne which you mention.

WE have had under consideration the improvement which Mr. S. C. Noble (Kendal) suggests; but practical authorities state that there is great difficulty in the matter. We shall make further inquiries.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Feb. 10th; The Merthyr Telegraph, Feb. 6th; The Cheltenham Express, Feb. 4th; The Lincolnshire Chronicle, Feb. 5th; The Sheffield Daily Telegraph, Feb. 4th; The Irish Times, Feb. 4th; The Japan Times' Overland Mail, Dec. 16th, 1868; The Melbourne Argus; The Liverpool Mercury, Feb. 8th; The Scarborough Gazette, Feb. 4th.

Results of Meteorological Observations, for the week ending February 6th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. 100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0.10).	Mean amount of Ozone (0.10).	WIND.										RAIN.	
																Number of days it blew in certain directions.									Mean Force 0.10.		
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.		Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.853	1.307	51.4	49.4	48.0	83	61.0	38.4	22.6	46.9	06.6	83.2	..	6.6	4.5	0	0	0	0.5	1	3.5	0.5	0	1.5	4.2	5	0.725
BOURNEMOUTH Dr. Compton, F.M.S.	29.877	1.250	49.7	48.2	46.6	90.5	53.3	39.9	13.4	52.4	46.0	100.0	33.1	5.0	4.4	0	0	0	0	1	4	2	0	0	5.1	6	0.59
KEW Dr. Treutler, F.L.S., etc.	29.815	1.277	50.6	49.0	47.3	88.8	60.7	32.7	28.0	55.7	45.4	100.5	28.5	5.7	4.1	0	0	0	0	0	4.7	1	0.3	1	2.9	5	0.74
MALVERN Messrs. W. and J. Burrow	29.711	1.349	49.4	47.0	43.8	80.0	59.2	37.8	21.4	53.8	45.0	81.0	35.2	5.0	5.4	0	0	0	0	0	4.3	1.3	0.6	0.6	1.0	4	0.86
SCARBOROUGH Dr. Fox, M.R.C.P., etc.	29.716	1.360	47.7	45.3	42.8	85.0	55.4	36.0	19.4	51.3	42.4	..	..	8.0	..	*	*	*	*	*	*	*	*	*	3.0	5	0.83
SIDMOUTH Dr. Mackenzie, F.M.S., etc.	29.841	1.289	49.1	43.3	40.2	65.0	56.7	37.0	19.7	54.5	44.2	..	..	4.2	5.6	0	0	0	0	2	1	3	1	0	4.1	4	0.66
WORTHING W. J. Harris, Esq., F.M.S., etc.	29.854	1.244	48.4	47.1	45.7	91	52.9	37.2	15.7	51.9	44.1	..	27.5	5.5	2.8	0	0	0	1	2	3	1	0	0	3.6	6	0.72

* S.W. Winds have prevailed.

REMARKS.—The weather at the above stations was, on the whole fair, though variable. Atmospheric pressure has been below 30 inches, and the range considerable, being greatest at Scarborough. Temperatures are everywhere high for the season, the effect of which is that vegetation is generally very forward. The range of temperature has been variable; the greatest occurred at Kew, and the least at Bournemouth. The highest temperature of the week was registered at Bath, the lowest at Kew. Winds have been almost entirely S.W., and of average force. Gales are reported from Malvern on the 31st ult., and 8th inst., and from Sidmouth on the 31st ult. A thunderstorm occurred at Bath on 31st January. Rain has fallen at all stations, the largest amount at Malvern, the least at Bournemouth.

W. J. TREUTLER.

Kew, W., February 10th, 1869

List of the principal Plants in flower in the open air at Kew.

Alnus glutinosa.
Corylus Avellana.
Crocus variegatus.
Cydonia japonica.
Daphne mezereon.
Galanthus nivalis.
Laurium purpureum.
Populus alba.
Primula vulgaris.
Taxus baccata.
Ulnus campestris.

REMARKS
ON THE
PHENOMENA OF LOCOMOTOR ATAXY:
WITH AN APPENDIX RELATIVE TO DISCUSSION THEREON.[*]

By T. CLIFFORD ALLBUTT, M.A., M.D.Camb., F.L.S., etc.,
Physician to the General Infirmary, and Lecturer on Medicine in the School of Medicine, Leeds.

AT meetings like these of the British Medical Association, I think we should take the opportunity of bringing questions forward which will lead to a discussion of well-known difficulties. We discuss those subjects best at public meetings, of which we already know the main facts, and we can deal better with new interpretations of things already verified than with new statements which require verification.

Instead, therefore, of laying before you, as I had thought of doing, some observations on the use of the ophthalmoscope in railway accidents, I have determined to ask you to consider whether we rightly interpret those phenomena which are familiar to us in the group called Locomotor Ataxy. The group of facts which we designate under this name, and under other similar names, are known to us all, but I venture to think that their interpretation differs somewhat from that which is usually put forward. I will first enumerate the symptoms of the disease, and I will take the liberty of enumerating them in the words of Dr. Radcliffe in his recent article in Reynolds's *System of Medicine*. There is "a peculiar gait—a gait precipitate and staggering, the legs starting hither and thither in a very disorderly manner, and the heels coming down with a stamp at each step. No true paralysis in the lower extremities or elsewhere. Characteristic neuralgic pains, erratic, paroxysmal in the feet and legs chiefly—pains of a boring, thrilling, shooting character like those caused by a sharp electric shock. More or less numbness, in the feet and legs chiefly, in all forms of sensibility, excepting that by which differences of temperature are recognised. Frequent impairment of sight and hearing, one or both. Frequent transitory and permanent strabismus or ptosis, one or both. No very obvious paralysis of the bladder or lower bowel. No necessary impairment of sexual power. No tingling or kindred phenomena. No marked tremulous, convulsive, or spasmodic phenomena. No marked impairment of muscular nutrition and irritability. No impairment of the mental faculties. Occasional injection of the conjunctivæ with contraction of the pupils."

Now, in Dr. Radcliffe's summary, I have only omitted one sentence, and that one I will now restore, as upon it I have to speak. He describes the peculiar gait as "*arising from want of coordinating motor power in the lower extremities.*" The rest of the summary is confined to the statement of facts; but there is an inference—"*the gait is due to loss of coordinating motor power,*" and Dr. Radcliffe inserts this explanatory clause into what is otherwise only a summary of observations, because, I presume, it appears to him to be quite obvious, as evident as a directly observed fact; because, again, he is expressing not his own opinion only but the general opinion; and, finally, because he is following the name of the disease—"Locomotor Ataxy."

Now, is the peculiar gait due to "loss of coordinating motor power"? To inquire into this properly, we must first ask what this expression, *coordinating motor power* means; secondly, whether the loss of such a power is the cause of the symptoms named together locomotor ataxy; and if so, then, thirdly, how this power comes to be lost. Let us take into our best consideration, first of all, this expression, "coordinating motor power." I am afraid that there is still some disposition to assume the existence of a power or faculty of coordination, governing the parts which cooperate. Now, I need not argue at length against the assumption of such an essential faculty; it is clear that such assumptions belong to a metaphysical habit of thought and can only blind us to physiological facts. Let us at once admit that coordination is not a governing faculty resident here or there, but that it is a result of the accurate adaptation of parts. The coordination of the parts of the body is no other in kind than the coordination of the parts of a watch, in which the harmonious cooperation of the parts is the result of their perfect adaptation. Disturb or break through this adaptation at any point, and coordinate movement is impeded or ceases. Coordination, then, does not exist here or dwell there, but is found everywhere where two parts are so connected, directly or indirectly, as to act together for a certain end. If, on the other hand, we are led to assume that coordination is the function of a particular organ superadded to preexisting parts, which preexisting parts, though complete, have not coordination without the superadded organ, then, I think, the sooner we banish the word the better, the more clearly to see that coordination is only the establishment of such relations between the parts—such a connexion of them in pairs and in groups—as to ensure their combined action for some uniform purpose. Coordination of function, then, is the correlation of parts, and nothing more than this. In the lowest animals coordination is attained by the direct attachment of part to part, as in the simplest machines. In more complicated machines, however, the direct union of parts is impossible; and indirect or mediate union is obtained by means of gearing. The gearing of higher animals is the nervous system. In those animals which still retain much simplicity the nervous gearing is also simple; as parts however become numerous, as they become separated by varying and considerable distances, and as they have to be combined in more complicated operations the unifying apparatus—the nervous system—becomes more elaborate.

To apply this to the human limbs, we have a coordination of receptive surfaces[*] with instruments of motion, the coordination being obtained by means of afferent or efferent nerves meeting or coordinated in ganglia. This coordination takes place in certain of the spinal ganglia—for the legs it takes place in the lumbar enlargement. Such is the coordination in one leg, a coordination between the medium and the organism. But we have two legs, and these two legs must work together; they must work together for such simple efforts as walking or standing, and again for such complex efforts as dancing, skating, gymnastics, and so on. Now, simple efforts, such as standing or ordinary walking are mainly performed, we admit, by a reflex action, and interest but little the rest of the body; so far, that is, as the harmonious working of the legs is concerned, apart from the balancing of the body, this harmony depends upon a commissural connexion between the two lateral ganglia, which, by this blending or coalescence, form the lumbar enlargement. So far, then, as the "coordination of the movements of the legs" is concerned, we have to deal, first, with coordination of the receptive surfaces with the instruments of motion in each leg; secondly, with the blending or commissural connexion between the two legs. To proceed; if we wish to coordinate the movements of all four limbs, as in fencing for instance, we must have first a coordination of the receptive surfaces with its instruments of motion in each limb; secondly, a commissural blending of each pair of limbs; and thirdly, a commissural blending of the upper pair with the lower pair. In addition to this, in fencing, a farther coordination by means of commissural fibres must bring into gearing the muscles of the trunk; and finally other receptive surfaces also, such as the eyes, must be coordinated with the instruments of motion of the trunk, of the legs, of the arms, and of both pairs together. In such elaborate exercises as fencing, therefore, there probably exists some centre, such as the cerebellum, which serves as a common meeting ground or "clearing house" for emissary fibres communicating with each and every separate part, thus annihilating distance and making the separate parts one whole. Now let us apply this reasoning. We shall see, in the first place, that, literally speaking almost every structural disease results in more or less loss of coordination. Coordination of the eyes, for instance, is destroyed by fatty degeneration of the outer rectus of either orbit; by disease dividing one sixth nerve; or, again, by disease dividing the commissural connexion between the deep origins of that and of any other nerve. Myelitis, again, dividing the cord in the dorsal region, destroys the coordination, between the pair of legs and the rest of the body above the seat of the injury, myelitic paraplegia being a loss of coordination between the upper and lower halves of the body. Now, in the disease called locomotor ataxy, it is commonly said that there is a loss of coordinating power, not between the upper and lower halves of the body, but between the legs as a pair.[†] Those two which were joined as one have now been put asunder. That is to say, coordination is not lost between the upper and lower halves of the body, as in paraplegia; nor is it lost between the various motor instruments forming groups in each limb; nor, again, between the receptive surfaces and the instruments of motion in each limb; but, while each limb is coordinate within itself, and each is separately coordinate with the body, yet they are incoordinate with one another. Such I suppose to be the current opinion. Now that each limb though not coordinate with its fellow, is still coordinate within itself and with the trunk, cannot be the case in the disease before us. This seems quite clear to me from one fact, that, were it so, the ataxic patient ought to be able when one leg is tied up to stand or to hop upon the other, neither of which actions is possible to him. Each leg singly, then, is either out of coordination with the trunk or is incoordinate within itself. Now, were it coordinate within itself though incoordinate with the trunk, the patient should, when lying down, be able to perform calculated movements with one limb. But this is not so; if an ataxic patient have his eyes closed, he is incapable, according to the degrees of his disease, of any calculated movements even with one leg. We are brought, then, to this conclusion, that the incoordination lies within each limb. Is it, then, an anarchy of the motor instruments which have lost connexion, or is it a want of coordination between the instruments of motion and the receptive surfaces? Now, coordination is not cut off in the muscles themselves; they are fairly nourished and capable of much movement; nor is it in the anterior region of the cord, as we know by pathology; the seat of dissociation may be found, however, in the sensory connections—in the coordination of the receptive surfaces with the ganglia and nerves of the instruments of motion. Coordination, then, is not severed between one set of motor fibres and another, but between the sensation and motion in each limb severally. It has so long been known that loss of sensation is a constant phenomenon in locomotor ataxy, and this loss is clearly so sufficient to account for the disordered actions, that I am astonished to find that the full meaning of this condition has never received the attention which it deserves.

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[*] Read in the Medical Section at the Annual Meeting of the British Medical Association in Oxford, August 1868.

[*] Since this was written, Mr. Spencer has introduced the still better term, *recipio-motor* system, for the sensitive system.

[†] Dr. Radcliffe's words are: "What they had lost was that power of coordination by which the two limbs are enabled to act together." (Reynolds's *System of Medicine*, vol. ii, p. 336.)

The loss of sensibility noticed in well-marked ataxy is not a mere numbness—not a superficial lesion of the end organs or of the terminal nerve branches, for these are found to be anatomically sound—but a retardation in the transmission of impressions, a slowness of reception. It would seem as if the impression had a difficulty in arriving at the encephalic centres, and we may infer, therefore, that there is also a like retardation in the transmission of the impression into and across the lumbar ganglia. Clarke and Vulpian[*] have noticed as long a time as five seconds to intervene between the prick or pinch on the foot of an ataxic patient and his perception of it. Mr. Clarke tells me that he has noticed much longer intervals than this, and I have noticed intervals at least as long. I think we may all feel sure that loss of tactile sensibility in the feet, etc., is an invariable symptom in locomotor ataxy.[†] Out of many cases, I have seen none in which it was absent, and of the multitude of recorded cases I have collected, I find it prominent in almost all which were carefully and intelligently observed. Of the cases in which its absence is recorded, some no doubt belong to other categories, being chronic myelitic or cerebritic processes of other modes, and the rest have been insufficiently investigated, for it is not easy to determine slight degrees of deficiency in sensation.[‡] And the appearances after death are as uniform. Invariably the posterior roots are atrophied between their ganglia and the cord, their fibres which penetrate the posterior columns suffering with the latter, and their fibres which enter the posterior horns also suffering atrophy (as Lockhart Clarke has demonstrated), with the lesion of those posterior horns. I do not say that the mischief in the posterior roots is primary; on the contrary, I believe the sclerosis of the posterior columns is primary, and the atrophy of the afferent roots secondary and consequent, but I believe this secondary and consequent process to be the cause of the peculiar gait. I believe that in all locomotor ataxy there is some loss of power—that degree of loss of power which my friend Dr. Dickinson has shown to exist in destruction of the cerebellum;[§] and I believe that such loss is due to the lesion of the posterior columns, but the peculiar stumbling, uncertain gait is chiefly due, I am sure, to loss of sensation. The commencement of the implication of the sensory roots we recognise by the violent neuralgic shocks and darting pains which are so characteristic of the disease. At this time there is little more than a certain degree of loss of power. Gradually, however, the patient loses tactile sensation in the feet as the secondary lesion of the sensory roots advances, and at this time we may see distinctly that motor coordination between the two legs remains, while balancing power is failing. Let the patient get a fair start with his eyes open, let him once get a balance by impetus, and he will manage by means of the coordination in the two limbs to move across the room tolerably well. At this stage of the disease, if the symptoms are well watched, nothing can be clearer than this fact, that the coordination between the two legs as a pair of legs is well enough; that there is, however, a distinct, though not a great, loss of power; and that finally and chiefly, the sensory surfaces are incapable of quickly transmitting to the cord the true relations between the body and surrounding things. Hence the legs act in a blundering way, not because they are very weak, not because they are divorced, but, if I may use the metaphor, because they are blind. I think we do not fully realise how much all our actions depend upon a continuous and rapid perception of our true relations to external surfaces; how much, that is, motor coordination consists in sensory perception. Our education in complex movements depends quite as much, and often depends more, upon education of the sensibilities, and the interpretation of them, than upon an education of our instruments of motion. A man uses the same muscles to walk on board ship as upon dry land; but he has to get his sea-legs by attending to, and learning to interpret, a new set of sensations. An ataxic patient walks on a pavement as a landsman walks the deck in a storm, because, by blunting of the sensations, he is reduced to the same conditions: there is the same lack of ready interpretation of the true relations between his body and its supports. How exquisitely we gauge our relations to our supports in locomotion, we know by the inevitable trip we make when, in running up many stairs, we come to one which is a quarter of an inch higher than the rest. Indeed, in all calculated movements, in skating, in cricketing, in climbing, in conjuring, in playing musical instruments, in all such cases we learn our dexterity—that is, our motor coordination—quite as much by the increased delicacy of our sensitive perception as by the nutrition of our muscles. Any musician will tell us that, if he try to play the pianoforte with benumbed fingers, he is ataxic upon the instrument.[*] Nor is it a question of tactile sensation only; in cricketing and in Alpine climbing, it is a question of the eye, as much as of the touch of the feet. A man who is unaccustomed to walk along a slippery glacier before sunrise is ataxic till he learns to interpret the new tactile sensations; but, when he has to walk along a narrow ledge, it is a matter of eye as much as of foot; and he knows how much it helps him, if he can add to his sensations by running his fingers along a face of rock beside him, even if he cannot lay hold of it. I have an ataxic patient now under my care, who can walk readily enough if he may run his finger-tips—thus supplementing the faded tactile sensation of his feet by other connexions—along the wall and look at his feet, but who cannot stand for more than a few seconds with his hands before him and his eyes shut. To use his own very appropriate expression, he "loses himself," and, in fact, he has no bearings. We all know the uncertain gait of a blind man; it much resembles ataxy, though he has the tactile sensations of his feet remaining. If, again, we observe his eyeballs, which have no sensation to fix them, we see they are truly ataxic. To perform all definite movements, these two factors are absolutely necessary, and must be in exact correlation: first, a system of motor instruments which are directly or indirectly combined; secondly, a correlated system of sensibilities, by which alone our movements can be directed and calculated, and the relations of external objects interpreted. These two factors we may separate in reason, but in reality they are inseparable.

In locomotor ataxy, then, we have two things to deal with, First, we see some loss of power, probably due to the degeneration of the posterior columns (this is a most interesting condition, but to discuss it would be to go beyond the limits of my present purpose); secondly, a disorder of movement, due to the atrophy of the roots of the sensory nerves, with consequent inability to take the bearings of external surfaces. "Locomotor ataxy" is not a bad name if we mean no more by it than this, that we have ill-regulated movements as a prominent symptom; but it is a bad name, if we mean that the disorder is due to some break in the gearing of the motor machinery; and a worse name still, if it lead us to conceive of a loss of some supposititious "faculty" of coordination. If we determine to retain the name, we must have a lively knowledge of this, that ataxy of some kind, and due to some break or hitch in machinery, is common to many diseases, or, indeed, in its widest sense, to all diseases; and that, in fact, it simply means *disorder*. But, when given as a name to the special set of symptoms we have been discussing, it is given to it quite arbitrarily, and merely as a ticket to designate a particular and tolerably uniform group. If we forget this, and include with our special group all other groups to which the name could in etymology be applied, we shall fall into great confusion.

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[*] Clarke, *St. George's Hospital Reports*, 1867, p. 77; Vulpian, *Archiv. de Phys. Norm. et Path.*, 1868, p. 150.

[†] In a lecture recently published in the *Medical Times and Gazette*, Dr. Wilks attributes the disorder of locomotor ataxy to loss of the "muscular sense". I do not know what Dr. Wilks intends to imply in the expression "muscular sense". I mean by it, our consciousness of the varying states of neurility in the motor nerves and of tension in the central cells connected with them. Now, in "locomotor ataxy", these parts and the muscles are singularly free from disease. Dr. Wilks adds that cutaneous insensibility is not a constant member of the group of symptoms named "locomotor ataxy". I am sorry that there is this discrepancy in the results of our clinical observation

[‡] For instance, my friend Mr. G. H. Lewes was so good as to furnish me with the details of a case of "ataxy" which had been shown to him by Frerichs. The patient, though free from choreism, was utterly unable to determine or to complete any movements with the upper extremities. The case is a most interesting one, and the state may be called ataxy, no doubt; but it presents a different *ensemble* of phenomena from that we have named "locomotor ataxy".

[§] Vide *Med.-Chir. Review*, October 1865.

[*] A glass or two of wine will have a similar result; though in this case the failure of perception is at the centre. A like difference lies between a general paralytic or a drunkard and an ataxic patient. The gait of vertigo differs again from each.

APPENDIX.

After the foregoing paper had been read at Oxford, a second paper was read on the same subject, by Mr. Lockhart Clarke, and it gave me great pleasure to find that he took a view of the reasons of locomotor ataxy substantially like my own. Dr. Duchenne of Boulogne, who was present, differed from both of us and strongly urged his own original interpretation. Both publicly and privately Dr. Duchenne was most unwilling to allow that there was any loss of motor power in the disease; but of this I have no doubt, and I think that Mr. Clarke agrees with me. I have subsequently found that Oppolzer also enumerates "weakness of the lower extremities" among the early symptoms.[*] My own opinion on this point was formed independently, as I have repeatedly proved it during the last four years to the Leeds students, and have stated it in clinical lectures. In his paper, in the St. George's *Reports* for 1867, I see that Mr. Clarke does not distinctly lay down weakness of the lower extremities as a symptom of locomotor ataxy; and it is distinctly denied by Dr. Radcliffe.[†] I attach much importance, however, to this symptom, for, I believe, in opposition to many much better men then myself, that the disease of the posterior columns is chiefly the cause of this weakness, and that it has not much to do directly with the incoordination. Indirectly, it has much to do with it; and that, as I have said, by its encroachment upon the fibres of the posterior roots; for, herein, namely, in our interpretation of the way in which this encroachment causes incoordination, lies the difference between the view I venture still to hold and that of my friend Mr. Lockhart Clarke. My own view is simply this: that the loss of tactile sensibility is sufficient to cause loss of coordination, that the tactile sensibility is lost, and, therefore, that the loss of tactile sensibility is probably the cause of the parallel loss of coordination; that, in short the extravagant gait results from loss of consciousness of the relations in space between the body and the medium.[‡] Lockhart Clarke's view differs importantly in detail from this, and his view seemed to me at first so suggestive and so ingenious withal, that, on the reading of his paper, I felt it only remained for me to pass on my own to the tallow-chandler or to the British Museum. On subsequent reflection, however, unfortunately for the reader, I have recanted, and, like other converts, am now more than ever disposed to preach my former doctrine. Clarke's view I take to be this (if I misinterpret him I trust that the publication of his paper will set me right); that the muscle may, with sufficient accuracy for the present discussion, be said to complete the circle formed, partly by a sensitive nerve and partly again by a motor nerve; that the completeness of this circuit is necessary for the activity of its component parts, and, in particular, let us say, of the muscle; that the disease, involving the posterior roots, destroys their nerve-fibres, not all at once, but separately, or by a few at a time; that in consequence there is at any given moment a rupture of a certain number of such circuits corresponding to the number of ruptured fibres, while at the same time there remains as great a number of unbroken circuits as there are fibres as yet uninvaded; that there are, therefore, muscles still forming parts of complete circuits, and, still therefore, quick, and muscles no longer forming parts of such complete circuits, and therefore deadened; that, as the progress of the disease is irregular, there is consequently, in all movements of the limb, an irregular predominance of the quick muscles over those rendered sluggish or inactive, which change of conditions must end in spasm and disorder. This theory, though fascinating and suggestive, does not, I now think, coincide with the facts; and for these reasons: firstly, the spasmodic disorder of the limbs is not an early symptom, coinciding with the early anæsthesia and with the commencement of the attack upon the posterior fibres in detail, but it is a late symptom and increases with the more and more complete disorganisation of the whole roots. This I have verified by the microscope in one case in which death occurred at the height of the "spasmodic" stage, and it is borne out by the far more valuable investigations of Clarke himself, of Vulpian, and of other observers. Were the wild muscles those whose connections remained entire, their wildness should gradually cease as these connections are cut through; whereas the contrary is nearer the truth, that the muscles become wilder and wilder as the roots become structureless. Secondly, there is no uniformity in the abnormal movements in any given case at a given time. The disease is often of very slow progress, and, as the destruction of sensitive nerve-fibres slowly advances or remains stationary, so we ought to have mutiny in particular muscles or sets of muscles and uniform deviation from normal movements. But the movements, so far as I can make out, and I have looked into this again in the present aspect of the inquiry, are wholly capricious, and cannot even from one minute to another be seen to form any calculable combinations.

Thirdly, and on the other hand, I consider that the tactile insensibility is amply sufficient to explain not only the maladaptations, but the "spasmodic" movements also; and certainly the spasmodic movements do increase as the tactile æsthesis decreases. If, for example, all the members of a crowd, excited to some common purpose, were to become blind, they would first show indecision in their common movement; and secondly, losing relations among themselves, they would, if still excited, lose all combination with each other. The blinder the men, the blinder the fury. That which keeps muscles or crowds in action as groups is their combination for some common purpose. The common purpose, recognised by the æsthesis, and striven after by impulse, is the nexus, not only between the group and the object, but also between the members of the group themselves. If, while the impulse be continued, the perception of a common purpose be dimmed, the combination will be weakened, and the end unattained. Let it be cut off, and not only will the end be wholly lost sight of, but all combination to that end will cease, and individuals will take the uppermost, according to the momentary and varying states of their tension, their innervation, their size, their leverages, and other incidental attributes of men or of muscles. Confusion only can be the result of excitement aroused in a multitude, unless an unifying impression from without can make its way through general or special channels to the centre, be that centre a ganglion, a Napier, or a Beales.

CASES OF SALIVARY CALCULUS: WITH REMARKS.

By JOSEPH BELL, F.R.C.S.Ed.,
Lecturer on Surgery, Edinburgh.

THE following cases seem to be tolerably characteristic examples of a disease not very common, and regarding which little specific information is given in the more familiar text-books.

CASE I.—A. B., aged 19, called on me in April 1868, in great mental distress. She was a strong, healthy-looking, and very attractive young lady. For two years she had noticed a tumour under her tongue to the right side of the middle line; but, as it seemed stationary and gave her no pain, she had never mentioned its existence to any one; for some months, however, it had been rapidly increasing, and within the last few weeks still more rapidly, and had given her most acute pain. She was now certain that she was suffering from cancer of the tongue.

Present Condition.—On opening the mouth, there was seen on the right side of the tongue a red, fungating, angry-looking tumour as large as a walnut, which forced the tongue upwards so as to interfere with speech, and certainly had a most malignant-looking aspect. It was of stony hardness, and contained no fluid. Trusting to her appearance of perfect health, I excised the projecting portion of the tumour with probe-pointed scissors. Considerable hæmorrhsge followed, and no cavity or calculus was exposed as I had hoped. However, by cautiously continuing my incision into the densely fibrous substance of the tumour, I was at last rewarded by extracting an oval calculus, about three-quarters of an inch in length. The relief to the pain was instantaneous, and in a very few days the tumour had entirely disappeared. There has been no return.

CASE II.—Miss F. M., aged 30, consulted me in December 1868. She stated that for the last eight years she had noticed a tumour under the right side of her tongue, which had been frequently the seat of uneasy sensations; at times it had given acute lancinating pain, and latterly, from its size, had interfered with speech and deglutition. All the symptoms had been increasing during the last twelve months. She had consulted at different times two different surgeons, who had both counselled delay. I found that the tumour was of stony hardness, and that a small portion of it projected forwards into the mouth. A free incision enabled me very easily to remove a calculus of peculiar shape, twisted like a ram's-horn, and about an inch and a half in length, and of a bright orange colour. All the symptoms disappeared along with the tumour.

REMARKS.—Salivary calculi are generally found at the orifices of the Whartonian ducts, or in those of the smaller ducts of the sublingual glands. (Craigie's *Elements of General and Pathological Anatomy*, p. 829). They are very rarely found in the duct of the parotid. In most cases, their presence is easily detected by a probe or even by the finger, as they project close to the extremity of the duct, and an incision over them renders removal very easy. Occasionally, even in this comparatively superficial position, they have been the cause of so much irritation as to be mistaken for cancer. (Holmes's *Dictionary of Surgery*, vol. iii, p. 907). Salivary calculi are occasionally described as either complications or causes of ranula; this seems not to be a correct way of putting the case; for, though some cases are seen in which the salivary calculus has caused by its mechanical obstruction of the duct a temporary collection of saliva behind it, the fluid which is liberated by its removal has not the consistence or appearance of the fluid met with in ordinary cases of ranula. In the two cases recorded above, the calculi were more deeply seated, being rather in the substance of the gland than in the duct, and the second one especially is remarkable for the long duration of the symptoms. In both, the walls of the tumour in which the calculi were imbedded were very firm and hard; in neither was there the slightest accumulation of either saliva or the glairy fluid of a ranula. A case recorded by Gross of Philadelphia (Gross's *Surgery*, 3rd ed., vol. ii, p. 479) seems to have resembled mine in the obscurity of some of the earlier symptoms. Probably, if left alone, the natural course of such calculi is, as South says (South's *Chelius*, vol. ii, p. 406), to escape by ulceration into the cavity of the mouth; but my cases showed that this may, in some cases, involve a very long and a very painful process, before any progress in such ulceration results. Excision in every case is easy, painless, and satisfactory. I have preferred, for the sake of brevity, rather to refer to authorities on this subject than to quote them.

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[*] Vide *Wien. Med. Wochensch.*, 26-28, 1866; quoted Virch. *Jahresb.*, 1867, Band ii, p. 49.

[†] As my dissent from some points in Dr. Radcliffe's article called forth my own paper, I have seemed to stand in constant opposition to him. I should much regret it, however, if I thus appeared to speak with anything less than the highest respect for Dr. Radcliffe's writings in general, for few writings have given me more pleasure, and I have found few so fruitful.

[‡] I gather from an indirect source that this explanation of the phenomena called "locomotor ataxy" has been already given by Professor Leyden, of Königsberg, in Virchow's *Archives*; but, owing to the carelessness of a reference, I have not yet found his paper. What will be the doom of authors who have wasted the time and energy of their fellow-creatures by giving insufficient or inaccurate references?

ENCHONDROMA OF THE HAND IN A CHILD: REMOVAL OF THE TUMOUR WITH TWO METACARPAL BONES, THE FINGERS BEING PRESERVED.

By JOHN K. BARTON, M.D., F.R.C.S.I.,
Surgeon to the Adelaide Hospital, Dublin.

Sarah J. C., a year and a half old, was brought to me in January 1868 by her mother, with a note from my friend Dr. Duke, requesting my opinion of the case. I found a tumour occupying the back of the left hand of about the size of a large walnut. It was fixed, widest below, where it passed into the metacarpal bones of the middle and ring fingers, and quite smooth on its surface. It felt very firm and osseous at its base, somewhat softer on its sides, and at its apex soft and semifluctuating. In the palm there was a perceptible swelling corresponding to the two metacapal bones affected. There seemed to be no pain, even when the tumour was freely handled. It was slightly red at its most prominent part.

The *history* given by the mother was, that about six months previously, the father of the child, when playing with her, had accidentally struck the back of the child's hand against a hard piece of furniture, which hurt the child a good deal at the time, and soon produced a swelling, which had remained, and gradually increased in hardness and in size; that there did not at any subsequent time appear to be pain in the tumour, as the child played about and used the affected hand freely; but that latterly she could not close her fingers. The child had always enjoyed good health. From the peculiar feel of the tumour, which was yielding at the sides and apex, but firm at its base, and also from the fact that it was certainly continuous with the shafts of the two metacarpal bones, I concluded that it was an enchondroma springing from these bones. However, as the apex was somewhat red and fluctuating, I introduced a fine trocar at this spot into the tumour. A very little blood alone escaped. At a subsequent examination, I found that suppuration to a limited extent was taking place where the puncture had been made. After a few days' poulticing, an opening being made, a small quantity of purulent matter escaped; but the bulk of the tumour was not at all diminished. The child was now taken to the country, and given cod-liver oil. When I again had an opportunity of examining it, I found the little patient in excellent health, but the tumour decidedly larger than when it was first seen. Under these circumstances, I advised the removal of the tumour with the bones from which it sprang. The mother and child were consequently admitted to the Adelaide Hospital upon March 10th, 1868. The metacarpal bones of the middle and ring fingers were manifestly part of the tumour; their removal was therefore imperative. The question whether by any possibility the two fingers could be saved was then considered; and, in consultation with my colleagues, I determined to make the attempt, arguing that, even if the fingers proved useless, their presence would lessen the deformity of the hand. Accordingly, upon March 18th, the child being under the influence of chloroform, I laid bare the tumour, and removed it with the two metacarpal bones to which it was firmly attached. During this process, the extensor and flexor tendons were carefully held out of the way of the knife. The metacarpal bones were cut with the bone-forceps at the carpal extremities, while they were disarticulated from the phalanges. The middle and ring fingers were thus left without any osseous support. The sides of the wound were then drawn together, and the hand and fingers supported with a splint. The little patient did very well, and was able to leave the hospital upon April 13th; the wound in the back of the hand granulating, while the whole hand and fingers were still supported with a splint.

Upon examination of the tumour, it was found to be a true enchondroma, softened in the centre, where it was filled with a substance exactly like sago made with wine, soft, granular, and of a red colour. The walls of the tumour, particularly where it joined the bone, presented the peculiar bluish-white tint of fœtal cartilage characteristic of enchondromatous growths. The two metacarpal bones were rough and denuded upon the inner surfaces, where they formed part of the growth, which extended from their palmar, as well as their dorsal, aspects. Microscopic examination of the walls and contents of the tumour showed cartilage-cells in abundance.

Three months elapsed after the child left the hospital before the wound was completely healed; but long before this she was using the hand freely. In November last, the child was brought to me, and I had an opportunity of carefully examining the hand. I found the hand somewhat smaller, not much, however, than the other; the middle and ring fingers somewhat retracted towards the hand, so that their tips were not quite so low as those of the other; but, with this exception, they presented a perfectly natural appearance. With regard to the power of moving, I found that a pencil was grasped and held firmly by all the fingers together; but the two unsupported fingers were not extended again as quickly as the others. Sensation was perfect in them, and they appeared to have grown in proportion with the other fingers.

This case may claim some attention from the rarity of enchondroma in so young a child; but the success which followed the attempt to save the fingers, while their metacarpal bones were necessarily removed, gives it its chief interest. I confess that I felt very doubtful as to either the usefulness or beauty of fingers so left, and only made the attempt to save them, as the mother begged that if possible they might be left. The result more than fulfilled my expectations, and is quite sufficient to encourage a similar attempt in other cases.

CARBOLIC ACID: ITS DOSES AND MEDICINAL VALUE.

By HENRY WILLIAM FULLER, M.D.Cantab.,
Physician to St. George's Hospital.

Four years ago, being desirous of testing the value of carbolic acid as an internal remedy in the treatment of disease, I determined to administer it experimentally in various cases at St. George's Hospital. My first object was to ascertain the maximum dose in which it could be taken without inconvenience, to note the symptoms, if any, produced by full doses, to determine its action on the pulse and the secretions, and to observe whether any evidence could be obtained of its cumulative action. Never having given it internally before, and never having heard of its having been administered in more than two minim-doses, I began by the exhibition of two minims dissolved in a drachm of glycerine and eleven drachms of water. This was given three and ultimately four times in the twenty-four hours. Finding that no appreciable effects resulted from that dose, I added one minim to each dose on alternate days, until the patients were either unable to swallow a stronger dose or complained of unpleasant symptoms. Thus, as far as the mere dose was concerned, I found that some adults—especially men who had been spirit-drinkers—could take ten or twelve minims without inconvenience and notwithstanding the occurrence of a certain degree of discomfort, could take doses of fifteen minims three or four times a day for many days consecutively; but that most persons, especially women, began to complain when the dose had been increased to eight or ten minims, and found six or seven minims a full dose.

The disagreeable symptoms produced by full or overfull doses were, firstly, a sense of burning in the throat on swallowing the draught; and, secondly, a giddiness and fulness, or peculiar feeling in the head—a feeling which occurred in some persons within two minutes after taking the acid, and in others not until the expiration of six or eight minutes. In some persons this giddiness passed off in ten or fifteen minutes, and in others lasted nearly an hour. In no instance was there any distinct headache or any interference with vision; but, when the giddiness was severe, there were in some instances cold clammy perspiration and feeble pulse.

The physiological action of the acid in various doses was noted in health and in different morbid conditions. In health, the only effect which was observed to follow moderate doses—four to six minims—was the production of a peculiar greenish tint in the urine, and the disappearance of all deposits of lithates. Both these phenomena were most marked when full doses—eight or ten minims—were given, and in themselves were very remarkable. The intensity of the greenish tint varied considerably. Apparently it was more influenced by the state of the urine than by the mere dose of the acid; but the disappearance of the lithates from the urine bore a tolerably constant ratio to the dose of the acid, so that, if the administration of four or five minims failed to produce the desired effect, the addition of three or four minims to each dose would in most instances accomplish it within three or four hours. Indeed, carbolic acid proves so powerful an agent in clearing the urine of lithates, that it will operate with tolerable certainty in cases in which moderate doses of alkalies fail altogether in checking the deposit. It does not increase or diminish the secretion of urine, nor does it appear to exercise any influence on its specific gravity; it does not affect the action of the bowels, though it diminishes the offensive odour of the motions; it has no effect on the temperature of the body, nor does it influence the pulse, except when it is given in excessive doses and excites giddiness and cold perspiration, and then the pulse is accelerated.

Having remarked the uniformity of the action of the acid in checking the deposit of lithates, and thinking that possibly it might control the formation of lithic acid, I administered it in full doses in several cases of gout. It certainly rendered the urine clear, but it did not appear to modify the gouty action or check its continuance. The same may be said of its action on rheumatism.

In dyspeptic cases—of the fermentative class—accompanied by the copious evolution of gas from the stomach and the discharge of fetid evacuations from the bowels, its effect is often most satisfactory. Administered in six or eight-minim doses it stimulates and is extremely grateful to the stomach; it causes an immediate evacuation of flatus, and, by checking fermentation, it puts an end to the evolution of gas which forms the most distressing feature of many varieties of dyspepsia. With the exception of charcoal, I know of no remedy so useful in these cases, and it not unfrequently operates beneficially even when charcoal fails to relieve.

In typhoid or gastric fever, in which, *à priori*, beneficial results might have been expected from its employment, I have been unable to observe any controlling influence. The temperature keeps up, and the disease runs its course utterly unchecked by even full and repeated doses. In a case, James J., now under my care at St. George's Hospital, ten minims were taken every three hours for eighteen days, and throughout that time—from the sixth to the twenty-fourth day of the attack—the temperature ranged from 99 to 104—being 102 at the beginning and fully 102 at the end of the time. In several other cases of typhoid fever and also in cases of typhus, I have noted the same absence of controlling power.

In scarlatina, accompanied by sloughing throat, I have employed it on one occasion, and fancied that it proved beneficial. Having regard to the action of the scarlatinal poison on the mucous membrane of the stomach, it is not unlikely to prove active for good, and certainly deserves a trial.

In the form of spray, I have used a solution varying in different cases from five to ten minims of the acid to an ounce of water for the purpose of inhalation. It has been employed in the early and advanced stage of phthisis—in so-called laryngeal phthisis, in chronic bronchitis, in gangrene of the lung, and in various affections of the throat, including diphtheria. In the last named, it does not prove so useful as the pure solution of permanganate of potash administered in the same way, which sometimes appears to exercise a magical effect in clearing the throat of the membrane; but in all the other forms of complaint it exercises in many instances a decidedly beneficial influence. It lessens the irritability of the mucous surface and facilitates expectoration, and the patients aver that it affords relief. In gangrene of the lung, it removes the fetid odour, and otherwise appears to be productive of good.

The only disagreeable symptom which I have observed to follow its employment in the form of spray, has been occasional faintness when the inhalation has been continued too long. The time at which this faintness occurs varies greatly in different cases, and I therefore instruct the patient to desist from inhaling as soon as the slightest discomfort arises. My impression, however, is, that this faintness is not induced by the action of the acid, but rather by the abnegation of atmospheric air which attends inhalation with Siegle's apparatus; for, in every instance except one in which I have observed it, Siegle's steam-apparatus was being employed. I therefore prefer using the common hand-bellows, previously heating the solution of acid if the inhalation of cold spray seem likely to be prejudicial.

LETTSOMIAN LECTURES

DELIVERED BEFORE

THE MEDICAL SOCIETY OF LONDON IN 1869.

By WILLIAM ADAMS, F.R.C.S.,
Surgeon to the Royal Orthopædic and Great Northern Hospitals, etc.

LECTURE III.

Strumous Diseases of the Joints; their Pathology and Treatment. Also the Treatment for the Restoration of Motion in Cases of Stiff Joint, or Partial Anchylosis.

STRUMOUS diseases of the joints were first considered in reference to their general pathological characters, which Mr. Adams described as—1. The essentially chronic character of the inflammation—chronic, or, at utmost, subacute from the beginning, and maintaining this character through the whole duration of the disease, generally extending over several years; and 2. The tendency of the inflammation towards the destructive processes of suppuration and ulceration in the soft tissues, and to caries and necrosis in the bones, thus invading all the structures of the joints.

In this class of joint-diseases, we see inflammation occurring essentially as a destructive process, leading to the complete destruction of the joints; and, unless arrested in its early stage by judicious treatment, terminating in loss of all the functions of the joint, and anchylosis as its most favourable result, and in a large proportion of cases leading either to amputation of the limb, or the more modern operation of excision of the joint, as the only chance of saving the limb or life of the patient. As to the order in which the several structures are invaded, and the liability to primary inflammation, the general tendency of surgical opinion is to the belief that strumous disease of the joints most frequently commences in the cancellous structure of the articular extremities of the bones, and this is probably due to the teaching of Sir B. Brodie, who laid much stress upon this form of disease. Mr. Adams's observation, however, has led him to the opinion that strumous disease of the joints commences most frequently in some of the ligaments of the joints, as the result of an injury, and that from these structures it extends to the synovial membrane. Next to the ligaments, he believes that strumous disease most frequently commences in the synovial membrane, as the result of exposure to cold and damp; and thirdly, in order of frequency, that strumous disease commences in the cancellous structure of the articular extremities of the bones, as the result of exposure to cold and damp, and that the disease then generally takes the form of necrosis.

Dissections of hip-joint disease in the first stage, recorded by Mr. Aston Key, Mr. Coulson, and Mr. Adams, were adduced as examples of disease, limited to the round ligament and adjacent synovial membrane, without general synovitis, ulceration of cartilage, or disease of the bones; and Mr. Adams observed that, in a large number of such cases, a reliable history of some accident is given, as preceding the joint-affection, and in all probability laying the foundation of the disease. With regard to the curability of strumous disease of the joints, there can be no doubt that, so long as the affection is limited to the synovial membrane, in the ordinary form of chronic inflammation, and the ligaments have not been destroyed, it admits of being cured, with restoration of motion to the joint; although the treatment may be very tedious, extending from a few months to perhaps two or three years. When the articular cartilages are to any considerable extent destroyed, it is no longer possible to restore motion, and the best result obtainable is fibrous anchylosis, leading ultimately to bony anchylosis.

From the disposition of the bone-disease to advance when this texture is much implicated, the prospects of anchylosis are remote and uncertain. Under favourable circumstances it may sometimes be obtained, but frequently fails, and amputation or excision must be resorted to. Amongst the poor, operative means may be adopted at an earlier period than in the wealthy class, time being a more important object; and Mr. Adams preferred excision at a comparatively early period, and before the local disease had exhausted the powers of the patient.

The treatment of strumous disease of the joint in the early stage, during which it is alone possible to obtain complete restoration of the joint, must be both constitutional and local. All active local treatment is at once negatived when the strumous constitutional condition of the patient is recognised; and these cases, Mr. Adams considered, were no longer to be treated by leeches, blisters, issues, moxas, the actual cautery, etc.; but all these methods of depletion and counterirritation, still adopted by some surgeons in England, and more frequently by our continental neighbours, should be laid aside, and the object of local treatment limited to securing rest to the joint by means of gutta-percha splints, etc., together with the application of perpetual warmth and moisture, by wet lint covered with oiled silk, aided by the use of the local vapour bath for a quarter of an hour three times a day. In this way local rest or rest to the joint affected is always secured, whilst general exercise is at the same time permitted. In disease of the ankle-joint, or its neighbourhood, the use of a wooden leg contributes best to this result; and, in disease of the knee or hip-joint, the use of crutches should be insisted upon as early as possible.

It is only in the later stage, when there is no decided increase of heat in the inflamed joint, that Mr. Adams resorts to the application of blisters, tincture of iodine, Scott's ointment, etc.

The constitutional treatment consists in the administration of cod-liver oil, iron, quinine, and strychnine. Mr. Adams entertains a high opinion of the usefulness of the hypophosphite of lime, in doses of from five to ten grains, with ten or twenty drops of the tinctura ferri, in water, three times a day, directly after meals. He also advises residence at the sea-side, on chalk hills, or in mountain air. With these hygienic advantages, and mild local treatment, the disease may be arrested in a large number of cases.

The next subject discussed was the *Treatment for the restoration of motion of a stiff joint, or partial anchylosis, by forcible flexion and extension under chloroform.* After alluding to the history of this operation, Mr. Adams stated that when appropriate cases are selected, having reference especially to the constitutional condition of the patient, and the cause of the anchylosis; and when the operation is done with proper precautions, and with less violence than is sometimes used, there appears to be no risk whatever of inflammatory mischief following the operation. The absence of inflammation, and especially of suppurative inflammation, as a result of the operation, is, in a great measure, to be explained by the subcutaneous nature of the injury inflicted; and, in this respect, it may be classed in the same category with dislocations and simple fractures, which are seldom, if ever, followed by suppurative inflammation.

One of the principal points which had engaged Mr. Adams's attention had been to determine the particular class of cases to which this treatment is applicable, and those in which it is either attended with danger, or in which it would probably fail in its object of restoring motion; and, with this view, he arranged all cases of partial anchylosis, or stiff joint, in three classes, viz., 1st, strumous; 2nd, rheumatic; and 3rd, traumatic.

With regard to the *first class*, the strumous, the result of Mr. Adams's experience has been to prove that they are the most unfavourable for treatment by forcible extension. In any scrofulous disease of a joint, where there is reason to believe that the articular cartilages, and other structures of the joint have been much damaged—and in scrofulous diseases the articular cartilages are, as a general rule, destroyed to a greater or less extent—a stiff joint is certainly the best possible result for the patient; and to obtain this should be the object of the surgeon, every care being taken to secure anchylosis, with the limb in the most useful position. Any attempt to recover the lost mobility can only be made at the risk of producing serious inflammation; and if free motion should be obtained under chloroform, and no serious inflammation follow the procedure, the motion will not be permanently retained, owing to the damaged condition of the joint. Stiffening will gradually return, and the case must be considered a failure.

With respect to the *second class of cases*—the rheumatic—the result of Mr. Adams's experience has been as favourable as it has been unfavourable in the strumous class. In a large proportion of cases of stiff joint, or anchylosis, occurring in young adults after rheumatic fever, or as the result of that severe form which occurs during the progress of gonorrhœa, free and useful motion may be restored by forcible rupture of the adhesions, and thickened ligamentous tissues.

There is one great peculiarity in the rheumatic form of inflammation, in whatever organ or structure it may occur—viz., a remarkable indisposition to suppuration; and this is, in the highest degree, favourable to the operation of forcible extension of joints, the tendency of rheumatic inflammation being to the adhesive form.

In the *third class of cases*, viz., the traumatic, the results of forcible extension are also generally favourable, though more uncertain, and, on the whole, not quite equal to the results obtained in the rheumatic class.

The conclusions arrived at by Mr. Adams, are as follows. 1. Forcible flexion and extension, under chloroform, of a stiff or partially anchylosed joint—false or fibrous anchylosis—is a procedure attended with very little risk, in properly selected cases, and when the force employed by the surgeon, and the subsequent movements, are not excessive, more especially at the first operation.—2. The cases should be selected with reference more especially to the constitutional condition of the patient, and the integrity of the articular cartilages.—3. Cases of partial anchylosis, resulting from scrofulous diseases of the articulation, and those proceeded by suppurative inflammation within the joint, whether occasioned by phlebitis, febrile affections, or external injury, are the least favourable for treatment.—4. The cases of partial anchylosis, produced by acute rheumatic inflammation, especially when occurring in the adult, and those resulting from gonorrhœal or genital rheumatism, are the most favourable for treatment.—5. Traumatic cases, or those resulting from external injury, when occurring in the adult, and unaccompanied by suppurative inflammation, are also favourable for treatment in a large number of instances.

IPECACUANHA IN EMETIC DOSES:

AS A STIMULANT, RESTORATIVE, ELIMINATIVE, AND ADJUVANT, IN VARIOUS CASES OF DISORDER AND DISEASE.

By JOHN HIGGINBOTTOM, F.R.S., Nottingham.

[*Continued from page* 144 *of last number.*]

Bronchitis.—Vomiting by the use of ipecacuanha in the early stage of bronchitis is very beneficial. This has been, I have no doubt, the common experience of other practitioners; but giving it in the last stage of bronchitis may not have been practised. I have never known it to be recommended. When a sudden low congestive or sinking state has come on, attended with an oppression of the chest, and endangering asphyxia, an emetic of ipecacuanha has not only soon relieved these dangerous symptoms, but has roused the whole system and produced such a change, as to render the patient convalescent in a few days. I have not seen the same beneficial effects produced in similar cases by any other remedy.

The two following cases, which I published in the *Lancet* more than twenty years since, are of that description.

Mr. D., aged 60, an innkeeper, of a gross habit, but not considered intemperate, had been much reduced in consequence of a neglected erysipelatous inflammation of the leg and thigh; this had in some measure subsided; but he had a troublesome cough, great dyspnœa, and difficult expectoration. A sudden state of sinking came on, with an increased dyspnœa, and quick feeble pulse. I gave an ipecacuanha emetic; he vomited at intervals for two hours, and the lowness and dangerous symptoms were much relieved; he had no relapse of the low or sinking state, and he gradually recovered under a common mild regimen.

Mrs. C., aged 78, had an attack of influenza prevailing at that time; saline aperients, with diaphoretics and expectorant medicines, had been given for about five days, when a sinking state came on, with difficulty in breathing. I was inclined to give an emetic of ipecacuanha as the most probable remedy. I was glad to find my patient would take it; and I may here mention the favourable idea which patients sometimes have of an emetic, imagining that vomiting enables them to throw up the phlegm. I gave her the usual emetic, which had the desired effect of completely relieving her. It was only necessary to visit her five more days, she being then quite convalescent.

Tic Douloureux.—In common cases of tic douloureux or neuralgia, the practice which I have pursued is to commence with an emetic of ipecacuanha and aperients, then to give an efficient dose of the citrate of iron and quinine three times a day. This practice I have found most successful. Some patients will not take the emetic to commence with, but will take the tonic; this has been persevered in for some time without amendment. The emetic is then taken, and afterwards the tonic continued for a short time, when the complaint subsides.

Periodical Drunkenness.—It is observed that, in the intervals between the periods of the attacks of drunkenness, the person is quite sober, and often remains so for three or four months, or for a longer time. When the mania comes on, the intense desire for alcoholic stimulants is so strong, as to render the sufferer subject to no control; and, from the sensation of depression and sinking, he looks upon alcoholic stimulus as his only remedy. When a person is in this state, it will always be found that his stomach is in fault, and the unnatural appetite arises from that cause alone. If half a drachm of the powder of ipecacuanha be taken, so as to produce full vomiting, the desire for alcoholic drinks is immediately removed.

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From the experience I have had of the effects of ipecacuanha, I am of opinion, if a patient can be persuaded to follow up the emetic plan for a few times, when the periodical attacks come on, that the habit (for such I look upon it) will be broken.

Macnish, in his *Anatomy of Drunkenness*, when speaking of Periodical Drunkenness, says: "As soon as the stomach rejects every thing that is swallowed, and severe sickness comes on, the fit ceases. From that moment recovery takes place, and his former fondness for liquor is succeeded by aversion and disgust."

Delirium Tremens.—I have discontinued the stimulo-narcotic plan of brandy, opium, etc., in the treatment of delirium tremens, for the last thirty years, considering them as only palliatives which hide, hinder, and often aggravate the disease. In the absence of all alcoholic stimulants and opiates, the treatment of delirium tremens becomes very simple. First, an ipecacuanha emetic is given to produce full vomiting. The emetic, with the assistance of needful aperients, proper diuretics, and diaphoretics, given in a state of effervescence, tends to carry off the effete matter from the system. The digestive organs being restored in a great measure to their normal state, rest and natural sleep is obtained. Weak tea, coffee, or any other simple diluent, may be taken as a beverage; for food, light nutritious diet. Much exercise in the open air as early as the patient can bear it, with a daily warm bath, or sponging of the body with water, will effect a restoration.

Indigestion, or Disordered Stomach.—I have often known patients who, after suffering from indigestion for a long time, after giving every attention to regimen, and trying various remedies with only temporary relief, have resorted to an emetic of ipecacuanha, with a gentle aperient afterwards, and the saline effervescing draught; and with a diet of milk and light farinaceous food. In a few days, under the treatment, they have been quite relieved.

Some patients have disliked the emetic treatment so much, that from their solicitation I have omitted the emetic for some days, and tried every other remedy I could devise, but have signally failed in giving relief. An emetic with the above treatment has been at last resorted to, and in two or three days the recovery has been so palpable that the patients have, on another attack, been most willing to begin with the emetic.

It is not unusual for patients who have been into the country or by the sea-coast for change of air, on returning home, to find themselves not improved in health. In these cases I have sometimes found that the stomach has been in fault; their loss of appetite and lassitude have rendered them insensible of enjoyment. This would have been prevented by taking an emetic and aperient several days before their journey. Some patients are aware of the necessity of previously taking an emetic and aperient before leaving home, knowing that, if they did not, they would not receive the full benefit from the change of air, diet, and relaxation.

Patients at the sea-coast are sometimes desirous of having a sea-sickness which may answer the purpose of an emetic; but, as far as my experience goes, an ipecacuanha emetic is more gentle in its operation, and does not leave the distressing headache from which some suffer after sea-sickness.

Intestinal Irritation.—More than thirty years since, many lives were sacrificed in this neighbourhood, and I have no doubt elsewhere, from a want of diagnosis between irritation and inflammation, cases of irritation being mistaken for inflammation, and treated by free bleeding; death was the frequent result. The fatality of these cases attracted the notice of Dr. Marshall Hall, who resided in the town; after careful investigation he arrived at the conclusion that these cases were simply intestinal irritation; loss of blood was the cause of death, and he designated the lancet "a little instrument of mighty mischief." Upon an opposite mode of treatment being adopted, the cases were no longer fatal, and the patients soon rallied when attention was paid to the digestive functions by emetics, aperients, and opiates. The immediate good effects of an ipecacuanha emetic was very marked, bringing the pulse and temperature down to the natural standard.

Suspended Animation.—I was called about 10 P.M. to visit Miss S., aged 18. The messenger, her sister, informed me that she was afraid she was dying. I saw her in about ten minutes; my first impression was that she had taken poison, until assured of the contrary by her mother. She appeared in a state of asphyxia; her extremities were cold, the face livid and swollen, with the appearance of being puffed up; no pulsation at all was perceptible in either wrist; her mouth was open and her lower jaw fallen; indeed, she appeared to be dead. I ordered her feet and legs to be fomented directly with hot water by means of flannel. She seemed incapable of swallowing, yet she took half a drachm of the powder of ipecacuhana in water: afterwards, she was freely rubbed the whole length of the spine with acetum cantharidis. The emetic not operating in a few minutes, I gave another half-drachm of ipecacuanha; and shortly afterwards there was a convulsion of the diaphragm, followed by vomiting—she ejected some very thick, slimy mucus. On the blistering vinegar being still rubbed along the spine she gave signs of uneasiness in her countenance, and expressed her pain by saying "Oh!" I remained with her until after midnight. Before I left she had become generally warm throughout her body, and could speak in a very low voice; but there were no pulsation in either wrist. I prescribed a mixture with aromatic confection and camphor mixture to be given every hour, and a little gruel, or other light nourishment occasionally. I left particular directions to send for me if she had any unfavourable change. The following morning she was quite recovered, but very feeble; she had no recollection of her illness, and could give no account of the cause. She had been sewing during the evening, sitting with her back to the fire; had only a potatoe to supper, and on going out of doors into the yard she became suddenly chill and faint; complained of pain between her shoulders, and felt very ill indeed. She then went to bed and became sick, and vomited a little watery fluid, and said she was going to die. A sudden swelling of the face came on, a convulsive motion and stretching of the whole body; then followed the state in which I found her. No further medical treatment was required but an occasional aperient; the swelling of the face was several days in subsiding.

Exhaustion during the Puerperal State.—Mrs. B., aged 23, very delicate and of pale complexion, was attended by me on the 12th of March, 1845, in her first labour, which was very protracted and severe, she being attacked with puerperal convulsions. I had to take about twenty ounces of blood from the arm, and found it necessary to perform embryotomy. She was exceedingly low afterwards, but gradually recovered for about eight or nine days, requiring no other medical treatment than mild aperients and injections. About the ninth day she complained of severe pains in the course of the colon and the sigmoid flexure. Mustard plaisters were applied, and active purgatives given with benefit, but a continued vomiting came on, attended with considerable lowness. Dr. H. was called in to visit her with me. Injections of half a pint of beef-broth, with half an ounce of spirit of turpentine, were administered every four hours; a blister of cantharides was applied to the scrobiculus cordis; plain gruel, or other light nutriment, was given as most likely to remain on the stomach. The vomiting still continued; the turpentine injections occasioned much pain after they were administered, and a very alarming increase of exhaustion and sinking. In this case it occurred to me that an emetic dose of ipecacuanha was the most probable remedy to rally the sinking powers and relieve the stomach. With the concurrence of Dr. H. I gave her half a drachm, and remained with her during its operation. A fuller vomiting was produced than I could have expected. I remained with my patient an hour, and left her somewhat better. After I had gone, she turned herself on her left side, and remained so still for several hours as to alarm her husband, who sent for me in haste fearing she was dying. I found her pulse much improved; she was still lying on her left side; the sickness had quite ceased. A little plain gruel was given her, and a half-pint injection, with equal parts of gruel and milk, every four hours. A slight vomiting came on after this time, but did not continue; her appetite so improved that there was a difficulty in restraining her from taking improper food, such as beef-steak, etc. Her stomach was disordered twice during her recovery from this cause, so as to require two emetics of ipecacuanha, which were given with advantage. The patient recovered, and is now in her usual health.

I was impressed in the above case with the great value of ipecacuanha, but also with the benefit arising from the clysters in conveying nourishment into the system when in an anæmiated state, and when food could not be received into or retained in the stomach. Indeed, I have often thought, from the great absorbent powers of the colon, that clysters might supersede the necessity of transfusion, having this advantage—the perfect safety and facility of the operation.

Old Age.—I have attended patients advanced in years who have been ill for some days; having loss of appetite, with increasing debility; a short, dry cough; little or no fever; pulse sometimes irregular and feeble; an inactive state of the digestive organs; with general torpor of the system. The patients have an idea, from their age, that there is a natural decay of the body—to use their own words, "their constitution is breaking up," and they are averse to having medical aid; or, indeed, to take any medicine. Such patients will often be restored to health by a single emetic, gentle aperient, and saline effervescing draught, and diet chiefly milk. Old people should avoid cold, particularly exposure to north-east wind. I have observed that, when an old person becomes thoroughly chilled, it often kills by acting upon the capillary vessels, and causing congestion in some vital organ. To prevent fatal consequences an ipecacuanha emetic should be early given to prevent evil. I know a medical man eighty years of age, who, if he has taken cold, or loss of appetite, or even from any disordered state of the body, takes an emetic directly. This has been his practice for a number of years, and he considers it has been the chief means of prolonging his life.

(*To be concluded.*)

THE SIAMESE TWINS:

PROPOSAL FOR EFFECTING THEIR SEPARATION.

By JAMES STARTIN, Esq., F.R.C.S.,
Senior Surgeon to the Hospital for Diseases of the Skin.

The lucid description of the Siamese Twins and their band of union by my friend Sir J. Y. Simpson, has induced me to ask a place for a proposition which, as far as I am aware, has not been made before. This is to accomplish the separation gradually, imitating what occasionally occurs to a limb of the fœtus *in utero*. This I would propose to effect by applying to the umbilical or mesial line of the band a centrally divided disc of steel or aluminium, strongly gilt, of the eighth or tenth of an inch in thickness, which should have a central opening exactly corresponding in size and shape with the connecting band of the twins. The edges of the opening in the disc should be rounded and burnished, and each half should be constructed to slide smoothly and evenly on the other, which might be accomplished by grooves, as also by the pair of male and female screws with which each side of the two halves of the disc must be furnished. These screws are to be constructed with a fine thread, that will take three hundred or more revolutions to close the opening in the centre of the disc, and thus divide the band, in three hundred or more days; they should also have square heads, numbered 1, 2, 3, 4, and be moved by a key so that a whole, a half, or a quarter revolution can be *diurnally* made by each brother, as may be found suitable. Twice a day the parts pressed upon by the disc should be lubricated by means of a camel-hair brush moistened with a little tragacanth mucilage and glycerine, and the surrounding skin kept clean and soft by the same application. The disc should be supported on each side by means of a hollow cushion of vulcanite or metal, the section of which would be triangular, with a broad base to rest upon the skin, and a flat surface to support the disc. This circular cushion should be applied and removed after the manner of a lady's bracelet.

It will be seen that this plan can be employed without the slightest risk, as it can be continued or discontinued at pleasure, and it may be carried so far only as to consolidate the band and cut off what little circulation or nervous unity exists between the brothers, so that the stroke of a knife may finally effect their separation.

I would have personally seen the twins and explained my ideas to them, had I not been confined to my couch by temporary illness. I hope, however, still to have the pleasure of visiting Messrs. Chang and Eng and making my proposition known to them. In the meantime, the suggestion will obtain consideration and ventilation through the Journal, and doubtless elicit from others, better qualified than myself, other methods for carrying out my proposal. Another advantage of the plan to Messrs. Chang and Eng will be, that the apparatus may be made ornamental, and rendered rather an additional attraction than otherwise in the exhibition their circumstances would seem to require; like the last three hundred nights of "readings," or of a theatrical performance.

I enclose a rudely made model in pasteboard, which will demonstrate my meaning at a glance. The elastic band taking the place of the male and female screws, of course one side only is shown in the model; but I think it may prove sufficient, not only to illustrate the nature of the apparatus to the patients, but also to enable an intelligent mathematical or surgical instrument maker to carry out the proposition.

Treatment of Boils, Whitlows, and Abscesses by Carbolic Acid.—C. J. Cleborne, M.D., Surgeon, U.S.N. *(Am. Journal Medical Science*, and *New York Medical Record)*, records his experience in the treatment of whitlows, boils, and abscesses with this article. Being dissatisfied with the usual mode of treatment, he determined to try the effect of carbolic acid. This he did by making a free opening so soon as fluctuation could be detected, and when all the pus had been discharged by gentle pressure, the cavity was injected or swabbed out with the ordinary liquid carbolic acid of the shops, after which cold-water dressing was applied. In this way further suppuration was prevented, and the wound healed so rapidly that the patient returned to duty in two or three days. In some cases, after evacuating the pus, and using the acid, the edges of the wound were brought together with isinglass-plaster, and in twenty-four hours it entirely healed.

VESICAL ABSORPTION.

By D. CAMPBELL BLACK, M.D., L.R.C.S.Edin., Glasgow.

In one of the lectures recently delivered and published by Sir Henry Thompson, "On Affections of the Urinary Organs," the following passages occur. "In circumstances of great pain, you may inject anodynes into the bladder if you please; but they are of little value. And you need not be afraid of the quantity; for the mucous membrane of the bladder appears to have no absorbing power, unlike the neighbouring tissue which lines the rectum."

The following case which has just occurred in my practice so thoroughly substantiates the fallaciousness of this doctrine, that I am induced to place it on record.

M. M. C., a female, had been under my care for a short time in consequence of chronic cystitis. Having employed the usual constitutional treatment in the first place, but with no very decided benefit, I adopted the topical treatment recommended so strongly by the distinguished surgeon referred to, injecting acetate of lead and nitrate of silver after his method. My expectations not being realised, at all events, so promptly as I anticipated, I resolved upon injecting a weak solution of the bichloride of mercury, from which I have obtained the best results in other chronic inflammatory affections. Accordingly I injected, on January 27th, about three ounces of a solution, containing, as I firmly believe, little over a quarter of a grain of the bichloride. The patient then left my house, being desired to retain the solution in the bladder as long as possible. I was requested to visit her on the succeeding day, when, to my annoyance, she complained bitterly of the pain the last injection had occasioned her. It was not retained in the bladder for over twenty minutes. She stated that she had a most unpleasant taste in her mouth, "wersh," as she termed it, or, in more familiar terms, a brassy taste; that her gums were painful; and on examination, there was at least evident tenderness, and for two or three days afterwards she passed very little water, and then with very considerable pain. I need not say the statement of subjective symptoms was voluntarily tendered, and that the patient had not the remotest idea that the symptoms complained of were due to the treatment employed. The internal administration of anodynes relieved the pain, and I am hopeful that, notwithstanding the disagreeable consequences, improvement will ensue. With such a case as this in view, indicating, as it does, the great absorptive power of the bladder, I would be exceedingly chary of indiscriminately injecting powerful anodynes into this organ. From this circumstance, it will be obvious, certain medico-legal questions might arise; and it is desirable that, until Sir Henry Thompson's views are more conclusively established, in respect to anodynes, his statements should at all events be received with reservation.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ROYAL ALBERT HOSPITAL, DEVONPORT.

TORSION OF ARTERIES AND USE OF CARBOLIC ACID.

(Under the care of Mr. Swain.)

On Saturday last, Mr. Swain had occasion to amputate the right arm of a man for epithelial disease. The limb was removed very high up within the axilla. Mr. Swain applied torsion to the axillary artery, and to all the other bleeding vessels. The case has progressed most favourably. On the same occasion, Mr. Swain removed the head of the femur in a case of long-standing hip-joint disease. The wound was washed out with a weak watery solution of carbolic acid—1 to 40—and then stitched up with some sutures, all but a dependant opening made at right angles with the long incision. The cavity was then syringed out with carbolic acid and oil—1 to 10—the oil being pressed out. A piece of calico saturated with the oil was then placed over the wound, and a plug of lint, also soaked in oil, in the dependant opening, a bit of ligature being attached that it might be removed; over this was then placed carbolic acid and putty spread on tinfoil, and over all a square of carbolic acid plaster. A bandage was then applied, and the limb placed on an interrupted splint. At the end of twenty-four hours, the outer dressings were removed, the plug pulled out, and fresh putty and plaster applied. The boy has suffered no pain since the operation, and is progressing well in every respect.

REVIEWS AND NOTICES.

The Life and Labours in Art and Archæology of George Petrie, LL.D., M.R.I.A., Foreign Associate Member of the Imperial Society of Antiquaries of France; Corresponding Member of the Archæological Institute of Rome; Fellow of the Royal Society of Northern Antiquaries, Copenhagen; Honorary Member of the British Archæological Association, and of the Society of Antiquaries of Scotland, etc. By William Stokes, M.D., D.C.L.Oxon., Physician in Ordinary to the Queen in Ireland; Regius Professor of Physic in the University of Dublin. 8vo. Pp. 445. London: Longmans, Green, and Co. 1868.

There are some to whom it may appear that a notice of the life of the "archæologist, painter, musician, man of letters, as such, and for himself, revered and loved," is ill suited to the pages of a medical journal. Not so, we think. We esteem it to be a privilege to invite our fellow-labourers in the field of medical science to contemplate the great physician, crowned with well-earned laurels, paying a tribute to a lifelong friendship, and, in recording the labours and virtues of the departed patriot, proving himself to be the true and warmhearted friend of his country and of his fellow-man.

But, while we hail a contribution to general literature from a pen which has already so largely enriched our medical stores, we would indicate a special reason why this volume, apart from its own intrinsic merits, and they are very great, should be attractive to the members of the British Medical Association. In this point of view, we present it as the work of the late President of the Association, whose addresses in the classic halls of Dublin and of Oxford have been heard with so much pleasure and advantage; inscribed by him, in all friendship, to Henry Wentworth Acland, in company with the Earl of Dunraven, and the elder brother of our late illustrious *confrère*, Dr. Robert Todd.

As Englishmen, too, we should rejoice at the appearance of a work, which, more than any other we have seen, exhibits, within a very moderate space, a rich display of the antiquarian and artistic treasures in which the sister isle so fully abounds. The light which these throw upon history is immense. Few of our readers are, perhaps, aware of the importance which attaches to the ancient records of Ireland; let us quote the testimony of a foreigner, not from the work before us, to that of her language, as an example of the rest.

"M. Adolphe Pictet, of Geneva," says Dr. O'Donovan, in the Introduction to his Irish grammar, "in our own time has written the following account of the importance of the Irish language in his work, *De l'Affinité des Langues Celtiques avec le Sanscrit:*

"'L'Irlandais, par son extension, sa culture, et l'ancienneté de ses monuments écrits, est de beaucoup le plus important des dialectes gaëliques. Sans entrer ici dans des détails qui nous méneraient trop loin, je me bornerai à dire que ces monuments sont fort nombreux, qu'ils embrassent l'histoire, la philologie, la législation, la poésie, qu'ils datent sûrement pour la plupart du dixième au onzième siècle, et que quelques uns remontent très-probablement jusqu'aux septième et sixième.'"

In addition to those chapters which treat of matters relating more personally to Dr. Petrie, as his birth and early life, his earlier and later tours, his first literary works, and his closing years, we have essays on the rich treasures of Ireland just referred to, in the chapters on the History and Antiquities of Tara Hill; the Round Towers and early Christian Architecture of Ireland; her Military and Sepulchral Architecture, and her Ancient Art and Ancient Music. The miserable history of the Ordnance Survey Memoir is detailed, in reference to which Dr. Stokes eloquently observes:—

"Thus ends the story of the rise, progress, and final extinction of the *Topographical Memoir of the Ordnance Survey of Ireland*, and of the dispersion of the rarely constituted staff employed upon it, a staff which it is safe to say can scarcely ever be again equalled.

"In its endeavours to draw closer the ties of friendship between the two countries, and to foster goodwill and peace, the educated mind of England has felt and complained of the want of reliable information as to the social state and history of the Irish people. Here would have been the knowledge so wanting, undisturbed by politics, passions, or sectarianism. But it was unhappily rejected, while the means, through the agency of which such success had been attained, was broken up and scattered. * * *

"Looking at the relative conditions of Great Britain and Ireland, at the social relations of the countries, at the ignorance of the Irish, as well as of the English, public, of the true history and resources of Ireland, and at the desire expressed by all classes for the completion of the work, it is hardly too much to say that this step was an error in statesmanship of the greatest magnitude." (Pp. 108-109.)

Petrie's accounts of his tours are most interesting and instructive. Not the least so of these is the history of a visit to the Aran islands, about thirty miles west of Galway. In the course of which we have a "medical" sketch of "an eccentric character named Tom O'Flaherty, who, with an originality somewhat Hibernian, combines the honourable practice of medicine with the less reputable calling of a tailor, thus making himself doubly useful to the Araners, in healing their bodily complaints and protecting them from the inclemencies of the seasons." Of this individual Petrie says:—

"He is remarkable for humanity and active benevolence. In the spring of 1822, some very bad cases of typhus fever occurred in the island, one of which was of a stranger lately settled there. The islanders who, like all the poor Irish, have a deep terror of this frightful disease, fled from him; he was without money or friends, and, thus circumstanced, he must have perished but for the courage and humanity of Tom O'Flaherty. He first removed him, on his back, from the infected house to a more airy situation—one of the old Irish stone-houses—which he had prepared for his reception. He then went to Mr. O'Flaherty (one of the two resident gentlemen of the island) and peremptorily demanded five shillings. 'For what purpose, Tom; is it to drink?' said the other. 'No; trust me with it without asking any questons. I'll make no bad use of it.' The money was obtained, and immediately sent off to Galway for medicine for the sick man. With this assistance, in addition to his own resources, he was enabled to bring the poor man successfully through the fever. He visited him several times each day, sat with him, washed him, and performed all the duties of a humane and skilful nurse. At the same time he would never let either his own family or his friends know that he was thus employed, but gave them to understand that the man was dead, and would always proceed from home in a different direction from that which led to the place of the patient, and reach it unseen by a circuitous route; nor is it likely that he would ever have undeceived them, if he had not the pleasure of bringing the man back to society whom he had thus rescued from the grave.

"Excellent and entertaining Tom O'Flaherty! my fingers would deserve to be parted from my hand if I neglected telling the tale of your courage and benevolence.

"Tom's independent spirit is equal to his other good qualities." (Pp. 55-56.)

Into the admirable and erudite chapters on Ancient Art and on Ancient Music in Ireland, in the authorship of which Dr. Stokes in his preface acknowledges to have been "largely assisted by a friend of his and of Petrie's," we cannot here enter. We shall give only one quotation from the latter, and a very short one.

"To those possessed of any sensibility, the effect of the Caione, the funeral chant of Ireland—the Irish cry of sorrow—is touching in the highest degree. There is an excellent example of it in Mr. Horncastle's collection, harmonised for four voices.

"In the singing of this lament by his daughters, Petrie took the keenest pleasure, and would lend his own voice to the dirge, with its original words,—

"'Oh, son of Connal, why didst thou die? Royal, noble, learned youth;
Valiant, active, warlike, eloquent!
Oh, son of Connal, why didst thou die?'" (p. 327.)

In the last chapter, on the closing years of Petrie, in speaking of his personal character, Dr. Stokes introduces an episode connected with the childhood of his friend, the pathos of which cannot well be surpassed:—

"Of the events of 1798, as well as those of 1803, he preserved a lively recollection. His father, though a loyalist, was yet on friendly terms with a number of the prominent political characters of the time, whose portraits he painted. Among them are those of Lord Edward Fitzgerald, of Emmet, of Curran, and others, all most valuable, from their truthfulness and excellent style of handling.

"After the execution of Emmet he was requested to paint a portrait of him from memory, with the aid of such studies of the head and face as he had by him. It is needless to say from whom this order came. When the work was finished, the artist wrote to Miss Curran, requesting her to come and see it; he was out when she called, but she entered his study notwithstanding. Petrie, then a little boy, was sitting in a corner of the room, when he saw a lady, thickly veiled, enter and walk straight to the easel on which the work rested. She did not notice the child, and thought herself alone with the picture of her buried love. She lifted her veil, stood long and in unbroken stillness, gazing at the face; then suddenly turning, she moved with an unsteady step to another corner of the room, and bending forward pressed her forehead against the wall, heaving deep sobs, her whole frame shaken with a storm of passionate grief. How long this agony lasted the boy could not tell, it appeared to him to be an hour, and then, with a sudden effort she controlled herself, pulled down her veil, and as quickly and silently left the room as she had come into it. She was unaware of his presence, unconscious of the depths of silent sympathy she had awakened in the heart of the child, whose sensitive and delicate nature kept him from intruding on her grief.

"And so he continued through life, a rare example of purity and gentleness of character almost feminine, although when called upon he could exhibit the greatest energy, firmness, and determination." (Pp. 388, 389.)

Speaking of Petrie's love of the lower animals, Dr. Stokes says, (p. 393):—

"There was, indeed, in him a full sympathy with the feelings so beautifully expressed in Coleridge:—

> "'Farewell, farewell, but this I tell
> To thee, thou wedding guest,
> He prayeth well, who loveth well
> Both man, and bird, and beast.
> He prayeth best, who loveth best,
> All things, both great and small;
> For the dear God who loveth us,
> He made and loveth all.'"

In the foregoing we have given specimens of the style both of Petrie and of his biographer; and the extracts we have taken at random will give an idea of the great variety in which this most interesting volume abounds. We can conceive no more agreeable or instructive distraction to the busy practitioner after a hard day's work, than he will obtain from the perusal of these pages from the pen of one *facile princeps* in his own profession, and as a source of such distraction we cordially recommend the volume. It is, in fact, a double biography. In it not only are portrayed the "qualities of mind which so endeared" its immediate subject "to his many friends," but every page reflects the warm, genial, benevolent, and patriotic sentiments of its author.

Das Verhalten der Ergenwarme in Krankheiten. Von Dr. C. A. Wunderlich, Professor der Klinik an der Universität, Leipzig, etc. Leipzig, Otto Wigand, 1868.

On the Temperature of the Body in Disease. By C. A. Wunderlich, M.D., Professor of Clinical Medicine in the University of Leipzic, etc. With 40 Woodcuts and 7 Plates. Pp. 384. Leipsic, 1868.

The great importance of the temperature of the body, as furnishing most valuable indications for the diagnosis and prognosis, as well as for the treatment of disease, is now so generally recognised, and the number of those who daily use the thermometer in their practice is so much increasing, that the want of a treatise comprising the whole experience hitherto collected on this subject became more and more felt. For, although very useful summaries have now and then appeared separately, as well as in all the more recent general works on medicine, as, for instance, in Dr. Aitken's most valuable work, yet such vast stores of facts are now accumulated, that it would be impossible to give more than an outline of this particular branch of physical examination in any other than a work specially devoted to the subject. The volume before us is destined to fill up this want in medical literature; and certainly no one could have been more competent to be the author of such a work than Dr. Wunderlich. As one of the first to take up again this method of clinical observation, which, much valued already by De Haen and Currie, had subsequently been quite forgotten, he has done more than any one else to establish the laws which govern the course of many diseases, as reflected by the temperature of the body, and to indicate the great value of the thermometer, not only for the scientific study of disease in hospitals, but in everyday practice. On almost all sides of the question, Dr Wunderlich can draw on his own experience, supported by observations on many thousands of patients; for, during the last fifteen years, the thermometer has been regularly used, at least twice a day, in all patients under his care in the hospital at Leipsic; and in cases of febrile disease, the observations were repeated as often during the twenty-four hours as would accurately represent the daily fluctuations of the temperature. The results of these observations have from time to time been published by Wunderlich and some of his pupils in the *Archiv der Heilkunde*, and they form now the substance of the work before us.

The work is divided into two parts, of which the first gives a comprehensive outline of the fundamental facts determined by thermometric observation, such as the constancy of animal heat in health, its variability in disease, the various modes of deviation from the normal range, the general symptoms accompanying abnormal temperature, the typical and atypical courses of diseases, the daily fluctuations, the stages of febrile diseases as reflected by the range of temperature, etc.

All these facts are fully treated in the second part, and their special consideration is preceded by an account of the history, and by remarks on the practical utility, on the objects, and on the various methods of making thermometrical observations. The starting point for the study of abnormal temperature must be the normal temperature during health, and a clear exposition of the principal physiological facts bearing on this question is here given; the variations in temperature in different parts of the body, under different conditions and circumstances, to which, without influencing his health, man may be exposed, are fully considered. Next follow three chapters on the causes of morbid deviations from the normal range of temperature, on the local and general deviations in disease, and in the general forms of the constitutional phenomena accompanying them. Here the question of pyrexia is treated in the light of the most recent views and experiments. In discussing the various attempts to explain the febrile state, Dr. Wunderlich thinks that, at most, all of them fail by laying too much stress upon some single phenomenon, and by assuming the explanation found for this to explain the whole process. In his own opinion, "pyrexia is a complex of phenomena comprising the whole organism, amongst which the rise of temperature is one of the most important, perhaps the most important of all; but it is impossible to deduce the other symptoms from this rise in temperature alone" (p. 182). The same cautiousness in generalising marks Wunderlich's work everywhere; and this is certainly not the least valuable quality in an observer who illustrates a field of science which, before him, was almost untrodden. It was only after an immense amount of evidence had been collected that Wunderlich ventured to lay down the proposition that there is a regularity or type in the course of certain diseases which is reflected by, and can be demonstrated on, the fluctuations of the temperature of the body. This is the leading fact which secures to the use of the thermometer its immense practical value.

The remaining three chapters, of a more general character, treat of the value and significance of a single thermometric observation, of the daily fluctuations of temperature in disease, and of the variations it presents during the course of a febrile disease. Here the continuous, intermittent, or relapsing type of pyrexia, the various forms of the curve of temperature in the initiatory stage, during the acme of a disease, on its decline, and during convalescence, when other complications arise, or death approaches, are described and illustrated by diagrams. The last chapter contains the account of the temperature in special diseases, acute and chronic, typical forms of which are illustrated by a number of curves on plates appended to the work. This part of the work will be especially valuable to the practitioner as a trustworthy guide in everyday practice. Full information will be found even on more rare diseases, such as trichinosis; but it is not possible here to point out all the interesting facts and original observations which this book contains in such great number. Its careful study will not only be of very great use to all who begin to work with the thermometer, but those also who have long been familiar with that instrument will here find many facts established which their less extensive experience only allowed them to surmise. We, therefore, very warmly recommend it to the profession; and we think the New Sydenham Society would well deserve of its members by presenting them with an early translation of this excellent work.

NOTES ON BOOKS.

On the Nature and Treatment of Hereditary Disease, with a Reference to a Correlation of Morbific Forces. By J. M. Winn, M.D., M.R.C.P., late Resident Physician to Sussex House Lunatic Asylum. London: Robert Hardwicke, 1869. Dr. Winn, in his little pamphlet, argues for a correlation of morbific forces, basing his argument upon facts deduced from a long series of observations. He shows how hereditary taint manifests itself in a category of maladies in the various members of a family; and also how, in the same individual, the various expressions of the same constitutional disease often replace one another. Thus, mania, epilepsy, phthisis, scrofula, and certain skin-affections, will appear among the various members of a family; while often the one form of malady will alternate with the other in the same individual. The physician is as much interested in the arrest of development of constitutional disease as in the cure of that already made manifest; and Dr. Winn aims at this, and even at the stamping out of hereditary taint, through a careful study of the forms of disease affecting a family through two or three generations, the prophylactic treatment of a rigid system of hygiene, and a careful selection in marriages. The pamphlet is well worthy of perusal.

We shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 20TH, 1869.

RETRENCHMENT IN THE MEDICAL COUNCIL.

Retrenchment is the order of the day. And we are glad to learn that the medical profession, which is likely to suffer by it in the medical departments of the public service, may possibly reap some benefit from it within its own organisation. We presented last year a view of the expenditure of the Medical Council, and a very terrible tale it showed. *Forty-five thousand* pounds spent, and not as much done towards defining the educational status, protecting the privileges and elevating the status of the profession, as the pharmaceutists have done for themselves, in the teeth of the Council which opposed them, at a single stroke. They have got their Act. Compact, secure, complete, and only too protective and absolute; no difficulties about pretence of registration; no obscurity about the penal clause; no privileges for foreign pharmaceutists with bogus diplomas: it is the act of trading and dispensing which is the object of enactment, and which is definitely regulated, for the mutual interest of the public and the druggists. We compliment Mr. Sandford and Mr. Hills on their superior astuteness and success. Meanwhile, as our own Medical Act does not seem very much nearer amendment now than at any time during the last ten years, and as we are likely to see no one knows exactly how many more sessions of the Council which represents so well the medical corporations, we are glad to know that our review of the financial situation after the presentation of the last balance sheet has had some practical effect. The expenditure of the Council was shown to be immense; and amongst the persons whose attention it attracted, was the present Chancellor of the Exchequer, Mr. Lowe, who took occasion, in an address at St. Mary's Hospital Medical School, to publicly comment upon it.

At the meeting of the Executive Committee of the Medical Council on February 10th, when the annual accounts and balance sheets of the General and Branch Councils were brought forward, it became apparent that some of the permanent items of expenditure, the cost of the annual meetings, and the cost of printing, were still increasing; whereupon it was resolved, and not a moment too soon, that a Subcommittee be appointed to consider the accounts now laid before the Executive Committee, and particularly the items on which the expenditure is increased; and that they report whether any and what steps can be taken to reduce the expenditure; the Subcommittee to consist of Mr. Cæsar Hawkins, Dr. Paget, and Dr. Sharpey; and that Dr. Quain, one of the Treasurers, should be invited to attend.

We feel very sure that retrenchments may be effected in the excessive printing which is now carried on after an absurdly costly fashion, unknown in other bodies of a similar character. The general constitution of the Medical Council is cumbersome and over costly; and we believe that, to meet legitimate requirements, it should be considerably diminished in number, and reconstituted on a different basis altogether, without special reference to representation of corporations, and without any payment to members except for expenses. The salary of the Registrar, for duties which are almost wholly performed by two underpaid clerks, is an item which admits of large retrenchment. The heavy payment at present made to the registrar as salary for duties which really only occupy but few hours a week, is, in our opinion, a mistaken expenditure of professional funds. This we say with great esteem for the gentleman who holds the office, and whose personal popularity is well deserved by his agreeable character and official exactness.

HOSPITAL ABUSES AND THEIR REMEDIES:

MEETING OF THE METROPOLITAN COUNTIES BRANCH.

We announced briefly and formally last week, and we may be permitted now to call the attention of our members to the fact, that the Council of the Metropolitan Counties Branch resolved, on Wednesday week last, to call an ordinary meeting of the Branch, which will be holden at the rooms of the Medical Society of London, 32A, George Street, Hanover Square, on Thursday, February 25th, at 8 P.M., when a discussion will be opened on the following questions in relation to Hospital Administration, as suggested in the Journal of February 6th.

I. Whether any and what steps can be taken to diminish the abuse of medical charities, and to arrest the evils of gratuitous medical service in hospitals.

II. Whether any and what steps can be taken to complete the special departments in the hospitals with schools, and to discourage the multiplication of small and special hospitals.

III. Whether any and what steps can be taken to abolish the privileged system of admission of patients by governors' letters.

IV. Whether any and what steps can be taken to promote an uniform system and publication of hospital accounts, and of the records of mortality and sickness in hospitals.

These are questions in which all branches of the profession are deeply interested, and which much concern public interests. They have been dealt with very earnestly from time to time by various Branches of the Association, and by eminent members of it. These discussions, and the very earnest and able views expressed upon them by our immediate predecessor in editorial duties, Dr. Markham, have done much to ripen the question. At the Oxford and Birmingham Meetings of the British Medical and Social Science Associations, our eminent Associates, Dr. Rumsey and Dr. Heslop, laid the matter at issue fairly down for debate, and the recent articles in the daily papers and reviews have shown that the public mind is ripe for considering the subject as one not merely of professional but of general importance.

There is every reason to expect, from the interest already manifested on the subject, that the meeting will be a large one. It is sure to include a number of persons fully competent, and all opinions will be fairly represented, and have patient hearing and appreciation. In order to give practical effect to any results of the discussion, it may be expected that a committee will be nominated, and subsequently it will be necessary to confer with the lay managers of hospitals. The subject is a difficult and intricate one, but it is pressing and practical, and it is a subject of congratulation that the organisation of the British Medical Association is such as to admit of its discussion on the most popular basis, by a body which will include a full representation of all classes, and which has at hand the means for acting upon its convictions so soon as these have been deliberately arrived at, and may safely be accepted as a ground for action. The meeting on the evening of Thursday week may possibly prove to be one of considerable importance in the professional history of this country. The subjects are of undeniable moment; the occasion is in many respects favourable for their discussion. The senior and the junior men attached to hospitals may possibly take different views, and general practitioners may be variously influenced in the opinions which they have formed by diverse experience among the richer poor classes, of the manner in which gratuitous hospital service is regarded by the public on the one hand, and affects professional interests on the other. This renders it the more desirable that all forms of experience and opinion should be here represented and expressed in conference.

THE CORONERSHIP OF WEST MIDDLESEX.

We understand from Dr. Hardwicke that, notwithstanding £700 have been subscribed by friends towards his expenses in contesting the coronership of West Middlesex, of which £200 have been contributed by his medical brethren, the remaining balance of outlay is considerably beyond his means of meeting; and he will find it necessary, as the *Gazette* of this week indicates, to endeavour to relieve himself by legal means of the burden of costs. Dr. Hardwicke enters at length into a discussion of the corrupt influences by which he was defeated, alleging, as in his affidavits in the case now pending for ousting his successful rival, wholesale corruption, and the creation of an enormous number of bogus votes—watermen, graveholders, non-resident freemen, and the like. It has been repeatedly and publicly affirmed that Dr. Hardwicke had an ample majority among the more respectable class of voters, and that he was a victim to the facility with which corrupting influences and a free expenditure of money may be brought to bear in the elections for coroners. The defects of the present mode of election are glaring and admitted. It is impossible not to feel great sympathy for Dr. Hardwicke. In his letter (which is too long, and is otherwise somewhat too fervent, for insertion), he appeals to us for aid and suggestions. We can only say that, personally, we feel that the circumstances are such as to make it honourable for him to accept, and others to offer, pecuniary aid; and that the wider question—the present mode of election of coroners—is one which we suggest as one of great importance, and to which our Parliamentary Committee might usefully apply themselves. In all its aspects, it touches medical as well as public interests. It is one which must engage legislative attention soon; and the sooner we set ourselves to shape the mould into which the reformed law should be cast, the more likely we are to find it one which will be agreeable and just to the profession, while it is useful to the nation.

THE SANITARY MUDDLE.

It has been a wholesome part of the work of the British Medical Association during the past two years, aided by the Social Science Association, to draw the attention of Government to the confusion, the incompleteness, the want of order, of the sanitary laws at present on the statute-book; we cannot say how carried out, for a large part of their provisions are wholly neglected, and but a small part could be carried out, without clashing. When the Royal Commission, which has been appointed as the result of their labours, gets to work, it will find immediate assistance from a very useful and suggestive pamphlet, which has just been published by a gentleman, whose assistance, we hope, it may be able to secure in the secretarial character. It is a compendious notice of the difficulties which exist in administering some of the sanitary acts of Parliament, by Mr. J. B. Hutchins, of the Medical Department of the Privy Council (London: Harrison, 59, Pall Mall). We have, at various times, pretty fully illustrated many of these difficulties. Here they stand side by side, very neatly explained and very clearly shown. How Parliament has at one time put the authority to remove nuisances into the hands of vestries; how it has at another time taken it out of the hands of the vestries, and placed it in the hands of guardians and local boards of guardians; and again replaced parts of the guardians' work in the hands of the vestries, must, says Mr. Hutchins, to those unacquainted with the peculiar complication of the various Health Acts, appear incredible. The multitude of local authorities, their not infrequent duplication, the conflict of jurisdiction, and the division of central authority, have by us been illustrated many times during the last two years, especially in comments upon the Sanitary Act, 1866; the Sewage Utilisation Act, 1867; and the Sanitary Act, 1868. We are happy to find that the views expressed by Mr. Hutchins are entirely in accordance with the comments and suggestions which have been made in these columns; and while this book shows him—as previous publications have done—to be an extremely well-informed, able, and industrious public servant, it will also point him out as a person capable of rendering great services to the Royal Sanitary Commission, in whose labours our Association must take a fraternal interest.

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Mr. J. Noakes, surgeon, of New Haven, Sussex, has met with a sudden and calamitous end, through stumbling into a well in the dark, when visiting a patient to whom he had been hurriedly called at night.

Professor Huxley, F.R.S., will commence his course of lectures on the Construction of Vertebrated Animals, at the College of Surgeons, on Monday next.

The recent contest for the election of Surgeon at the Cheltenham General Hospital, ended in the election of Mr. F. A. A. Smith by a considerable majority.

At the last meeting of the Council of the Royal College of Surgeons, the Honorary Medal of the College was unanimously awarded to Mr. W. Lodewyk Crowther, of Hobart Town, a member, for his numerous and valuable contributions to the Hunterian Museum. The medal is of gold, and of the value of twenty guineas.

The following advertisement is from the *Times*:—"*To Ladies only.* Consult Dr. Scott (personally, or by letter) of St. George's Hospital. Thirty-two years of confidential practice in peculiar cases too delicate for detail. Address 15, Henrietta Street, Cavendish Square, London." It is one of many instances of the inefficiency of the Medical Act; and at the commencement of the parliamentary session we think it right to call attention once more to the subject.

THE GAS-EXAMINERSHIP, CITY OF LONDON.

The number of candidates for the gas-examinership of the City of London, at the increased salary of £500, has been reduced by the Committee of Selection to two—Dr. Whitmore and Mr. Heisch, of whom, our associate Dr. Whitmore, having had long experience as gas-examiner for the borough of Marylebone, and having performed the duties of that office with remarkable assiduity and efficiency, is the favourite, and will, we hope, without any disparagement of the chemical abilities of Mr. Heisch, receive the appointment by a handsome majority of votes in the next Common Council.

LONDON FEVER HOSPITALS.

The Poor-Law Board has very wisely, we think, "reserved" its assent to the erection of more than two out of the three proposed fever asylums. These two will be at Homerton and Stockwell. It may be hoped that they will prove sufficient for the requirements of the metropolis. At any rate, temporary accommodation may always be provided to meet the emergency of any considerable epidemic.

ST. LUKE'S HOSPITAL.

THE annual meeting of St. Luke's Hospital passed off, as the *Times'* report informs us, in a hurried manner, and the serious charges which have been made against the management of the hospital were only alluded to by one governor, who slipped in his observation after the formal business was transacted, and the meeting hastily declared to be closed. The re-election of the treasurer is by no means, as that estimable gentleman declared it to be, an answer to the concurrent testimony of the Lunacy Commissioners with that of our own commissioner that the building is unfit for the reception of lunatics, and the regulations for their admission defective; that the site is inappropriate; and that the capital funds are being expended at a rate which threatens the hospital with extinction, three thousand pounds of capital having, according to the accounts presented, been spent as income during the present year. A middle-class public hospital for lunatics is a great boon to the metropolis; and if St. Luke's were properly managed, it would be a much more valuable institution than it is.

A YEAR OF DROUGHT.

THE year 1867 was one which tested severely the sources of water-supply throughout the Kingdom. In London, says Dr. Letheby, altogether, the total rainfall during the year was but 18.17 inches instead of 23.95. In every part of the country the same deficiency of rain has been observed, and the effects of it, combined with the constantly high temperature, have been severely felt by both plants and animals. Pasture lands were brown and bare; and so great was the scarcity of water, that in many cases farmers had to fetch it from a considerable distance for their stock; and worse still, in those places where the water-supply was dependent on the storage of it in lakes and reservoirs from surface gathering grounds, the deficiency was absolutely distressing. This was especially so in Manchester, Salford, Stockport, Kendal, Bradford, Sheffield, Bolton, Preston and Rochdale, where, even at the very onset of the drought, the most urgent appeals were made to the inhabitants to economise as much as possible the consumption of water, and to limit its use entirely to the most needful domestic wants. The constant supply, on which they had so confidently, and almost boastfully relied, failed them in every case; and the inconvenience of it, especially where cisterns and other receptacles for water had been abandoned, was extremely great. Every kind of device was resorted to by the local authorities to secure a supply of water for even the most urgent purposes of life. On the one hand, the use of water for sanitary purposes was entirely prohibited. There were no flushings of sewers or urinals; no washings of streets or courts; no employment of water for baths; and even for trade and manufacturing purposes the supply was reduced to about half. On the other hand, with a view of increasing the supply, the neighbouring rivers were resorted to; water was purchased from mill-owners; old wells, that had been abandoned on account of their objectionable quality, were again brought into use; and, in one case, the inhabitants gladly received the drainage-water from a colliery. Happily for us, this condition of things has not been experienced in London; for, during the whole of the dry weather, the supply of water to the Metropolis was more than usually abundant. Looking at the returns which have been published by the Registrar General of the water supplied to London by the several companies, it appears that, during the hot and dry months of June, July, August, and September, when there was almost a panic in many of the large towns of England at the terrible prospect of a total want of water, the inhabitants of this Metropolis were receiving from 106 to 113 millions of gallons of water daily—a quantity which represents a daily supply of from 34 to 36 gallons for every individual of the population, or nearly three times as much per head as was distributed to the manufacturing towns of Manchester, Salford, Stockport, Rochdale, Sheffield and Bradford; in fact, we had great reason for being thankful that the supply of water to London was not from such precarious sources, as open lakes or reservoirs which are fed by the immediate rainfall of a district, but from the deep-seated and never failing springs, which form the tributaries of the Thames.

EXAMINATION FOR MATRICULATION AT MERTON COLLEGE.

IN the notice for the Matriculation Examination at Merton College, Oxford, in our "University Intelligence," we note a change in the ordinary subjects of examination which is worthy of a passing comment. Candidates are now no longer necessarily examined solely in the minimum of classical knowledge, to the neglect of other branches of study. The principle of compensation is allowed, and excellence in classics, mathematics, physical science or history will be recognised. Any youth, therefore, who has secured the amount of classical training which will enable him to fulfil the very moderate requirements of the ordinary University examinations, may feel sure that proficiency in that branch of study to which he has devoted his best energies will be rewarded. The often inconvenient system of entering the name on the college books, and so waiting for a vacancy, is by the notice abolished, and a valuable centre of education thrown open to all who choose to fit themselves for it. We note these facts with pleasure, as, from the number of foundations already devoted by this college to physical science, we may fairly infer that the importance of the study as an instrument of education has become firmly established, and that the training itself will form an integral part in the University course.

ST. BARTHOLOMEW'S HOSPITAL.

WE understand that for the first time for many years—nearly sixteen, we believe—there is likely to be a *bonâ fide* contest for the assistant-physiciancy at St. Bartholomew's Hospital. In the office now vacant, the following have been admitted candidates:—Dr. Duckworth, Dr. Fish, Dr. Hensley, Dr. Holles, Dr. Thorne Thorne, and Dr. Mayo. Of these candidates, Dr. Duckworth is the senior in standing at the hospital. He has for four years acted as medical tutor in the school, and during the last twelve months has done assistant-physician's duty almost continuously. He has, on a former occasion, been a candidate, but retired to avoid an unnecessary contest: on this occasion he has the well-earned support of, we believe, the whole staff and the treasurer. Of the gentlemen who have been admitted candidates, Dr. Thorne and Dr. Mayo are not, we believe, likely to take part in a contest, but Dr. Hensley, Dr. Fish, and Dr. Holles propose to urge their claims before the governors, rather, however, we believe, with a view to test their relative strength for a future vacancy, than in the intent to dispute Dr. Duckworth's election to the present.

QUEEN'S HOSPITAL, BIRMINGHAM.

THE working men's fund for assisting to provide the extension of the Queen's Hospital, Birmingham, is going on actively. At the last meeting of the workmen's Committee, Mr. Sampson Gamgee in the chair, £67 was received, and some permanent contributions from wages were promised. This is one of the many healthy signs that the working-classes are not unwilling to contribute towards the expenses of their treatment at hospitals. But this should be carried further, in order to meet the present abuse of gratuitous medical service.

THE PRICE OF ARTIFICIAL TEETH.

An action was tried last week in the Court of Exchequer, brought by a dentist named Lows against Lord Brougham as executor to his brother, to recover a sum of £156 : 7 : 6 for artificial teeth supplied, and for attendances upon the late Lord Brougham. The defendant paid £82 : 10 into court, and contended that the plaintiff's charges were excessive; and that thirteen attendances at two guineas for each attendance were items that ought not to be allowed in the plaintiff's account, as they appertained to the work the plaintiff had undertaken to perform, and for which he had made charges sufficient to cover them. Two dentists—Mr. Hepburn, of Portland Place, and Mr. Cartwright, of Old Burlington Street—were called on the part of the defendant, and said that in their opinion the charges were very high, and on the other side several dentists were called who swore that the charges made by the plaintiff were usual, fair, and reasonable. The jury found a verdict for the plaintiff for £22 : 10 beyond the amount paid into court.

IMPORTANT RESEARCHES ON THE AMERICAN CATTLE-PLAGUE.

Dr. E. Harris, the Medical Officer of the Metropolitan Board of Health of New York, in a communication to Dr. W. Budd, of Clifton, makes some announcements of the highest interest in regard to the Cattle-Plague, which has been introduced into the more Eastern States by infected cattle from Texas. Among the points which appear to be established by these researches, are: 1. That the disease is a true *contagium*, marked by many striking peculiarities in its mode of incubation and after evolution, but belonging strictly to the self-propagating order; and, 2, That this *contagium* is entirely new to the races of cattle which have lately become infected with it. But what is most interesting in Dr. Harris's communication is the statement that he and his coadjutors have satisfied themselves that the specific cause, or *materies morbi* of the plague, is a living organism of definite form and properties, which multiplies in the body of the infected animal, and, passing off with the excreta, spreads the plague by infecting the ground. Assuming that there is no fallacy in the observations, the data in favour of this view would seem to be much more precise and binding than in the case of any of the minute organisms which have from time to time been described as the cause of acute contagious disorders. Figures of the object, as seen in the substance of the liver, accompany Dr. Harris's letter, and are now before us. The detailed report of these observations, now in the press for immediate publication, by authority of the Metropolitan Board of Health, will be awaited with much interest by scientific men on this side the Atlantic.

THE ANTI-VACCINATORS.

At the Sheffield police-court this week, Thomas Orton, a master tailor, was summoned for the publication of a libellous handbill, in which vaccination was said to be the mark of the beast spoken of in the Book of Revelation, and Alderman Saunders, the late chairman of the Sheffield Board of Guardians, who has made great efforts to enforce the law as to vaccination, was described as a wholesale murderer, urging on, like another Herod, the slaughter of the innocents. The bench held the hand bill to be a libel, and committed the defendant to the assizes for trial. We hardly expected, but cannot regret, that our lately expressed wish that some of the mischievous "anti-vaccination" agitators should be stopped in their career, would be so soon realised. In 1862, there were eighteen deaths from small-pox in Sheffield. Out of the births in the year, numbering 7,588, only 3,999 were vaccinated. The result was an epidemic of small-pox in 1863, in which 354 deaths occurred. In that year there were 7,885 births; but under the energetic supervision of the Alderman, who was then Chairman of the Board of Guardians, 5,977 were vaccinated—that was to say, there were 2,000 more vaccinations in that year than in the preceding one, against an increase of only 300 births. The consequence was that in the next year the deaths from small-pox were reduced to 171, whilst the population was greatly increased; and, in the year following, to 60. The deaths are now rising to a fearful extent from that cause, as is too well known. To this fact we have ourselves borne testimony. The town of Sheffield has suffered terribly by death and illness from the adoption by some of the guardians of the pestiferous nonsense of the "anti-vaccination league." We have done a good which we hope will be permanent by helping to shame them into a more faithful discharge of the duties they had so disgracefully neglected.

DEATH FROM CHLOROFORM.

Another death is recorded from the administration of chloroform. A chemist of Sheffield, named Godley, who was about to undergo an operation for a diseased bone of the leg, had chloroform administered to him at his own request. He had not inhaled it more than three minutes when pulse ceased and death ensued. The quantity given was exceptionally small, and the patient's heart and lungs had been carefully examined before the administration. The fatal result was attributed by one of the surgeons at the inquest in great measure to the effect of fear; and the jury returned a verdict that the deceased died from paralysis of the heart.

FEVER MANUFACTORIES.

The registrar-general's last quarterly report calls attention in several instances to the existence of grave nuisances (the result of either ignorance or neglect on the part of the authorities), and, as may be expected in such cases, records the prevalence of fatal typhoid fever. The following are some of the places spoken of. Brumham, in the West Riding of Yorkshire, is thus reported on by the registrar. "I know of several instances where committees have done away with the old surface drains, and substituted (as improvement) underground drains with open grates untrapped, conveying, in some cases, the sewage into large receptacles where the same is allowed to decompose, and from which highly charged emanations of poisonous gases are conveyed back along the drains, and given out at these open gratings and untrapped sink pipes. In other instances, where these large receptacles do not exist, the sewage is conveyed along the drains to a very considerable distance, depositing in its course the solid and putrescent substances, and as there are no means of flushing these drains the same results take place as in the former case, but probably not in such quantities." The registrar of the Hessle subdistrict of the Sculcoates Union gives particulars of a nuisance in his district in the following words, which are taken from a letter addressed to him, and dated December 31st, 1868.

"I beg to call your attention to an open sewer belonging to the North-Eastern Railway Company at Dairycoates. I am told that some sixty or seventy houses drain into the said sewer; whether that be so or not, I can testify that the sewer is always full of stagnant water, and gives forth a most abominable stench, and must be very prejudicial to health. You will know that during the present year the mortality has been very high from fever. Dr. Brownridge tells me that he attributes the great amount of diphtheria and fever, etc., we have had so long in the place, mainly, if not entirely, to this terrible nuisance."

The registrar of the Castle within the sub-district of the Rochdale Union says: "Many families, seven or eight in number, have only one bedroom, fifteen feet square. The sanitary state of many places in my district is indeed awful. I have complained to the authorities, but little attention is paid." The registrar of the Moulton sub-district of the Spalding Union reports of a house in which there had been a death from typhus fever. "There was a cesspool against the door, and I found the dead infant in the room with the dying mother;" in another case in which there was a death from typhoid fever, he says there was a foul privy close to the cottage window, and the surroundings highly calculated to induce fever." We urge upon local authorities to actively put in force the powers with which they are endowed under the Nuisances Removal and Sanitary Acts for the prevention of disease.

NOMENCLATURE OF DISEASES.

We have received a copy of the *Nomenclature of Diseases*, in the form in which it is issued for sale to the profession. We have already been at so much pains to call attention to this important work, and to afford the means for critical appreciation of its contents, that we need not to review it on publication. It is a volume of marvellous cheapness, and of national utility. It will be a lasting monument of the public spirit of the members of the profession who have gratuitously devoted to it time, labour, and learning, which could not have been adequately rewarded with a very heavy outlay indeed. It is a curious fact, that no one has ever even proposed that the eminent lawyers who are, and have long been, and will for many years be, engaged in the somewhat analogous task of codifying the laws of the country, should perform their task without any remuneration.

STILL-BIRTHS.

Dr. Storer, as the result of recent inquiries, states that, in the city of New York, in eight years, from 1848 to 1855, the number of premature still-births amounted to 2,078, and 10,792 still at the full time; showing an average of 1 in 5. In 1856, the average was 1 in 4.02. Dr. Harris estimates that an eighth of the still-births in New York are now (1868) at the seventh month. That abortion is steadily increasing, is proved by statistics in America, as in Europe.

THE MORGUE AT NEW YORK.

WE learn, from the *New York Medical Record*, that the Warden of Bellevue Hospital has adopted the plan of taking photographs of corpses brought into the Morgue, which allows of a more speedy interment. The number of the grave, with other necessary particulars, is entered in a register, and the photograph preserved for the convenience of inquiring friends and relatives. Might not such a plan be adopted with advantage in this metropolis? We have heard, only this week, of two painful cases of mal-identification of corpses found. There is a terrible difficulty of gaining information on this subject in London, and grievous distress and enduring anxiety continually result. A metropolitan Morgue is among the wants of this ill-governed city.

MEDICAL OFFICER OF HEALTH FOR STEPNEY DISTRICT.

WE understand that the office of Medical Officer of Health for the Limehouse District is vacant by the death of Mr. Orton. Mr. Heckford, to whose medical and charitable labours in this district we have on more than one occasion adverted, is a candidate. By his acquirements and ability, no less than by his large knowledge of and intimate sympathy with, the wants of the poor, Mr. Heckford is peculiarly fitted for such an office.

THE LATE MR. HODGSON.

AT a meeting of the branch of the British Medical Association, held at the Midland Institute on Thursday week, and attended by nearly sixty physicians and surgeons, it was moved by Mr. J. Vose Solomon, an old pupil of Mr. Hodgson's, seconded by the President, Mr. Christopher Newnham, of Wolverhampton, and passed unanimously—"That the profession in Birmingham and the Midland Counties desire to express their sincere condolence with Mrs. Shakespere in the great loss she has sustained by the death of her father, Mr. Joseph Hodgson."

LONDON STUDENTS' DEBATING SOCIETY.

WE would remind our junior readers of the first meeting of this Society, to be held in the Botanical Theatre, University College, on Wednesday evening, the 24th instant, at half-past seven o'clock. Dr. Sibson will deliver an opening address. As the Society, if successful, may be developed into an union similar to those of Oxford and Cambridge, it is to be hoped that as many of the medical students and junior graduates as possible will encourage the undertaking by their presence at the opening meeting.

CHARACTERS OF GOOD MEAT.

DR. LETHEBY, who has had great special experience during several years in the City of London, describes the following as the characters of good meat. 1. It is neither of a pale pink colour nor of a deep purple tint; for the former is a sign of disease, and the latter indicates that the animal has not been slaughtered, but has died with the blood in it, or has suffered from acute fever. 2. It has a marbled appearance from the ramifications of little veins of fat among the muscles. 3. It should be firm and elastic to the touch, and should scarcely moisten the fingers—bad meat being wet, and sodden, and flabby, with the fat looking like jelly or wet parchment. 4. It should have little or no odour, and the odour should not be disagreeable; for diseased meat has a sickly cadaverous smell, and sometimes a smell of physic. This is very discoverable when the meat is chopped up and drenched with warm water. 5. It should not shrink or waste much in cooking. 6. It should not run to water or become very wet on standing for a day or so, but should, on the contrary, dry upon the surface.' 7. When dried at a temperature of 212° or thereabout, it should not lose more than from 70 to 74 per cent. of its weight, whereas bad meat will often lose as much as 80 per cent. Other properties of a more refined character will also serve for the recognition of bad meat, as that the juice of the flesh is alkaline or neutral to test-paper, instead of being distinctly acid; and the muscular fibre, when examined under the microscope, is found to be sodden and ill-defined.

HOSPITAL DISPENSERS AND THE PHARMACY ACT.

A MEETING of hospital dispensers, which was attended by representatives from almost all the large institutions, was held at the London Hospital, on Monday evening, December 14th, to consider their position under the Pharmacy Act. Mr. T. H. Tustin, Pharmaceutist to the Hospital, having been voted to the chair, a discussion ensued, in course of which it was argued that the clause and schedule of the Pharmacy Act which excludes all except those who have dispensed prescriptions in an open shop immediately before passing of the Act from registration as chemists and druggists, and from the modified examination to which assistants in shops are admitted, constituted a real and serious grievance. It was shown that almost all dispensers have served an apprenticeship to chemists and druggists, and intend to return to the business; and it was argued that the fact of their being engaged *entirely* in the more serious business of dispensing prescriptions, and not in the retailing of tooth-brushes, perfumes, etc., *as well*, ought not to bar them from any benefits which may be derived from the Act. Incidentally, the analogous cases of dispensers to surgeons and assistants to wholesale druggists came under discussion, and it was suggested that they should be invited to take part in a combined movement to obtain an amendment of the Act. Eventually it was decided first of all to address a memorial to the Council of the Pharmaceutical Society, to endeavour to learn their views on the subject; and, in the event of an opinion unfavourable to the claims of dispensers and assistants, it was decided to address petitions to both Houses of Parliament for an amendment of the Pharmacy Act. The meeting was then adjourned till Monday, January 11th, to wait an answer from the Council of the Pharmaceutical Society. The authorities of this Society expressed their regret at what was admitted to be a hardship due to oversight. Since that time, the principal physicians and surgeons of the principal metropolitan hospitals have signed memorials in behalf of such an amendment of the Act as will do justice to the class of hospital dispensers.

MEDICINAL FISH OILS.

IN a lecture by Mr. R. L. Symonds, before the Society of Arts, on Wednesday, February 3rd, he said that there are many fish oils that might yet be brought into use for commercial and medicinal purposes. For several years M. Gobley, of the Paris School of Pharmacy, has prepared an oil from the liver of the skate, which is much less nauseous to the taste and smell than cod-liver oil. Professor Owen has also pointed out the services that might be rendered to medicine by the livers of various sharks and dog-fish which are met with on our coasts, and especially in the tropical seas, which are rejected by fisherman. In India, shark-liver oil is prepared in the ports of Mangalore and Tellichery, and at Nellore and Gantour in the Madras Presidency. M. Collas, principal naval surgeon and chief of the service of health in the establishments of French India, in the *Revue Coloniale* for 1856, pointed out that he had found shark-liver oil equally as efficacious as cod-liver oil, especially as an internal remedy in the case of certain ulcers in the inferior limbs, common in tropical countries, and for which he had previously found no remedy. It has been stated, however, that the shark-liver oil has such an offensive odour and unpleasant taste that no mechanical or chemical process will remove it.

AN UNNATURAL ALLIANCE.

"A RATHER novel experiment," according to the *Liverpool Mercury*, "is to be made at Rochdale. At a public meeting held in that town on Wednesday, it was determined to erect a new infirmary in connection with the dispensary already in existence, and £3,550 was subscribed by the gentlemen present towards the expenditure which the enlargement will entail. A resolution was proposed, and, after a warm discussion, adopted, deciding that one ward in the new building shall be set apart for treatment of patients on the homœopathic principle." Who are the medical officers to this infirmary, and what do they say to this joint-stock management? One or other of the two sets of officers must be doing positive or negative harm. We object to the unholy alliance. Let the "homœopathic experiment" be carried out on its own ground, and in any other name than that of authorised medical science and public charity.

HUNTERIAN SOCIETY.

THE fiftieth anniversary of the Hunterian Society was held on Friday, the 12th instant, when a large number of the members and their friends dined together at the London Tavern. The Oration was delivered on the preceding Wednesday by Dr. Fotherby, and on the same evening the following officers of the Society were appointed for the ensuing year. *President:* J. Hutchinson, Esq. *Vice-Presidents:* F. M. Corner, Esq.; H. I. Fotherby, M.D.; W. Allingham, Esq.; J. Braxton Hicks, M.D., F.R.S. *Treasurer:* W. Cooke, M.D. *For the Oration of* 1870: T. Bryant, Esq. *Librarian:* R. Fowler, M.D. *Secretaries:* J. J. Phillips, M.D.; J. E. Adams, Esq. *Council:* J. Arthur, Esq.; F. G. Brown, Esq.; T. Brown, Esq.; M. Brownfield, Esq.; P. L. Burchell, M.B.; W. Clapton, Esq.; T. M. Daldy, M.D.; J. Jackson, Esq.; C. D. Kingsford, M.D.; C. F. Maunder, Esq.; T. B. Peacock, M.D.; J. Williamson, M.D.

SCOTLAND.

ON Tuesday night, Professor Turner delivered the first of two lectures on "Teeth, Mastication, and Food," before the members of the Philosophical Institution. There was a large attendance.

UNIVERSITY OF GLASGOW.

LORD STANLEY will probably be installed as Lord Rector of the University on April 1st, and a banquet, of a non-political character, given on the same day.

EDINBURGH NEW TOWN DISPENSARY.

THE annual general meeting of the subscribers to the Edinburgh New Town Dispensary was held on Tuesday, in the rooms of the Institution, Thistle Street. Dr. Simpson occupied the chair. The total number of patients healed during the year was 9,602. The income during the year was £377 : 7 : 4, and the expenditure £325 : 5 : 4.

THE REID CONCERT.

THE Reid Concert, in connection with the Chair of Music in the University of Edinburgh, passed off on Saturday with unusual success. The great attraction this year was Mr. Hallé's orchestral band. So great was the demand for tickets that a morning performance was given to afford those who had failed to secure places an opportunity of listening to the world-renowned band.

UNIVERSITIES OF ABERDEEN AND GLASGOW: ELECTION EXPENSES OF MR. MONCREIFF AND MR. GORDON.

THE expenses incurred during the election of a representative for the Universities of Glasgow and Aberdeen were as follow:—Mr. Moncreiff, £1,337 : 1 : 3; Mr. Gordon, £4,699 : 8. Mr. Moncreiff's accounts for "agency, clerks," etc., are put down at £393; and Mr. Gordon's "agency in Scotland, England, and Ireland" at £2,617.

THE ROYAL INFIRMARY, EDINBURGH.

IT appears that the Committee have resolved not to recommend the site at Watson's Hospital grounds for the new hospital, but one of two plans described by Mr. Bryce, either that the surgical hospital be built on ground to be acquired on the east side of the Pleasance, and the medical hospital on the present site with the High School Yards included, thus giving an area of 8¼ acres; or on a piece of ground further east, extending to the east boundary of St. John's Hill, affording a site of 9⅛ acres. In both cases, iron bridges across the Pleasance for foot passengers and carriages, and retaining walls would be required, but in neither case would the houses opposite the College be required. A statement appended to the Committee's report showing the comparative expenses of different sites. The present site, with New Medical Hospital only, and the purchase of the South Bridge Buildings, involving the least outlay, between £80,000 and £90,000; and the Watson Hospital grounds, the largest expenditure, £121,000. Neither of these include Small-pox or Town Hospital, nor a pathological department and other minor buildings, which will cost about £10,000 extra.

IRELAND.

ZOOLOGICAL SOCIETY OF IRELAND.

HIS Excellency the Lord-Lieutenant has become a life member of the Society. A splendid aquarium has been built, but the funds of the Society being limited, a subscription to provide for the fittings has been opened. Evening scientific meetings are to be held during the season.

VETERINARY INSTRUCTION IN IRELAND.

IT is said that the Science and Art Commissioners will recommend the establishment of lectureships on veterinary science in connection with some Dublin institution, probably the College of Surgeons. When it is remembered that in London and Edinburgh the first surgeons of the day acted as examiners in the veterinary colleges, and that the illustrious Brown-Séquard is at present Professor of Comparative Pathology in Paris, it will scarcely be deemed derogatory on the part of the Irish Surgical College to connect itself with another subject of vast national importance. Its museum already contains the appliances for teaching comparative physiology and pathology.

ROYAL COLLEGE OF SURGEONS IN IRELAND.

ADDITIONS have just been made, in accordance with the recommendations of the Medical Council, to the subjects for preliminary examination, namely—in geometry, the first two books of Euclid, and in mathematics Algebra, including simple equations. It is not intended to add modern languages and natural philosophy as stated by a contemporary. The vacant examinership in midwifery has attracted as candidates Dr. Kidd, Dr. J. R. Kirkpatrick, and Dr. Roe.

STATISTICAL AND SOCIAL INQUIRY SOCIETY.

MR. HANCOCK, on Tuesday last, advocated most earnestly the extension of the Local Government Acts to Ireland, and proved that buildings and sanitary requirements in Irish towns were ill regulated from the want of such statutes, and the inspectional machinery they provided. The charities of Dublin will be shortly brought before this Society in a manner similar to that adopted by Mr. Hicks in his masterly analysis of the London charities in the *Times* of the 11th instant.

THE CARMICHAEL PRIZE BEQUEST.

AN application has been made to the Master of the Rolls for leave to modify the provisions of Mr. Carmichael's will, so as to provide for the expense of publishing the essays and recompensing the judges.

THE CITY OF DUBLIN DISPENSARY FOR SKIN DISEASES.

DR. HEWITT, Physician to the City of Dublin Hospital, has been appointed physician to the above dispensary in the room of Dr. T. W. Belcher, who, we understand, is about to take Holy Orders. Dr. Belcher is well known to dermatologists as the editor of the second edition of Neligan's treatise on Diseases of the Skin; and as the author of many valuable papers in the *Dublin Quarterly Journal*, BRITISH MEDICAL JOURNAL, *Medical Press and Circular*, etc. His literary acquirements were held in high repute among his professional brethren, as well as among many of the men of letters in the University; and, while we feel sure he will prove an ornament to the Church as one of her ordained ministers, in which capacity his medical knowledge will confer on him peculiar opportunities for doing "good works," we cannot but think that his loss will be deeply felt by many persons, both professional and non-professional, in Dublin. There can be little doubt that Dr. Belcher, in his new sphere, will carry with him the good wishes of all who knew him, and we wish him all the rewards the Church can confer.

SUPPLEMENTAL REPORT
ON THE
HYGIENIC CONDITION OF THE MERCANTILE MARINE IN THE PORT OF LONDON.

II.

IN pursuance of this subject, we may at once record that from twelve to fourteen thousand coasting vessels of all kinds enter the Thames year by year, the great majority of which are moored on either side of the river between London Bridge and Woolwich. The steamships carry from fourteen to twenty, and the sailing vessels from three to seven hands; and, as these men are commonly engaged for the voyage, their work is continuous, whether in port or at sea. The large steamships usually come to moorings between the Tunnel Pier and London Bridge, and lie on either side of the river in tiers of two, three, or four deep; so that contiguity exists, for the time being, as completely as in the case of houses placed side by side in a street. Thus any contagious disease existing in one vessel is likely to be propagated to another. It must be admitted, however, that, in the case of steamships, this evil is lessened by the fact that they do not usually remain long at moorings. Loading and unloading go on almost incessantly, and forced work with the sailor is of much more common occurrence than forced marches with the soldier. Coasting seamen live well; and, in the case of steamships, their quarters are, as a rule, sufficiently roomy, though there is good reason to believe that strict attention to cubical space, as provided by the Merchant Shipping Act, 1867, is not in all instances complied with. For the ninth section of that Act enjoins that "every place in any ship occupied by seamen or apprentices, and appropriated to their use, shall have, for every such seaman or apprentice, a space of not less than seventy-two cubic feet, and of not less than twelve superficial feet, measured on the deck or floor of such place." So far, so good. But, inasmuch as no inspection is made for the purpose of seeing that this clause is faithfully carried out, the comfort of the seaman is a secondary consideration, unless the owner chooses to make any necessary alterations, whereby he becomes entitled to have the crew-space deducted from the registered tonnage. It is also provided that no such deduction from tonnage shall be authorised, unless "there is permanently cut in a beam, and cut in, or painted on or over, the doorway or hatchway of every such place, the number of men which it is constructed to accommodate." We have very recently visited a number of vessels moored in the port of London; and, with one exception, no outward or visible sign existed in compliance with the above requirements of the Act: this, too, fourteen months after the Act has become law, and in the case of vessels that pass in and out of the Thames week by week!

Next, as to ventilation. The Act enjoins that every place (*i. e.*, used for the accommodation of seamen) shall be "securely constructed, properly lighted and ventilated, properly protected from weather and sea, and, as far as practicable, properly shut off and protected from effluvium which may be caused by cargo or bilge-water." We inspected this week four vessels, none of which had any provision for light or ventilation, except by means of the hatchway. Another forecastle, divided longitudinally for the accommodation of crew and firemen, had no outlet from above; and great complaints are made as to the hawsepipe, which in this case, as always, causes a chronic state of wet bunks whenever the cables are bent. The men employed on board this ship begged us to have this source of discomfort remedied. They averred that the sea sometimes washed through the port-hawsepipe with so much force that the flooring of the lower bunks was started, and the bunks themselves rendered, of course, quite uninhabitable.

The next section enjoins that there shall be "one or more properly constructed privy or privies for the use of the crew." All the coasting steamships, and many sailing coasters are provided with these places, but in most of the smaller vessels that we have visited they are unknown. The sixth section of the Act enjoins that every place for the accommodation of the crew "shall be kept free from stores or goods of any kind, not being the personal property of the crew in use during the voyage." In four of the vessels inspected, cordage, sails, and gear of various kinds were found in the forecastles, obstructing the modicum of ventilation that existed, and rendering nugatory any attempt at measuring for crew space. Thus much for the requirements of the Duke of Richmond's Act, and the mode in which they are at present fulfilled. We have adhered to brevity, because we believe that facts are more forcible in this form, and they need, too, very little comment. But if the requirements of the Act had been up to the present time fulfilled; if every clause and section had been rightly interpreted and righteously carried out in all instances, the insanitary conditions caused by want of cleanliness on board coasters are still superlative enough to demand energetic attention. And here the fault appertains chiefly to the men themselves. There is no doubt whatever that coasting sailors are as a rule a dirty race of beings, and that their persons are even more neglected than the places that they inhabit on board ship. Masters and mates will reiterate this with some warmth when sanitary questions are brought to their notice, and there is much truth in their protestations that it is seldom possible to keep a clean forecastle. In many instances, indeed, it appeared impossible from personal inspection to say when the bunks, deck, and sides of the forecastle had been last washed, scrubbed, or swabbed. The men frequently turn in as they stand, close any ventilators that may exist, and lie in a stifling atmosphere, and in many instances in wet clothes until their watch recommences. There is also great carelessness, often amounting to culpable negligence, in sending sick seamen from the ship when she arrives in port. The medical officers of the *Dreadnought* have much practical experience on this head. A man is frequently sent to that hospital, having spent two days in his bunk after the vessel has come to moorings; and a case recently occurred in which three Swedes were admitted from a barque lying in the port, all of whom had been ill with fever for upwards of three days. A great many instances of this kind of neglect were brought to light during the ship-to-ship visitations of 1866, when men were found in their bunks unfit for duty on account of other diseases than diarrhœa and cholera, and induced by the visitors to go to the hospital. Prompt removal is in such cases the more necessary, as coasting vessels are not compelled by law to carry medicines and medical stores, so that for the most part vessels are unprovided with any kind of so-called disinfectants, and thus the importation of a case of fever into a tier of vessels occurs under circumstances specially favourable for the spread of disease. We are willing to concede all that can be urged by masters and mates as to the apathy of seamen, and their unwillingness, even when laid up from sickness, to go to hospital. The obstinacy of Jack in this matter is proverbial; but by so much the more does this fact emphasize the necessity for inspectorial authority, so that mercantile marine officers may be assisted in a duty pertinent to the welfare of the population, but very difficult of execution. We have in the foregoing remarks endeavoured to point out the insanitary conditions of existence that obtain in the port of London, and propose to show next week how inefficient are the means at present adopted to remedy this evil, although the evil is, in its worst phases, by no means difficult of solution.

THE COLLEGE OF PHYSICIANS.

AT the meeting of the College of Physicians of London, on Wednesday, the 7th, the following bye-law was enacted for the first time.

"Any member of the College, of at least four years' standing, who has distinguished himself in the practice of Medicine, or in the pursuit of Medical or General Science or Literature, may be proposed for the consideration of the Council for nomination to the Fellowship on the unsolicited recommendation of two Fellows, with a statement of the grounds of their recommendation; and such recommendation and statement must be sent to the Registrar in writing, on or before the 24th of June."

This was moved by Dr. A. P. Stewart, in the absence of Dr. C. J. B. Williams, and seconded by Dr. Risdon Bennett. Some discussion arose as to the probable operation of the provision that the recommendation shall be unsolicited. It is desired, on the one hand, to prevent canvassing and intriguing; on the other hand, it is held that, as the prohibition of solicitation is confined to the two Fellows who are to recommend, it will be inoperative. Dr. Gull will at the next meeting move when the bye-law comes on for "enactment" the second time, an amended regulation which omits this provision. Dr. Quain gave notice that he would move a resolution that canvassing be prohibited for any of the offices, honours, or rewards, which it is in the power of the College to bestow. The whole question will, therefore, undergo rediscussion.

BIRKENHEAD BOROUGH HOSPITAL.—The workmen employed at the Great Western Railway Company's Locomotive Wagon and Carriage Departments at Birkenhead have subscribed half a day's wages each *per annum* in aid of the funds. As the works are large, and the men numerous, the subscription will realise a considerable sum.

MR. HENRY C. WINE, Hon. Surgeon to the Temple Church School Sick and Provident Society, Bristol, has been presented with an elegant electro-silver inkstand, "in grateful recognition of his gratuitous professional services for the last seven years."

ASSOCIATION INTELLIGENCE.

METROPOLITAN COUNTIES BRANCH:

THE next ordinary meeting of this Branch will be held at the rooms of the Medical Society of London, 32A, George Street, Hanover Square, on Thursday, February 25th, at 8 P.M., when a discussion will take place on the subject of Hospital Administration.

A. P. STEWART, M.D. } *Honorary Secretaries.*
ALEXANDER HENRY, M.D. }

London, February 11th, 1869.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE first meeting of this Section will be held at the Midland Institute, Birmingham, on Friday, February 25th, at 3 P.M. Members of the Branch are invited to attend.

BALTHAZAR W. FOSTER, M.D., } *Honorary Secretaries.*
T. VINCENT JACKSON, }

Birmingham, February, 1869.

NORTH WALES BRANCH.

THE next intermediate general meeting of the above Branch will be held on Thursday, March 4th, at 12 o'clock noon, at the Black Lion Hotel, Mold, under the presidency of James Williams, Esq.

Dinner at 3 P.M. Tickets 5s. each, exclusive of wine.

Gentlemen who have papers or cases to communicate, will please to forward the title or short abstract of the same; and those who purpose dining, will be good enough to give a few days' notice to the Secretary.

Beaumaris, February 1869. D. KENT JONES, *Hon. Sec.*

BATH AND BRISTOL BRANCH.

THE fourth ordinary meeting of the Session will be held at the York House, Bath, on Thursday evening, March 4th, at 8.15 P.M.; R. N. STONE, Esq., President, in the Chair.

CHARLES STEELE, } *Honorary Secretaries.*
R. S. FOWLER, }

Bath, February 1869.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting is appointed to take place early in March, at Gravesend. Particulars will be furnished next week.

FREDERICK JAMES BROWN, M.D., *Hon. Secretary.*

Rochester, February 1869.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 9TH, 1869.

S. SOLLY, Esq., F.R.S., President, in the Chair.

FISSION AND EXTROVERSION OF THE BLADDER AND EPISPADIAS, WITH THE RESULTS OF EIGHT CASES TREATED BY PLASTIC OPERATIONS. BY JOHN WOOD, F.R.C.S.

THE author commenced by stating that the frequency of this deformity was greater than was generally supposed. He had himself seen upwards of twenty cases. In its more usual form it was perfectly compatible with viability, and even longevity. One case is recorded by Flajani, of a person aged 70, and by Quatrefages of two, aged 46 and 49 respectively. It is much less common in the female than in the male; the author has seen two cases in the female, and operated on one. Cases are recorded by Huxham, Oliver, Bonnett, Thiebault, and Ayres, of delivery of a child at full time in females suffering under the deformity.

In both sexes the ossa pubis are widely separated, and the symphysial surfaces can be felt projecting under the integuments on each side of the genital organs. In both, the hinder surface of the bladder is seen as a red, vascular, projecting tumour, often ulcerated, and discharging mucopurulent fluid and blood, and surrounded by a cicatrix, which above is blended with, and obscures, the umbilical mark. In the male, the penis is usually completely epispadiac, with the urethra open along its entire length. The corpora cavernosa are stunted, and fail to cover the urethra above, and they are connected below by an imperfect corpus spongiosum, forming the lower half of the urethra. The glans penis is grooved above by the urethral gutter, but perfect underneath, and is provided with a frænum, and an abundant but split prepuce. The stunted penis is placed flat against the lower part of the bladder, covering by its root the papillary orifices of the ureters. The scrotum is perfect, and contains testes; and often a congenital oblique hernia, or a small ventral hernia, is also present. In the female, the clitoris is split, and the anterior commissure of the labia minora wanting, exposing more completely than in the male the orifices of the ureters, and laying open the urethra. The normal os uteri can be seen in the vaginal groove.

The author then reviewed the theories of the cause of the deformity —viz., that of Duncan and Bonn, who attributed it to the bursting of the fœtal bladder from over accumulation of the allantoic fluid; that of Velpeau and Phillips, who considered it to be caused by ulceration of the hypogastric region between the second and third months of intrauterine life; and that of Vrolik and other teratologists, who explained it by an arrest of development similar to those producing harelip, fissio thoracis, and ectopia cordis. He considered that the latter view was undoubtedly the correct one, but was of the opinion that the arrest of development was itself owing to a process of morbid changes, and adhesion of the front part of the allantoic mucus and vascular layers to the membranes of the ovum at the site of the future placenta, at about the end of the first month. He gave drawings of the fœtal allantoic formation at this period, and described varieties of this kind of deformity illustrative of the period and extent of the arrests of development.

Mr. WOOD next alluded to the efforts made by surgeons at various times—viz., Dieffenbach, Langenbeck, and others in this country—to relieve by plastic operations this frightful deformity, in almost all instances with partial or complete failure. He briefly described Professor Pancoast's case operated on successfully in Philadelphia, and Dr. Ayres' in New York, attributing to the former the first adoption of the idea of turning flaps from the sides of the abdominal wall with the skin surface towards the exposed mucous membrane. Dr. Ayres' case was that of a female who had borne a full-grown child four months before, and was entirely successful after two operations. He also alluded to the operations performed by Mr. Holmes in this country. He then gave a detailed account of eight cases in which he had himself operated. In seven of these he had been successful in providing a complete covering for the bladder. In the last two he also succeeded in covering the penis with a prepuce, completing the upper wall of the urethra, and forming a fair substitute for the meatus urinarius. In one case (the only female operated upon) an entire failure had resulted, in consequence of the extreme youth and violent crying of the patient.

Three methods of covering the bladder had been employed. The first was by two lateral flaps taken from the groin, with their basis towards the thigh, scrotum, and penis, and united by sutures in the median line, with their raw surfaces towards and touching the exposed mucous membrane of the bladder. After many operations, necessitated by partial failures of the plan, the bladder was at length completely covered in, with only one opening, placed at the root of the penis. The boy died afterwards, of erysipelas of the head and face, and the parts operated on were shown in a preparation, the bladder being opened behind to show the union of the flaps within, and the formation of a pseudo-mucous membrane on the raw surface.

The next method consisted in the employment of one reversed lateral flap, in combination with a smaller reversed umbilical flap, both turned with their skin surfaces towards the bladder, and covered by another larger lateral flap, placed with its raw surface downward upon them. The reversed umbilical flap was adopted to obviate the great difficulty experienced in the earlier cases in closing up a fistulous opening which remained above the bladder. It cannot always be employed with safety, in consequence of the extreme tenuity of the abdominal parietes at this part in some of these cases. It was found better to attempt it at the time of the first operation than by a subsequent one, and to make it large enough to afford a firm hold by primary adhesion to the lateral flaps which cover it.

The third method employed consisted in the formation of a larger umbilical flap, turned with its skin surface upon the bladder, and big enough to cover its exposed mucous membrane as far down as the root of the penis. This was covered by two lateral flaps taken from the groin, with their bases towards the penis, scrotum, and thigh, and united in the median line over the umbilical or reversed one, with their raw surfaces in contact with it. By this means the author succeeded, in five cases, in covering by one operation the entire surface of the bladder.

In this step of the operation the chief features of the author's plan, as most successfully practised, were the use of the broad, reversed umbilical flap, to prevent the upper fistulous openings; and the arrangement of the lateral or groin flaps, with their bases turned towards the scrotum and thigh, so as to receive for their supply of blood the external pudic and superficial epigastric vessels from the common femoral uninjured, and so to prevent sloughing or shrinkage.

In the second step of his operation, as performed in the last two cases —viz., that of providing a preputial covering for the glans penis and an upper wall for the urethra, the author availed himself of the front part of the scrotum and the skin of the lower surface of the penis, which he raised from the deeper parts in the form of a bridge of skin, retained at both ends to its original connections, and lifted in the middle over and across the penis, like a saddle. This was placed with its raw surface in contact with that of a reversed fold of skin, turned over from the sides of the opening left by the first operation, the whole being held together by a continued wire suture. The sides of the wound in the scrotum were then brought together vertically over the tunicæ vaginalis and testicles, the hinder half of the bag of the scrotum being amply sufficient to cover the whole. This part of the operation proved entirely successful in the last two cases, which were the only ones in which the method had been tried.

It was stated by Pancoast that the hairs which might form on the reversed surface of the flap became gradually shed by the depilatory action of the urine upon them. In the author's cases this process was certainly going on, but it was still necessary to remove some of the hairs as they grew, by the use of a pair of forceps passed into the artificially formed meatus urinarius. This was, however, a process requiring only a little trouble and dexterity on the part of the patient himself, and to be repeated whenever the incrustation of the phosphates upon them causes uneasiness. A very dilute nitric acid lotion aided in the process of cleansing. As the cicatrices contracted, the orifice of the artificial urethra became more tightened and braced up, and the transplanted dartos could be felt to clasp the finger vigorously when passed into the opening. Already the urine sometimes accumulated in the bladder, when the patient was lying down, in sufficient quantity to be expelled in a stream, on rising, to the distance of a few inches from the penis. In one case no sinuses remained; but in the other, one or two still discharged matter occasionally when the patient was out of health. One of them now wore a silver instrument closely fitted round the penis and not enclosing the scrotum, thereby removing the pain and annoyance from the sores and tenderness which the trickling urine caused upon the surface of the scrotum. During the night, when the patient lay in the recumbent position, very little urine escapes—not more than could be caught by a sponge placed under the penis; and in the daytime a much smaller and less conspicuous urinal could be worn than that which was necessary before the operation.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, February 3rd, 1869.

Graily Hewitt, M.D., President, in the Chair.

On taking the chair, the **President** delivered a brief address, cordially thanking the Society for the great honour they had conferred. He stated that the interests of the Society had from the first occupied much of his attention; that in his new position as President his best efforts would be directed to further its advancement. Congratulating the Society on its present prosperity, almost unparalleled in the history of scientific societies, he pointed out what had been done during its ten years of work for obstetric science, and enlarging specially on the great influence of the society on the education of practitioners. The *Transactions* had become the repertory of experience collected in all parts of the globe. The discussions had been most interesting, contributing to mutual improvement, dissipation of prejudice, and discovery of truth. Engaged in a common work, both pleasure and profit was derived from hearing the opinions of others; no pleasure was so great or so unalloyed as that experienced in the deserved applause of our professional brethren. The good work of the Society would continue; *ars longa, vita brevis est;* the necessities for it would long outlive our time, and humanity would be under further and deeper obligations to it. Alluding to the relegation of obstetric practice to another, he would not say inferior order, of practitioners, advocated in certain quarters, Dr. Graily Hewitt said "the simplicity of the natural process of parturition, and the fact that in the majority of cases all goes so smoothly, had lent support to the fallacy that in this department midwives only are required. We, who know how unexpectedly difficulties often occur requiring the application of great skill, do not trust our wives and daughters to any but practised hands; and I cannot refrain from expressing my belief that the great emergencies of obstetric practice can never be adequately met by anything short of masculine intelligence." Midwives must probably, however, continue to be necessary to supplement the work of the medical man. The employment of uneducated and ignorant midwives, and the disastrous effects therefrom resulting, were next touched upon; Dr. Graily Hewitt suggesting that, this being a matter notoriously requiring legislative enactment, it might be the duty of the Society at all events to give expression to its opinion on the subject.

Nine gentlemen were elected Fellows.

Mr. **Chambers** exhibited an Uterine Fibroid. The lady from whom it had been removed was a widow of 50. She had never been pregnant, but had enjoyed good health up to 1867, when she began to suffer from menorrhagia. In the autumn of that year she came to England, hoping that change and rest would be sufficient to meet her case; but the menorrhagia often continued for twenty days or more at a time. In May 1868, Mr. Chambers saw her, and diagnosed the case to be one of intrauterine fibroid. The sound could easily be passed up six inches. The fundus uteri could be felt midway between the pubes and umbilicus, and to it was attached a second tumour, about the size of a double fist, and freely movable. The patient declined to submit to any treatment. In November 1868, she was seized with peritonitis, which was believed by the gentleman who saw her to be associated with an ovarian tumour. She recovered from this attack, though reduced in strength. In December, Mr. Chambers again saw her, and found the abdomen greatly distended, and the legs anasarcous; the last period had extended to thirty days. Any operation was evidently out of the question, and she died on the 9th January. At the *post mortem* examination a large fibrous tumour was found occupying the abdominal cavity, extensively adherent to the peritoneum. It had a vertical measurement of fifteen inches and a transverse of twenty inches, and was attached to the fundus uteri by a short pedicle, in which were several large blood-vessels, some large enough to admit a quill. On accidentally breaking through the peritoneal covering of the tumour, ten or twelve pints of pus escaped. This was quite unexpected, as during life fluctuation could not be detected. On section it was found to be a white fibroid in a state of degeneration, divided into innumerable distinct cavities, thus explaining the impossibility of detecting fluid during life. A microscopic examination of its structure by Mr. Francis Mason led to the belief that it was malignant. The two points of special interest in the case were the rapid growth of the extrauterine fibroid, producing much difficulty in its diagnosis; and its malignant character, it being generally believed that such degeneration never occurs.

Dr. **Arthur Edis** exhibited a large Fibroid Uterus removed *post mortem* from a patient aged 50. On the fundus was a small fibroid tumour, about the size of a small orange, in a state of calcarcous degeneration. In the posterior wall was another, in a state of sloughing and disintegration; and the internal surface of the uterine cavity was in a state of slough. The symptoms had extended over the last twelve years, the patient ultimately succumbing to the incessant vomiting and exhaustion consequent upon the breaking up of the mass.

Mr. **Sass** exhibited an Anencephalous Fœtus, the vessels of whose umbilical cord broke up into five divisions before reaching the placenta.

Mr. **Hodgson** exhibited the twin fœtuses and secundines from a case of Hydrops Amnii, which had occurred in University College Hospital, under the care of Dr. Graily Hewitt. The distension of the uterus had been very great, and spontaneous rupture of the amniotic sac took place shortly prior to the time at which it was intended to relieve the uterus by a small puncture of the membranes. Labour-pains followed in a few hours, and a dead fœtus was soon expelled, followed after a short interval by a living one, which, however, died almost immediately. The placenta was single and very large. The bag of the live fœtus was very much the larger of the two.

Dr. **Carlyle**, of Carlisle, exhibited two Casts of the Head of an Anencephalous Fœtus, and gave a description of the labour.

A paper was then read by Dr. **Matthews Duncan** on the occasion of his presenting a specimen of his Cephalotribe to the Society. Dr. Duncan stated that recent British cephalotribes appeared to him as ill-adapted to effect the crushing which was the purpose of their invention. They might effect some moderate amount of crushing and breaking; but their blades, when the instrument was closed, were so far apart, that the crushing must be imperfect, even supposing the instruments to act with mathematical precision, which they were far from doing. Under these circumstances he had investigated, experimentally and otherwise, the value of the British and French cephalotribes; and the result had been the production of the instrument he now laid before the Society. In the main, it was a reproduction of the French instrument, the chief changes being in the lock, which was, he thought, simplified, being a mere pivot with a broad top in the screw, whose thread was made stronger; in the pelvic curve, which was slightly diminished; and in the handles, which were at once broadened and thinned. Besides these changes, there were some others of less importance. The British cephalotribes which had been constructed had apparently not been intended to crush the fœtal head completely; the blades of the closed instrument being not only far apart, but the blades themselves being so long and flexible that in practice this fault was greatly increased. Indeed, both in scientific construction and practical efficiency, he could not but think the British to be very inferior to the French implement. But although this was the case, the British cephalotribe, or some modification of it, might be found useful in cases of slighter deformity than those which demand all the advantages of a thorough cephalotripsy. It might be useful, and had been found of use in many cases where its application was not demanded, but where it was found to be a convenient combination of the cephalotribe and crotchet. In conclusion, Dr. Duncan expressed the opinion that accoucheurs who wished to discover what assistance could be gained in difficult labour from thorough cephalotripsy must either use his instrument or the French one, or some other equally if not more efficient in its working.

A paper by Dr. Braxton Hicks on the same subject was then read. After referring to a recent paper by Dr. Duncan on the cephalotribe, in which a comparison was instituted between the long and the short handled instruments, showing the greater power of the long handled one, he proceeded to show that the short handled could be made as strong as the other, and that the only point then would be to increase the power of the screw. He then alluded to the one he had modified from Sir James Simpson's, which he had proved to be equal to all the requirements of the case (and this Dr. Hicks subsequently illustrated practically on a fœtal head). Although he agreed with Dr. Duncan as to the great strength of the long handled instrument, yet he considered that there were other considerations than that of crushing the base, which rendered extreme strength of less importance than at first would seem necessary. First, there was the difficulty, especially in severe cases of distortion, of applying the blades exactly in the transverse diameter, particularly with the ends of the blades on the head to an equal depth; so that the base frequently tilted, and the vault was crushed down sideways on the base, or, if the blade went over one orbit, the vault was crushed down so that the frontal bone was driven down on the base. He also showed how, in face-presentations, the vertical diameter was flattened down to one inch or one and a half inch with ease. He then went into the question as to whether the cephalotribe could be used as a tractor. He believed that it could, with the advantage of not requiring the use of any other instrument. He considered that the addition of the substance of the blades quite compensated, if not more so, by the after expansion of the crushed head when pressure was removed as in the French operation, this expansion varying from half an inch to one inch. In his instrument the external diameters were the same as in the French kind, and the incurvation of the ends was reduced to a minimum consistent with employing traction; so that the blades, when in use, reduced the size to the limits of the possibility of operating by any cephalotribe. He then objected to the plan of allowing long intervals between the crushings, as employed by Pajot, as tending to add much to the danger of the mother. He considered that we owed much to Sir J. Simpson for giving us a light and easily used instrument, so that (setting aside the extreme cases) we could now deliver the head without the crotchet and craniotomy forceps in two-thirds of the time, and with much less risk to the patient. He considered, however, that Simpson's instrument was not quite strong enough for all work, and that the French one was needlessly heavy, rendering it very unwieldy and ill-adapted for ordinary use. The weight of the one which he exhibited was two pounds ten ounces, that of the French one four pounds.—Dr. Barnes bore strong testimony to the value of Dr. Hicks's instrument, and gave details of an extreme case of distortion in which he had recently used it with entire success.—The President said that there was every reason now to believe that, in future, the operation by cephalotripsy would cease to be so exclusively continental as it has been.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, February 2, 1869.

Richard Quain, M.D., President, in the Chair.

A report was read by the Committee on Morbid Growths on Mr. Adams's case of supposed Scirrhous Cancer of the Breast. It was composed chiefly of fibrous tissue. There was no appearance of cancer in its structure, nor had there ever been.

A report was also read on Dr. Powell's case of Cheesy Formation of the Suprarenal Capsules. It was similar to the change of structure in Hodgkin's disease. A syphilitic taint might explain it.

The committee had no addition to make to Dr. Moxon's description of his case of Cancer of the Spleen.

Mr. Myers (Coldstream Guards) brought forward a specimen of Abdominal Aneurism, from a soldier who had died rather suddenly, and with few premonitory symptoms. It was found after death to be adherent to the mesentery and pancreas. Mr. Myers said he wished to call the attention of the Society to the great frequency of aneurism in the army, which Inspector-General Lawson had pointed out to be in the proportion of 7 to 1; and also to the fact of its being much more common in the army than in the navy. It could not be accounted for by syphilis, which was as common in the navy as in the army. He believed that it was produced firstly, by mechanical obstruction to the circulation from recruit-drill; and, secondly, from the tight tunic worn by soldiers.—Dr. Wilks believed that the great muscular effort had something to do with it, and certified its greater frequency in men.—Mr. Moore wished to know if the microscopical appearances were those of true atheroma as seen in the cases observed in civil life.—Dr. Murchison believed syphilis prone to form early development of change in the vessels.—Mr. Hulke asked if the wrinkles in the specimen were produced by some morbid substance beneath the inner coat.—Dr. Powell asked Mr. Myers if aortic or abdominal aneurisms were the more frequent.—Mr. Henry Arnott believed that if the whole coats were affected, the corrugation was due to the increased arterial tension.—Dr. Murchison believed there were two great causes—undue tension, which would not alone cause the aneurism; and syphilis, to produce the diseased arteries.—Dr. Moxon could not support Dr. Murchison's views as to the effect of syphilis. Undue tension would, again, be more likely to affect sailors. He believed the change to be of an acute inflammatory character.—The President spoke of the importance of the subject, and value of the contribution. The specimen was referred to Mr. Hulke and Dr. Moxon.

Dr. Legge showed a specimen of Tubercular Ulceration of the Trachea and Larynx after Diphtheria and Tracheotomy, from a child seven years old. The child died of tubercular meningitis. After death all the organs were found full of tubercle. There were several ulcerations in the trachea, and around were small spots of opaque yellowish matter, which, if tubercle, was rare.—Dr. Legge also brought forward a Shank-bone of an Ox with Trabeculæ in the Medullary Canal.

Mr. Willoughby exhibited a specimen of supposed Tubercle of the Uterus, from a patient aged 35, who had phthisis, and died of tubercular peritonitis. She had had children, but for the last four years had not menstruated. The ovaries were distended, and filled with the same cheesy matter; the right ovary contained a hæmorrhagic clot.—Sir Duncan Gibb alluded to two cases mentioned in the *Transactions* for 1855-56. Referred to Committee.

Dr. Greenhow showed a specimen of Amyloid Degeneration of the Liver, from a man, aged 36, admitted into the Middlesex Hospital, who had suffered for a considerable time from stricture of the urethra and pyelitis of the right kidney. He presented no signs of Addison's disease; but, after death, in addition to the liver and spleen being affected, the capsules were found full of amyloid deposit. The symptoms of Addison's disease occurred only, as Dr. Wilks and he had pointed out, with one diseased change of the capsules. The amyloid change here, he thought, followed the profuse suppuration. Dr. Greenhow submitted to the meeting, for the consideration of the Council, that the capsules in all supposed cases of Addison's disease should be submitted to the Committee, because many cases were brought forward and passed as Addison's disease which did not come under that category.

Dr. Greenhow also showed a Dilated Heart with four complete pulmonary valves, each supplied with a corpus Arantii, from a female aged 40. There were enlarged spleen and commencing cirrhosis of the liver.

Dr. Kelly brought forward an interesting specimen of Hydatid of the Heart, from a boy who died suddenly. There were no symptoms during life. The pericardium was adherent in front and behind. In the right auricle was a cyst with secondary cysts, blocking up the tricuspid valve, and in each pulmonary artery was a small cyst. All the other organs were quite healthy. The boy probably died of cerebral anæmia.

Dr. Kelly also exhibited an Aneurism of the Aorta which had burst into the pleura.

Dr. Wilks showed specimens of Hypertrophied Bones, from a man aged 60. The patient had suffered from pain and weakness in his ankles, and in the course of a few months the ankles, tibiæ, and upper extremities enlarged, then the clavicle, followed by the head. A year or two ago the ribs became involved, which affected the mechanism of respiration, followed by bronchitis, heart-disease, and dropsy. During the last few months he had used only the diaphragm in respiration. The chest was narrow, the head leant on his chest, his legs were bent, and the belly protuberant. The calvaria weighed 31 ounces, the cranium was three-quarters of an inch thick, and the diploë gone. The dura mater was much thickened. The long bones were more especially affected. The femur weighed four pounds. The pelvis was rickety. The bones of the face were not involved. The ribs were flattened. The treatment to which he had been subjected by the numerous physicians under whose care he had been, was iodide of iron and iodide of potassium. Dr. Wilks was not aware that iodine in any shape absorbed new bone. In answer to Mr. Bruce, he believed the cartilages of the ribs were ossified, but he could not speak of the larynx and joints. The lacunæ and canaliculi were tolerably perfect, but there appeared to be absorption of bones around the columns.—Mr. **Durham** believed it to be the same as mollities ossium.—Mr. **Adams** believed that the bone in this case was too hard for an example of that disease. In answer to Mr. Holthouse, Dr. Wilks said the patient had suffered from pain in the head, but not latterly.—Sir **Duncan Gibb** mentioned two cases in the Westminster Hospital Museum, in which the skull had become very large, and alluded to the Neanderthal skull, which had, not long since, caused some attention.—Mr. **Holthouse** had found on examination that in the Westminster Hospital specimens there was a deposit both on the interior and exterior of the bone.—Dr. **Wilks**, in answer to Dr. Thorowgood, said he was unable to suggest any treatment.

Dr. **Wilks** exhibited a Fibrous Tumour of the Kidney, of eight years' standing. These tumours, he believed, grew from the cellular tissue. Referred to Committee.

Mr. **Maunder** showed a Pulsating Tumour, not an aneurism, which he had removed from the leg. It had been punctured before removal.

Mr. **Pick** showed a Tumour of the Labium, supposed to be syphilitic. Referred to the Committee.

Mr. **Pick** also exhibited an Aneurism of the Transversalis Colli as large as a walnut from a soldier with phthisis. It had been unsuccessfully treated by pressure, but after painting with iodine it became hard.

CORRESPONDENCE.

ROYAL MEDICAL BENEVOLENT COLLEGE.

Sir,—As a life-governor of the Royal Medical Benevolent College from its commencement, I am grateful to you for calling attention in your last week's Journal to an extraordinary general meeting of the governors to be held at the office of the College in Soho Square, on Tuesday, February 23rd, when, as you say, a resolution of *some importance* will be proposed on behalf of the Council, viz.—"That after Easter term, 1869, the payment to be made for all pupils residing in the College being the sons of medical men (except the foundation scholars, etc.) be at the rate of £45 *per annum* instead of £40." I sincerely hope that every governor, especially those who have sons there, or to educate, will, if possible, be present at that meting, to ascertain the reasons for this increase. I know from early correspondence with Mr. Propert—to whom I had the pleasure of introducing many years ago a gentleman who became a life-governor, and whose name is a "household word" at Epsom, and who, I will venture to say, has done as much for the College as any man now living, and who thoroughly agrees with me—that he was anxious that the institution should not only be an asylum for pensioners and a school for foundation scholars, etc., but that the *school* should be some boon to the hard-working struggling *medical practitioner*, who has often a large family, and has many sacrifices to make to educate his children, or such an extract as the following would not have been published as one of the rules. Alluding to the boys at the school, *not foundation scholars*: Such boys "will be charged at the *lowest rate* that will be found to be practicable." I will only take up your valuable space further by urging on all subscribers with boys at the school, or with boys to educate, to be, if possible, present at the meeting on the 23rd, to inquire seriously into the proposed alterations which affect parents with boys at the College and the profession generally.

February 1869. I am, etc., A Life-Governor.

Sale of Microscopes and Books.—The scientific effects of the late Dr. Henry Wright, including a collection of medical and rare books, camera, three microscopes, with numerous objects, and some of Ross's powers, will be sold at Puttick and Simpson's, Leicester Square, on Thursday next, the 25th instant.

Greenwich Hospital.—Dr. Frederick Brown, of Rochester, has just issued a caustic pamphlet, which we have received too late for notice this week, on the "Conduct of the Admiralty in reference to the Revenues of Greenwich Hospital, more especially as relates to the Establishment of a Sinecure Governorship."

OBITUARY.

JAMES WARDROP, Esq., F.R.S.

This distinguished member of the profession expired on the 13th inst., at his residence in Charles Street, St. James's Square, in the 87th year of his age. He was born on the 14th August, 1782, at Torbane Hill, Linlithgow, adjoining the parish in which the brothers John and William Hunter, and Matthew Baillie, first drew breath. He received his education at the High School of Edinburgh, and after attending the literary classes of the University he commenced his professional studies at an early age, under the auspices of his uncle, and when only nineteen he was appointed house-surgeon to the Royal Infirmary. A few months afterwards he came to London, and attended the lectures of Cline, Cooper, Abernethy, etc. Notwithstanding the war between this country and France, Mr. Wardrop started for Paris, in order to continue his studies in that capital, and in a small room in the Ecole de Médecine he contrived to elude the vigilance of the police, and pursued his studies unmolested. He then repaired to Vienna; and from the celebrated ophthalmologist Beer, he derived much of that zeal which led him afterwards to investigate the diseases of the eye. He returned to Edinburgh and commenced the practice of his profession, more particularly as an oculist, and published his *Essays on the Morbid Anatomy of the Human Eye*, contributing also several papers to the medical journals. After practising a few years in the northern metropolis he came to London, and having passed his examination at the Royal College of Surgeons on the 8th March 1814, he again entered on the active duties of his profession, when a fortunate accident introduced him to the notice of the Prince of Wales. One of the horses of His Royal Highness having been seized with a violent attack of ophthalmia, which baffled the skill of the veterinary surgeons, Lord Queensberry was commanded to consult the first surgeon-oculist in London. His lordship called upon his countryman, Mr. Wardrop, who at that time had the reputation of being a skilful oculist, as well as being well-up in the mysteries of the stable; the result was most satisfactory, and fully justified the choice, and in requital for his skill he was advanced, in 1818, from equestrian operator to the dignity of surgeon-extraordinary to the Prince Regent. In 1823, when George IV visited Scotland, he received his Majesty's commands to attend him; and in 1828 received the special appointment of "surgeon to the King."

Mr. Wardrop was associated with the late Sir William Lawrence in giving a course of lectures on surgery at the school in Aldersgate Street, and on the retirement of Lawrence to the surgical chair of St. Bartholomew's Hospital, he continued to deliver a few courses by himself. Later, he devoted his attention to the subject of aneurism, and published a work on the subject, in which he proposed and successfully carried into practice the tying the artery on the distal side of the aneurismal tumour. Professor Valentine Mott, of New York, stated that this improvement "had conferred on Wardrop the highest honour and most lasting fame."

About this time we find, on reference to the now scarce speeches of Lawrence, delivered at the Freemasons' Tavern, on the subject of medical education, which have led to the adoption of many of those improvements in medical polity in this metropolis which have since taken place, that Wardrop was an unflinching advocate on this important subject, and an active coadjutor of Sir William Lawrence in these proceedings with Messrs. Tyrrell, Welbank, and other gentlemen who subsequently became members of the council of the College of Surgeons. It is due to the memory of Mr. Wardrop to add that the principles avowed by him on these occasions were firmly maintained to the end of his long life.

As showing the high opinion entertained of Wardrop by George IV, Mr. Pettigrew gives an interesting illustration, from which it appears that, having visited the king early in his last fatal illness, he subsequently received a command to repair immediately to Windsor. The visit was made on Sunday, April 25th, 1830; when, on entering the bed-chamber, Mr. Wardrop found His Majesty alone, sitting upon a couch, his countenance bespeaking some serious mischief. After a careful examination of the chest, the king said, in a firm and decided tone, "Tell me, my good friend, what you think really and truly is the matter with me; for I am confident that there is something much more serious than Knighton either thinks or chooses to tell me." Mr. Wardrop then stated that the difficulty of breathing arose entirely from an impediment of the circulation of the blood through the heart. His Majesty said, "Tell me, Wardrop, honestly, if you think I shall recover;" to which Mr. Wardrop answered, that his condition was by no means hopeless, though His Majesty must be perfectly aware that any disease of a vital organ, like the heart, could not be altogether free of danger. At the request of Sir William Knighton, Mr. Wardrop stated in writing, for the information of Sir Henry Halford, his opinion that the affection of the heart might be dependent on an arthritic diathesis; and that if, by the treatment suggested, the gout could be brought to manifest itself in the limbs, the king might be relieved. After this visit, Mr. Wardrop's attendance at Windsor terminated; though he afterwards learnt that the king had repeatedly expressed a wish to see him, and surprise at his never having returned to the palace.

Mr. Wardrop was a large and valuable contributor to medical and surgical literature, and a Fellow of many learned and scientific societies at home and abroad. With a rich fund of miscellaneous knowledge, derived from reading and extensive intercourse with the world, he rendered himself one of the most agreeable and instructive companions, although at times there was a considerable degree of *brusquerie* in his address.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

Sir,—I should feel obliged if you will allow me, through your columns, to inform the members of the Association and Poor-law Medical Officers generally, that gentlemen who intend to petition the House of Commons for a redress of their grievances, must forward them at once to me, as I intend at an early date to hand those already received to a friendly member for presentation. I am, etc.,

Dean Street, February, 1869. Jos. Rogers.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

Natural Science.—At the next election to Postmasterships in Merton College, a Postmastership of the value of £80 *per annum*, tenable during residence for five years, will be given for Natural Science. This Postmastership is open to candidates of *any age;* but members of the University must not have exceeded six terms of University standing. The election will be on Saturday, April 17th. The subjects of the examination will be (1) Chemistry, (2) Physics, (3) Physiology; and an opportunity will be given of showing a knowledge of practical work in each subject. The Postmastership will be awarded for excellence in one of these subjects; or for general excellence; but a special knowledge of one subject will be required. Candidates must call on the Warden on April 12th. The examination will commence on April 13th.

Examination for Matriculation.—The Warden of Merton College will receive the names of all candidates for admission to the College which are sent to him before the day of examination. If the number of candidates who reach the necessary standard exceeds the number of vacancies, those candidates will be selected for admission who pass the best examination. The examination will be held three times in the year—viz., on the last Wednesdays in November, February, and May; and will begin at 10 A.M. It will consist of: 1. A paper of historical and general questions. 2. One of the three following alternatives: *a.* Translations from Greek; Translations from Latin; Latin Prose Composition. *b.* Euclid; Algebra; Trigonometry. *c.* Elementary Chemistry; Elementary Physics; Botany and Geology.

UNIVERSITY OF CAMBRIDGE.

Examiners in Natural Science.—Professor Liveing, M.A., St. John's College, and J. B. Bradbury, M.B., Downing College, have been appointed Examiners at the Special Examinations in Natural Science for the ordinary B.A. degree during the next three terms.

Bequests.—The late Mr. Hugh Taylor, M.P., of Earsdon, Northumberland, has bequeathed £1,000 to the Prudhoe Convalescent Hospital, £500 to the Northumberland and Durham Infirmary, and £100 to the North Shields Hospital. Miss Anne Wilson, of Sheffield, has left £50 each to the Sheffield General Hospital and Public Dispensary. Mr. John Carew, of Exeter, has left £400 to the Devon and Exeter Hospital; and £250 to the Dispensary. Mr. F. A. C. Webb, of Wednesbury, Staffordshire, has bequeathed £100 to the Wolverhampton Hospital, and the residue of his property to be divided in equal amounts to the General Hospital at Kensington, the Wolverhampton Hospital, The Hospital for Diseases of the Skin, Blackfriars, and Mrs. Gladstone's Sanatorium, Whitechapel.

MEDICAL NEWS.

THE HUNTERIAN ORATION AT THE COLLEGE OF SURGEONS.

The Hunterian Oration at the College was given this year, according to announcement, by the President of the College, Mr. Quain. The first part of the oration was devoted, as usual, to an eloquent commemoration of the life and labours of the illustrious founder of the Museum. In the second part, Mr. Quain discussed the present and past modes of education. He adduced evidence that the present mode of instruction in the classical and English languages fails to teach what it professes, and keeps many from subjects by which they might have profited. He complained earnestly that the English language, composition, and literature form, as a rule, no part of the training in our schools. He urged the claims of natural science as a part of ordinary teaching—of the *literæ divinæ* to take their place by the side of the *literæ humaniores.* Applying these views specially to the education of medical students, he said that one so prepared with an exact elementary knowledge of chemistry, physics, and say botany, with the physiology connected with it, would be speedily able to devote his attention to practical medicine and surgery.

"As to these," he said, "the practical subjects, the manner of application to them, some caution is needed. The custom is, before the application to facts themselves, to devote time and attention to lectures; and a book commonly known as the principles or the art and science of the subject of study. This is the grammar of the schools over again—the generalisation before the individual facts are in any degree known—the same unnatural system proceeding from the abstract to the concrete. The student thus acquires but words, the money of fools; he mistakes that acquaintance with words for knowledge, and many fail of the proper attention to the facts. There is little careful observation of individual cases, except required by official duty, or at least his chief. The hospital system of teaching and learning, in my mind, requires a decided change."

He concluded thus: "We want teaching places, with apparatus and laboratories, and skilful teachers strewed thickly around; and till they exist, the people throughout the land must be without the light of true knowledge. We want that—whatever besides may be taught—every person, without regard to station or to sex, shall be taught to speak and to write correctly their mother tongue, that tongue in which all the concerns of life are dealt with, all their thoughts are expressed from the first articulated sound which one of us utters, to the last hope he breathes. We want that every person, without regard to station or sex, shall in early life acquire a knowledge, a true knowledge of the production of nature, of the laws of nature. We want that this should be the first, or among the first, cares of the governing classes and the Government of the country. To neglect it is wrong,—nay, more, it is irreverent to the Creation and Creator."

Royal College of Physicians of London.—At a general meeting of the Fellows, held on Wednesday, February 17th, 1869, the following gentleman, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College.

Board, Edmund Comer, Royal Infirmary, Bristol
Fawsitt, Thomas, Oldham
Grace, Henry, Kingswood Hill, Bristol
Minter, Edward Withers, 25, Bernard Street, Russell Square

Royal College of Surgeons of England.—At a meeting of the Council, on February 11th,

Leggatt, Alfred, William Street, Lowndes Square, elected a Fellow of the College at a previous meeting of the Council was admitted as such; his diploma of membership bearing date August 29th, 1837.

The following members of the College, having undergone the necessary examinations, were admitted Licentiates in Midwifery at a meeting of the Board, on the 17th instant.

Angove, Edward Scudamore, Camborne, Cornwall; diploma of membership dated May 21st, 1867
Bird, William Valentine, Bootle, Lancashire; February 23rd, 1859
Bösenberg, Andreas George Hendrik, Bayswater; not a member
Hoar, Edward Charles, Maidstone; January 20th, 1869
Lack, Thomas Lambert, Chichester; January 20th, 1869

Leahy, John, Trafalgar Square, Peckham; July 24th, 1868
Pottle, Edgar George, Bath Street, City Road; July 25th, 1867

It is stated that two candidates failed to acquit themselves to the satisfaction of the Board.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 11th, 1869.

Barlow, Charles, Nechells' Park Road, Birmingham
Brumwell, George William, Kendal
Kennedy, John Blydesteyn, Stratford, Essex
Kunde, Hermann, Cambridge Terrace, Islington
Roberts, John Dungey, Mulvra, St. Austell

At the same Court, the following passed the first examination.

Baker, Henry Francis, St. Bartholomew's Hospital
Buchanan, Walter, Guy's Hospital
Harrison, N. A. R., Guy's Hospital
Murdoch, David Beatson, Guy's Hospital

ARMY MEDICAL SERVICE.—The Director-General presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, and begs to enclose for insertion a list of candidates of Her Majesty's British Medical Service, who were successful at the competitive examination in August 1868, and who have passed through a course at the Army Medical School, shewing the combined results of the examination.

Order of Merit and Name.	Studied at.	No. Marks.
1. Chatterton, J.	Cork	5465
2. Stokes, A. H.	Dublin	4863
3. Triphook, G. R.	Dublin	4708
4. Saunderson, W. H.	Dublin	4553
5. Scanlan, J.	Glasgow	4533
6. Crean, J. J.	Dublin	4461
7. Corry, G.	Dublin	4128
8. Davy, F. A.	Dublin	3918
9. Adye-Curran, F. G.	Dublin	3888
10. Maunsell, H. E.	Dublin	3788
11. Carroll, T. E.	Dublin	3783
12. Duke, A. W.	Dublin	3766
13. Bradford, R. M.	London	3763
14. Stannard, H.	Dublin	3621
15. Thornley, J. G.	Dublin	3620
16. Maxwell, E. C.	London	3525
17. Webb, J. H.	London	3520
18. Bennett, R. D.	Dublin	3463
19. Faris, T.	Dublin	3448
20. Sharpe, W.	Dublin	2998
21. White, H. B.	Dublin	2913

MEDICAL VACANCIES.

THE following vacancies are declared:—

BEDFORD DISPENSARY AND LYING-IN INSTITUTION—Surgeon.
BEDFORD UNION—Public Vaccinator for Kempston and Cardington District.
BIRMINGHAM—Five District Medical Officers (each £200 per annum, and £5 per annum for examining, etc., paupers and wandering lunatics); Medical Officer for the Workhouse (£200 per annum, furnished apartments, coal, gas, and attendance).
BRADFORD (Yorkshire) INFIRMARY AND DISPENSARY—Physician.
BURY (Lancashire) DISPENSARY—Resident Medical Officer.
CARMARTHENSHIRE INFIRMARY, Carmarthen—Physician.
CITY OF LONDON ALMSHOUSES, Park Hill, Brixton—Surgeon.
CITY OF LONDON FREEMEN'S ORPHAN SCHOOL, Brixton—Surgeon.
CLAREMORRIS UNION, co. Mayo—Medical Officer for the Ballindine Dispensary District. (£75 per annum, exclusive of Registration and Vaccination Fees.)
CLINICAL HOSPITAL and DISPENSARY for CHILDREN, Cheetham Hill Road, Manchester—House-Surgeon. (£60 per annum, with board.)
CROYDON UNION, Surrey—Medical Officer for District No. 5. (£100 per ann.)
GENERAL HOSPITAL AND DISPENSARY FOR SICK CHILDREN, Bridge Street, Manchester—Resident Medical Officer. (£100 per annum, with residence and board.)
GRANARD UNION, co. Longford—Medical Officer, Public Vaccinator, and Registrar of Births, etc. (£90 per annum, and Vaccination and Registration Fees.)
HOLBEACH UNION, Lincolnshire—Medical Officer for the Gedney Hill District. (£50 per annum and extra fees, which latter have averaged £45:1:1 per annum for the last three years.)
KENT AND CANTERBURY HOSPITAL—Physician; House-Surgeon (£80 per annum, and board, lodging, and washing); Assistant House-Surgeon and Dispenser (£50 per annum, and board, lodging, and washing).
LAMBETH UNION—Medical Officer for the Stockwell or No. 10 District. (£70 per annum.)
LEEDS FEVER HOSPITAL—Resident Medical Officer.
LEICESTER BOROUGH LUNATIC ASYLUM—Resident Medical Superintendent. (£350 per ann., with residence, coal, gas, washing, and garden produce.)
MELTON MOWBRAY UNION, Leicestershire—Medical Officer for the Waltham District. (£40 per annum, and extras.)
NEWHAVEN UNION, Sussex—Medical Officer for Districts 1, 2, and 4, and the Workhouse.
NORMAL COLLEGE, Bangor—Surgeon.
PORTLAND TOWN FREE DISPENSARY—Resident Medical Officer. (£100 per annum, with residence, etc.)
ROYAL COLLEGE OF SURGEONS IN IRELAND—Examiner in Midwifery.
SALISBURY INFIRMARY—Surgeon; House-Surgeon (£80 per annum, with washing, lodging, and board).
UNIVERSITY COLLEGE, London—Professor of Hygiene.
UNIVERSITY COLLEGE HOSPITAL—Physician to the Skin Infirmary.
UNIVERSITY OF ABERDEEN—Professor of Midwifery and Diseases of Women and Children.
WALLASEY DISPENSARY—House-Surgeon. (£100 per annum, with furnished residence, coal, and gas.)
WALLINGFORD UNION—Medical Officer for the Workhouse (£56 per annum); Medical Officer and Public Vaccinator for District No. 1 (£119 per annum, with extras and Vaccination Fees).
WELWYN UNION, Hertfordshire—Medical Officer for the Workhouse and District No. 1. (£50 per annum, and Vaccination Fees and extras.)
WESTMORELAND SOCIETY SCHOOL, Tulse Hill—Surgeon.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*CASE, H., Esq., late Senior House-Surgeon to the Middlesex Hospital, appointed House-Surgeon to the West Herts Infirmary, Hemel Hempstead.
FIDDES, David, M.D., appointed Medical Officer to Gordon's Hospital, Aberdeen.
RICHARDS, W. A., M.B.Lond., appointed House-Surgeon and Secretary to the Royal Hants County Hospital, Winchester, *vice* H. Rundle, M.R.C.S., etc., resigned.
WOODWARD, Edwin, L.R.C.P.Ed.., appointed Public Vaccinator for the North-West District of the Freebridge Lynn Union, and also to the King's Lynn Union, King's Lynn.

BIRTHS.

DOUGLAS.—On February 15th, at Sulgrave, near Banbury, the wife of *G. C. Douglas, Esq., Surgeon, of a son.
HOLT.—On February 6th, at 1, Spital Square, the wife of William Holt, Esq., Surgeon, of a daughter.
SMALLMAN.—On February 4th, at Willingham-by-Stow, Gainsborough, the wife of *J. C. B. Smallman, M.D., of a son.
WORTHINGTON.—On February 11th, at Heene Terrace West, Worthing, the wife of *G. F. Worthington, L.K.Q.C.P.I., of a son.
WRIGHT.—On January 19th, at Stilton, the wife of *Thomas Gregory Wright, Esq., Surgeon, of a son.

MARRIAGES.

*BRACEY, Arthur, Esq., Surgeon, of Birmingham, to Louisa, daughter of Peter EDELSTEN, Esq., The Manor House, Waltham Cross, Herts, on January 21st.
JEFFERY, Albert Wilson, Esq., second son of John Jeffery, Esq., The Lymes, Northampton, to Rosa Elizabeth, eldest daughter of *Spencer T. SMYTH, M.D., Great Yarmouth, on February 4th.

DEATHS.

*JESTON, Alfred Francis Wm., Esq., Surgeon, fifth son of the late Rev. H. Jeston, rector of Avon Dassitt, Warwickshire, at Malmesbury, aged 68, on February 3rd.
MADGE.—On January 27th, at 32, Fitzroy Square, aged 18 months, Alice Elizabeth, fourth and youngest child of *Henry M. Madge, M.D.

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TRINITY COLLEGE, DUBLIN.—The Professorship of Zoology is vacant by the appointment of Dr. Edward P. Wright to the Chair of Botany, and will probably be filled up in June. It is worth £200 *per annum.*

COMMUNICATIONS, LETTERS, ETC., have been received from:—
Dr. Sibson, London; Dr. H. Simpson, Manchester; Dr. G. F. Elliot, Hull; Mr. Marriott, Leicester; Mr. Hancock, London; Mr. Marshall, London; Dr. Leared, London; Dr. W. D. Moore, Dublin; Dr. Reith, Aberdeen; Mr. N. McGreevy, Drogheda; Dr. W. W. Lloyd, Guisborough; A Medical Student, Carlisle; Dr. J. C. B. Smallman, Gainsborough; Mr. W. C. Worley, London; Dr. M. Douglas, Sunderland; Dr. A. E. Carter, Liverpool; Dr. C. W. Cooper, Leicester; Mr. E. P. Young, London; Dr. M. Douglas, Sunderland; Dr. J. B. Bradbury, Cambridge; Mr. W. Smith, Clifton, Bristol; Mr. D. P. Spalding, Royston; Mr. C. S. Barter, Bath; Mr. T. Pope, Cleobury Mortimer; Mr. J. Morton, Guildford; Dr. P. Eade, Norwich; Mr. G. C. Douglas, Oxford; Sigma; A Madras Annuitant; Dr. Thorp, Todmorden; Dr. R. Cooper Todd, Southampton; Mr. Maunder, London; Dr. Hardwicke, London; Sir Thomas Watson, London; Dr. Headlam Greenhow, London; Dr. John Harley, London.

LETTERS, ETC. (with enclosures) from:—
Sir James Y. Simpson, Bart., Edinburgh; Dr. Fuller, London; Mr. N. Heckford, London; Dr. Duckworth, London; Mr. Fleischmann, Cheltenham; Mr. Baxter Langley, London; Dr. Aveling, Rochester; Dr. E. Gaylor, Belper; An Associate, London; Dr. Rutherford, Edinburgh; Mr. H. B. Goold, Southsea; Mr. R. Hicks, Ramsgate; Dr. D. B. Hewitt, Manchester; Mr. Higginbottom, Nottingham; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. Barton, Dublin; Dr. P. W. Latham, Cambridge; Mr. W. J. Harris, Worthing; Dr. T. Dalton, Llandudno; Dr. Wm. Heath Strange, London; Mr. G. Rigden, Canterbury; Sir W. S. Wiseman, Bart., London; Mr. H. Case, Hemel Hempstead; Mr. G. Greaves, Manchester; Mr. Startin, Woodford; Mr. H. Rundle, Winchester; Mr. Wm. Adams, London; The Director-General of the Army Medical Department; Mr. T. H. Bartleet, Birmingham; Dr. Phillips, London; Dr. Desmond, Liverpool; Dr. Black, Glasgow; Dr. H. Mac Cormac, Belfast; The Honorary Secretary of the Ethnological Society; A Life Governor of the Royal Medical Benevolent College; Mr. Harry Leach, London; Dr. Thompson, Launceston; Mr. G. Rourke, jun., London; Dr. Worthington, Worthing; Mr. Swain, Devonport; Dr. Bowles, Folkestone; Mr. Wright, Derby; The Honorary Secretary of the Royal Medical and Chirurgical Society; Dr. Hewitt, Dublin; Mr. Sampson Gamgee, Birmingham; Dr. Belcher, Dublin; Dr. Mapother, Dublin.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY ....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Medical Society of London. 8 P.M., Casual Communications. 8.30 P.M., Dr. Day (Stafford), "On Cases of Injury to the Brain."

TUESDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Ethnological Society of London, 8 P.M. Dr. Hooker, F.R.S., "On Ceremonies connected with Childbirth in Australia and New Zealand"; Don Alonzo Steffens, "On some Ethnological Remains found in the Pearl Islands of the Bay of Panama."—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Furneaux Jordan, "Severe Wound of the Knee-Joint, treated by Counterirritation of the Thigh and Leg"; Mr. J. Birkett. "On a Dislocation of the Head of the Femur, complicated with its Fracture."

WEDNESDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Hunterian Society. 7.30 P.M., Council Meeting. 8 P.M., Mr. Maunder, "On the Theory and the Method of the Cure of Surgical Aneurism"; Dr. Daldy, "On Death in Scarlet Fever from Coagula in the right side of the Heart."—Geological Society.

THURSDAY.—Royal Society.

FRIDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

THE letters of Mr Holmes Coote, Mr. Peter Brotherston, Dr. Henry McCormac, Mr. Thomas Pope, and others, are unavoidably postponed.

REMUNERATION OF CLUB MEDICAL OFFICERS.—Mr. Davis, of Heytesbury, Bath, will be much obliged to a gentleman who wrote a most excellent letter in the BRITISH MEDICAL JOURNAL, signed "Fustis", dated January 1868 (whose card we have mislaid), if he will give him his name and address, that he may communicate with him.

UNIVERSITY OF ABERDEEN: CHAIR OF MIDWIFERY.

SIR,—Permit me to correct a mistake in the BRITISH MEDICAL JOURNAL of January 30th, by which my name is mentioned in the list of candidates for the Chair of Midwifery at Aberdeen. I am, etc.,

Clarges Street, Piccadilly. J. WATT BLACK.

DRAINAGE OF BRUSSELS.—An epidemic of typhoid fever is prevailing in Brussels. Both rich and poor are suffering; and the civil and military hospitals are stated to be filled with cases. Works of drainage would not then, after all said and done of late, appear to be superfluous.

DR. MUSHET's paper was duly received.

WE are much indebted to Mr. C. E. Fitzgerald, Dublin; but shall not, we fear, be able to find space for the translated paper which he offers.

SURGEON R.N. (Devonport) will see that we have given further attention to the interests of the service this week. We are much obliged by his letter of acknowledgment; and shall be glad to be aided in the protection of naval medical interests by communications from himself and other naval medical officers.

INSURANCE OFFICES WHICH DO NOT PAY MEDICAL FEES.

SIR,—In your Paper of the 23rd of January last, there in an attack upon the London Life Association for not giving fees to medical men of whom they ask information. Reproaches, such as the above, are not new and are most frequently well deserved; but sufficient care has not been taken to discriminate between mutual insurance offices and those belonging to a proprietary, and, doubtless, the offices are not a little to blame for not having shadowed forth very clearly their true character. The first class of offices are kept alive by the admission of new members; each one insures the other, and so has a right to expect every candidate to bring in a clean bill of health, or to undergo an examination by the regular medical officers of the institution, the brethren, if I may so call them, should not be put to expense on his account. But proprietary bodies make a profit from their insurers and pay themselves dividends, clearly these men ought to reward medical men freely for the trouble a prolonged examination gives, and for the protection it affords. That in either case medical men be paid, although by different people, is the wish of

FREDERICK SIMMS,

Wimpole Street, February, 1869. Junior Physician to West London Hospital.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Feb. 17th; The Merthyr Telegraph, Feb. 13th; The Cheltenham Express, Feb. 11th; The West Sussex Gazette, Feb. 11th; The Kent Herald, Feb. 11th; The Aberdeen Free Press, Feb. 12th; The Sussex Advertiser, Feb. 16th; The Brighton Daily News, Feb. 13th; The Express, Feb. 13th; The Brighton Times, Feb. 13th.

BOOKS, ETC., RECEIVED.

A Manual of the Diseases of the Skin. By Balmanno Squire, M.B., F.L.S. Smaller Edition. London: 1869.

Chair of Midwifery, Aberdeen: Testimonial in favour of Dr. Chas. Bell, F.R.C.P.E., Physician to the Royal Maternity Hospital, Edinburgh.

Results of Meteorological Observations, for the week ending Saturday, February 13*th*, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-10.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.917	0.948	48.9	47.0	44.9	86	55.6	37.0	18.6	53.8	46.7	79.2	..	8	4	0	0	0	0	0	2	4	1	0	4.9	6	1.805
BOURNEMOUTH Dr. Compton, F.M.S.	30.019	0.940	49.7	47.7	44.8	86	53.4	35.3	18.1	52.0	46.1	105.0	32.3	6.3	5.9	0	0	0	0	0	1.5	4.5	1	0	7.0	6	1.36
KEW Dr. Treutler, F.L.S., etc.	29.946	0.869	49.5	47.4	45.6	86	55.8	32.5	23.3	52.6	43.6	95.3	29.6	6.7	5.2	0	0	0.3	0	0	1.7	3.0	1.7	0.3	4.6	5	1.20
MALVERN Messrs. W. and J. Burrow	29.975	1.025	46.5	44.2	41.5	84	53.5	32.0	21.3	49.2	42.0	73.0	30.3	7.1	6.3	0	0.3	0	0.3	0.3	1.6	3.0	1.3	0	1.2	5	1.82
SCARBOROUGH Dr. Fox, M.R.C.P., etc.	29.752	0.992	46.6	43.5	40.0	79	57.0	33.3	23.7	51.9	41.8	..	..	6.1	..	0.3	0.3	0	0	0	2.7	2.3	1.3	0	5.8	4	0.24
SIDMOUTH Dr. Mackenzie, F.M.S., etc.	30.488 (?)	0.290	49.9	47.6	45.0	85	56.0	40.0	16.0	55.0	45.9	..	..	4.3	5.6	1	0	0	0	0	1	5	0	0	1.8	0	0.76
WORTHING W. J. Harris, Esq., M.R.C.S.E.	29.973	1.006	48.5	47.1	45.6	90.2	52.9	35.2	15.7	51.0	45.8	..	28.5	7.7	2.9	0	0	0	0	0	3.7	2.0	0.3	1.0	2.9	6	1.11

REMARKS.—The weather of the week has been variable. Atmospheric pressure has been higher at all stations, while the range has been more limited, though considerable fluctuations were observed on the 12th. Temperature in general has diminished. It has been about the same as last week at Bournemouth and Worthing. The greatest range was at Scarborough, and the least at Sidmouth. The highest temperature of the week was registered at Scarborough, and the lowest at Malvern. Winds have been almost wholly from the W. and S.W.; but N., N.E., and E. winds have been felt at Kew, Malvern, Scarborough, and Sidmouth. Their force has varied much at different stations, being lowest at Malvern (owing probably to the hills which shelter that town), and greatest at Bournemouth. Gales occurred on the 7th, 8th, 9th, and 12th; the latter was the most severe, its extreme force, as observed at Worthing, being 11; at Bath it was accompanied by a snowstorm which lasted from 2 to 2.40 p.m. The amount of clouds has been greater at all stations, except Scarborough, and ozone has been pretty abundant. The rainfall has also been in excess over that of the previous week; the greatest amount fell at Malvern, and the least at Scarborough. Vegetation is generally reported as very forward. The general health is good.

The only British plant which has come into flower in the open air at Kew during the week is *Vinca major*.

Kew, W., February 17th, 1869. W. J. TREUTLER.

REMARKS

ON

THE TREATMENT OF FLEXIONS OF THE UTERUS BY MEANS OF AN ELASTIC PESSARY.[*]

By PROTHEROE SMITH, M.D.,
Physician to the Hospital for Women.

FLEXIONS of the body of the uterus were believed, until lately, to be extremely rare. M. Lisfranc, in the *Clinique Chirurgicale de la Pitié*, published so recently as May 1843, asserts (vol. iii, p. 470) that he had met with only six instances in his whole practice. By many writers on the diseases of the uterus, torsions are not even noticed. Levret was perhaps the first to mention the fact of the uterus being bent sometimes in the manner of a horn. He was followed by Baudelocque, Denman, Desormeaux, and others, who, however, reported only single instances, and omitted to give precise definitions as to their extent, diagnosis, or pathology; so that a reference to the fathers of obstetrics and uterine pathology affords but scanty, if any, aid in elucidating these affections. The authors of the *Bibliothèque du Médecin Practicien* do not mention the subject in five octavo volumes on the Diseases of Women. Dr. Denman was, I believe the first British author to describe retroflexion of the uterus, as distinguished from retroversion. He says, however, that he had seen only one case of the affection following parturition. Flexion, however, occurs much more frequently in the unimpregnated state, according to Dr. Moreau of Paris, who was the first to publish this remark. To Sir James Simpson we are indebted for an instrument by which we can ascertain changes in the direction or calibre of the uterus, with as much ease and certainty as in the case of disease of the male urethra; by which also our diagnosis of these maladies has been much facilitated.

In a paper on "Flexions, Torsions, and Malpositions of the Uterus", which I published in the *British Record of Obstetric Medicine* more than twenty years ago, I stated that, "although hitherto but few authors had directed the attention of the profession to the subject, Professor Simpson's laborious inquiries and investigations had opened a path to modern disclosures and improvements in the mode of examination and treatment of the maladies of the uterus; and to him we are indebted for showing the frequency of the disease of which I am now treating. During a visit to Edinburgh in the autumn of 1844, he called my attention to the fact, that these affections are of common occurrence; since that, experience has proved to me the correctness of his opinion."

In the valuable reports of Dr. Rigby, published in the *Medical Times* for 1846-7, several cases are brought forward in illustration of this subject, which has been further sustained by many modern writers on uterine disease. Though it is not within the scope of the present paper to enter further on this subject, I hope at some future and not very distant period to give publication to some manuscript reflections on the pathology and treatment of these diseases, which I commenced many years since; but which, for want of time, are still unfinished. It is not my intention now to occupy the attention of the meeting by endeavouring to show on pathological grounds the necessity of always discriminating between cases of displacement of the uterus requiring surgical and mechanical aid and those resulting from active and structural diseases calling only for such general and local antiphlogistic and special treatment as each case may indicate, and which mechanical treatment, by pessary or otherwise, would be calculated rather to aggravate than to cure; nor will I here attempt to enumerate the writers of our own day, who may well claim your attention, at another time, by their advocacy of different instrumental helps for the relief of such deformities, as well as by their efforts to enrich this branch of pathology. Without, therefore, describing the various ingenious inventions for the mechanical treatment of these maladies, it will be enough here cursorily to remark that, within the last two years, Dr. Marion Sims has clearly shown the importance of recognising versions and flexions of the uterus, which he regards as only different stages of the same thing, since they form about two-thirds of the probable causes of sterility of women, natural or acquired. Dr. Greenhalgh has suggested a pessary for retroflexion and retroversion; and Dr. Graily Hewitt another especially adapted to antiflexion; whilst, during the last month, we are indebted for some interesting statistical inquiries on the subject to the pen of Dr. Meadows. In the treatment of such of these cases as required mechanical means, I at first employed Sir James Simpson's stem pessary, as well as many other intrauterine supports; but the unyielding nature of such induced me, twenty years since, to try various means for upholding the displaced organ without subjecting it to the irritating effects sometimes induced by the metallic or other hard substances employed to redress and to retain the organ in its proper place. To effect this, I proposed a plan by which the natural mobility of the organ should remain unimpaired; so that, when yielding to the presence of the superincumbent weight of the intestines, alternately to a full and empty bladder and rectum, or when moving in accordance with the erect and recumbent posture of the body, the elastic nature of the means employed should admit of such movements; whilst at the same time, it should exert a gentle but constant support in the right direction, so as finally to incline the displaced uterus to resume and keep its normal position. This was accomplished by the elastic pessary I now have the honour to exhibit. Its construction is easy and inexpensive, and made of gutta-percha, without the addition of a wire, it presents, as you may observe, two rings (of varying size) suitable to the dimensions and curved to the form of the vagina, united anteriorly so as to allow of a separation of the rings posteriorly, and thus to form an elastic spring readily overcome by the various internal movements above mentioned; yet ever, when pressure is removed, inclining to its original form, and so gently guiding the misdirected organ into its right place.

After using the elastic pessary for some years, encouraged by the favourable testimony of my colleague Mr. John Scott and others, as well as by my own experience, Professor Hodge made known his pessary; and, from its extreme simplicity, I thought it might supersede my own. Whilst, however, desirous to bear testimony to its efficiency in some cases, I have found, after an extensive use of Hodge's instrument, so many long standing instances of displaced womb resisting his ring and yielding to my pessary, that I have again adopted it in many cases which I had previously failed to cure, and the great success of its operation has led me to hope that a description and exhibition of the instrument might present some features of practical utility to the profession, as well as claim the interest of one[*] whose social position and well-known labours in midwifery and uterine pathology so justly merit the distinction which the presidential chair of this section is understood to signify. It was my intention to have quoted a large number of cases successfully treated with my elastic pessary, but time has failed me in my effort to do so at this busy season of the year. I cannot, however, resist the inclination to mention one instructive case which serves to illustrate the perfect impunity with which it might be worn, if deemed necessary, even during the period of utero-gestation.

A lady, about seven years since, became the subject of retroflexion of the fundus uteri after her seventh labour. Notwithstanding different treatment, she continued sterile and out of health for four years, when I redressed the misplaced fundus with my elastic pessary. Two months afterwards, she became pregnant; but, as she lived in the country and did not communicate her condition to me till she was taken in labour, the instrument was not removed till my arrival, when she had nearly completed the first stage of parturition. She nevertheless did well; but finding, six weeks afterwards, that the same displacement existed, I replaced my pessary, which she wore continuously for a year and a half, when it was removed in the seventh month of utero-gestation. I attended this patient in a natural labour three months since, and I saw her about a week ago, when I examined and found the uterus of normal size and in its right position, and my patient relieved from all the distressing symptoms which had previously characterised the disease, and made her an invalid.

In conclusion, I hope, after a further acquaintance with the elastic pessary, that the favourable opinion I entertain of it may be confirmed by the enlarged experience to be gained by the investigations of other observers.

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[*] Read in the Midwifery Section at the Annual Meeting of the British Medical Association in Oxford, August 1868.

[*] Sir Charles Locock, President of the Midwifery Section at the Annual Meeting of the British Medical Association at Oxford.

IPECACUANHA IN EMETIC DOSES:

AS A STIMULANT, RESTORATIVE, ELIMINATIVE, AND ADJUVANT, IN VARIOUS CASES OF DISORDER AND DISEASE.

By JOHN HIGGINBOTTOM, F.R.S., Nottingham.

[*Continued from page* 164 *of last number.*]

Syncope Senilis.—There is a serious complaint which I have denominated syncope senilis, arising from gastric irritation (*Lancet*, April, 1856). I gave the name of syncope senilis to this affection, to direct the attention of the profession more particularly to the aged. The same complaint is common to all ages, but in a more aggravated form in infancy and old age. I am not aware that the affection has been specially noticed by any author except under the head of indigestion; and the sufferers themselves often call it a bilious attack. I do not think that the symptom of syncope is so apparent in infancy; and I believe in middle-age the attacks are slighter, and not often serious. The syncope in old age is very apparent, and is the first symptom requiring prompt attention; for, if remedies be neglected, the complaint sometimes becomes much aggravated, and is followed by convulsions and death. It is about thirty-eight years since I first noticed particularly the syncope senilis. The subject was about seventy years of age. I thought at that time it was a precursor of an attack of apoplexy, the patient having had a slight paralysis when about twenty-three years of age, which affected him through life. I was glad to find on his recovery that there was no increase of his paralytic symptoms. Since that time I have often observed the same syncope unattended by any permanent ill effects. My patients have been aged from sixty-eight to eighty-six. I am not aware that they have laboured under any organic disease whatever; but we all know that at an advanced age the brain and heart, the nervous and vascular systems, are frequently more inactive, and in an impaired condition.

In the cases of syncope senilis which I have attended, gastric irritation appears to have been the sole cause of attack. At an advanced age the mastication of the food is very imperfectly, or not at all performed, for want of teeth; solid food has been eaten when the stomach has been in an unfit state to assimilate it, usually after a longer walk than the patient has been accustomed to, after unusual muscular exertion producing fatigue, and sometimes after exposure to cold; all which tend to weaken the power of the stomach. On this account the food remains an indigestible mass in the stomach, and gives rise to gastric irritation, producing syncope and convulsions, often slight at first, but becoming more formidable, or even fatal, if proper remedies be not promptly used.

I was called to a patient about three o'clock one morning, his wife having been awoke by his hard breathing, and the noise in his throat. She found her husband in a fit. I was directly sent for. When I arrived he had partially recovered, but very soon afterwards he had another fit, which had the appearance of a slight attack of epilepsy, attended with convulsion, but had no bitten tongue, as is usual in severe attacks of epilepsy. As soon as he was sufficiently recovered from the attack to be able to swallow, I gave him half a drachm of the powder of ipecacuanha, with fifteen grains of bicarbonate of potass. This was followed by full vomiting. He ejected lumps of solid beef, which appeared to have been swallowed, or rather bolted, without having been masticated at all. One of the pieces I observed was about an inch long and three quarters of an inch in thickness. Although the food had been taken into the stomach about sixteen hours before, the acute corners and edges of the beef appeared as if just cut with a sharp knife, not the least digested. No further remedy was required after the emetic but attention to the bowels, to which he reluctantly submitted, saying he was quite well. In a month afterwards he had another fit of a similar nature. He fell down in a moment on the floor, and remained in the same state, as in the former case, for half an hour. The same remedies were resorted to as before, and he recovered quickly. I expect that the patient will have a return of the syncope, as he is very wilful, and will not attend to any means of prevention. This patient was the youngest, being sixty-eight years of age; previously to the first fit, he had been using much muscular exertion, being active in business.

Another case is that of an old patient of eighty-six years, who at intervals of a few weeks had several similar attacks of syncope. After the last fit, attended with slight convulsion, I was induced to think that it had been occasioned by taking solid food, which was swallowed after imperfect mastication. On that account, I forbad him the use of animal food altogether. This regimen he has now strictly adhered to for some months, except a few times having taken a small quantity of tripe. He has had no return of his fainting fit, a much longer time having now elapsed than the interval betwcen several of the previous attacks. I would make an observation here, as a contrast to the former case of the younger man, that at a more advanced age the patient does not recover so quickly from the attack, but requires particular attention to the digestive organs for some days, with gentle aperients and saline medicine in a state of effervescence. It is not unusual for even young men to have similar attacks from indigestion, when sudden syncope, for a short period, comes on, recovery taking place in a few moments. The same attack at an advanced age, I presume, would be attended with aggravated symptoms, such as those I have witnessed.

The lamentable illness and death of the Duke of Wellington appears to me to have been a case of "syncope senilis," which became aggravated, and terminated fatally. In the life of the Duke of Wellington, by Stocqueler, it is stated that "the health of his Grace had been unusually good for some days, and on Monday, the 13th of September, it was remarked that he took a longer walk than usual through the grounds attached to the Castle." The *Lancet*, of the 16th of October, 1852, in the leading article, says: "During some days preceding the 14th September, 1852, the day of the Duke's death, there had been a hot mid-day sun, a considerable wind, chiefly from the north, and the evenings and nights were cold and chilly. The thermometer, on the night preceding the fatal event, was only six degrees above the freezing point; on the preceding day it had been up to ninety-two degrees Fahr. No precautions were taken to obviate the effect of such a change on the aged and necessarily weak system of the Duke, and the pallor of his countenance observed on the preceding Sunday showed that this influence was telling on the circulation. The stomach was ill prepared to receive a hearty dinner, and the difficulties of that organ were further increased by receiving a considerable quantity of food imperfectly masticated, in consequence of the Duke's loss of teeth. . . . . . He took for dinner *mock-turtle, turbot, venison*, and pudding." It is further added in the *Lancet*:—"It is probable that, had the Duke's stomach been relieved by vomiting in the early part of the morning, he would now be with us. It is even probable that such an effort, if successful at nine o'clock, might have saved him; but every hour added to the exhaustion, and rendered such an act difficult."

My brother-in-law, Dr. Marshall Hall, observed in a paper in the *Lancet*, of October 30th, 1852, "On the Malady of the late Duke of Wellington":—"It is obvious, that if efficient vomiting could have been induced, the offending cause of this lamented malady would have been removed, and all might have been well. He would, humanly speaking, still be with us. We have no evidence that the Duke of Wellington had any organic disease of either the brain or the heart. It is to be regretted that there was no *post mortem* examination." I fully concur with the leading article of the *Lancet* and with Dr. Marshall Hall's opinion, that an efficient vomiting at an early period would have been a most effectual remedy.

It might be thought by some individuals that abstaining from animal food at the period of old age might be attended with the loss of health and strength. A relation of my own family, at seventy years of age quite abstained from animal food and also from wine,—this is a fact to which I can refer:—after the lapse of ten years, when at the age of eighty, he was requested by his relations to resume his animal food and wine, but he excused himself from taking either of them, by saying he did not want them, for he was very healthy and in good spirits, although very thin in body. He lived till he was nearly ninety years of age. This old gentleman, I apprehend, would have been a likely subject for the syncope senilis, had he been in the habit of taking solid animal food, which he could not masticate, and which would have shortened his days. At an advanced age, when the physical powers of the body are declining, and second childhood approaching, and at that period when comparatively little exercise only can be taken, the body does not require the same solid food. Nature points out the use of milk and light farinaceous matter as an aliment, as being more natural, and adapted to that period of life. Such food alone is sufficient to keep the body in a healthy, cheerful, and happy state. It has been erroneously stated that "wine is the milk of old age." I believe the truth is that milk is the wine of old age, for both the first and the second childhood, the most natural, and the most nutritious. Dr. Erasmus Darwin used to say "milk is white blood." The oldest individuals I have known have lived principally upon milk-diet. Second childhood may be treated much in the way as directed by the late Dr. James Hamilton, Professor of Midwifery in the University of Edinburgh—"Plenty of milk, plenty of flannel, and plenty of sleep and rest."

Uterine Hæmorrhage.—It would, perhaps, be interesting to my medical brethren to know why I was induced to use the emetic treatment in uterine hæmorrhage, and hence I give a detailed account of my previous practice, which led me to adopt it.

For the first twenty-five or thirty years of my professional life I had a very extensive midwifery practice, consequently many cases of uterine hæmorrhage, some of which caused me intense anxiety for the safety of the patient. The first seventeen years of my practice I was in the habit of following the example of my medical brethren by giving, as a medicine, alcohol in the form of port wine and brandy, and the tincture of opium. The tincture of opium, a valuable remedy, was given in proper doses, but the wine and brandy were administered according to the degree of hæmorrhage and consequent depression, often with little attention either to the quantity or quality of the intoxicating fluid, depending upon the law of tolerance for safety in such cases. In these terrible cases every local application was resorted to; as pressure on the uterus, cold water, ice, etc., to cause contraction of the organ. Under such treatment the patient would rally a little, but very soon the sinking pulse, the blanched face, and white lips, would indicate the necessity of more wine or brandy, which was directly given, very soon to be followed by an increased flooding and lowness. This alternate state of reviving and sinking sometimes has continued for several hours, when the stomach became much distended by the stimulants and other fluids which had been administered; full vomiting would be produced, after which the hæmorrhage would cease; the patient would gradually recover, and require nothing more than a little gruel or tea. This happy termination by vomiting does not always take place; the wine and brandy have been given in such quantities as thoroughly to narcotise. The patient then became insensible and comatose; could not be roused, and death would take place. Alcohol caused her death, not the hæmorrhage. The following is a case in point.

In June, 1823, I attended Mrs. M. in labour. She had a very profuse *post partum* hæmorrhage. The usual stimulants—wine, brandy, and also opium—were given, and the usual local applications were resorted to, with very little effect. Her friends became alarmed for her safety, and called in an old physician without my knowledge. He immediately expressed dissatisfaction with the brandy. He said it was not sufficiently strong; it had been procured from a neighbouring public-house. More brandy, supposed to be of a better quality, was procured, and given to the patient. The quantity taken was thought quite requisite to keep up the sinking powers of the patient; insensibility and coma ensued, the breathing became heavy and laborious, and in about two hours after delivery she died. The stomach, unfortunately, retained its contents; her only safety would have been a full vomiting. In this case, I have always been of opinion, death resulted from alcoholic poisoning, and not from the hæmorrhage.

The following will show the good effects of vomiting in a similar case; the one, indeed, which led me to the disuse of alcoholic stimulants in all cases of flooding. Mrs. G., a delicate female, about thirty years of age, was attended by me twice in labour in the years 1821 and 1823, each time she had severe flooding after the separation of the placenta. I employed the usual local applications, and administered wine, brandy, and tincture of opium. These cases were attended with great anxiety, and I had to remain with my patient several hours before I could have left her with safety. On her third labour I was afraid she would die, after having given her a pint of port wine and half a pint of brandy during three hours after the birth of the child. These stimulants proved of no avail. It occurred to me that, in both former times in which I attended her, when I used similar means to check the hæmorrhage, there was no amendment until she had ejected the contents of the stomach. I was then most anxious that vomiting might take place, in hope of relief, as she was rapidly sinking. I thought, as vomiting had been so beneficial in former instances, that I was in this case fully justified in procuring it by giving an emetic. I directly gave her an emetic dose of ipecacuanha; full vomiting ensued, and a large quantity of fluid was ejected. I was much struck with an expression of my patient, which I had several times heard of in similar cases after vomiting, "Oh, I'm better now; I'm better now." The hæmorrhage ceased directly, and did not return; the symptoms of sinking abated, and the patient soon appeared in her usual state of body, but very feeble. A little plain gruel was all the nutriment given her, and she gradually, and soon, recovered from the weak state.

I attended the same patient three times afterwards, in the years 1827, 1829, and 1831; and, what was very satisfactory in favour of the secale cornutum, which was about that time coming into use in this locality, I gave her each time half a drachm of the powder before the birth of the child, and a second dose before the separation of the placenta. This remedy had the desired effect of preventing the hæmorrhage, so that I had no occasion to administer ipecacuanha or any other remedy.

I would here mention that there is a difficulty in procuring the secale cornutum good. A physician-accoucheur informed me that he gathered it fresh for himself; and can testify to its good effects in cases of uterine hæmorrhage. I have attended patients, both in my own practice and in consultation, since that time, when the secale had no effect in checking the hæmorrhage, and the ipecacuanha emetic has been resorted to, with immediate success. A medical man in Nottingham, engaged in a large obstetric practice for the last ten years, informs me that, having commenced the emetic plan at my suggestion, he never knew it to fail in checking the hæmorrhage, although he does not resort to it until ordinary remedies have failed. From the confidence he has in the remedy, he never fears the result in the worst cases. He related to me an instance. A lady after the birth of twins had a most uncontrollable flooding; an emetic was given her, and as it did not act speedily the fauces were irritated with a feather; vomiting ensued, and the hæmorrhage ceased immediately. Upon two subsequent confinements, when syncope was setting in, she exclaimed, "Oh, make me sick; I shall not be better till then." This was done, and the hæmorrhage and syncope ceased together.

For forty years I have lost all confidence in alcoholic stimulants such as wine, brandy, etc., in uterine hæmorrhage, from a conviction that they increase the arterial circulation, and consequently the hæmorrhage. The common practice of giving cold water, or vinegar and water, to drink, keeping the body in a cool state by means of a well ventilated room, are more likely to restrain hæmorrhage, and thus preserve the strength of the patient.

Ophthalmia.—A minister, aged 40, had severe inflammation of the left eye. Active remedies, both local and constitutional, were used. There was inflammation of the whole eye, involving the conjunctiva, sclerotica, and iris, producing irregularity of the pupil, and threatening entire loss of vision. When the eye was in that state, an ipecacuanha emetic was given. This prodused almost a magical effect. From that time the case improved rapidly, and the patient was soon well.

Strumous Ophthalmia.—This intractable disease I have treated by an ipecacuanha emetic given in an evening, followed the next morning by a dose of rhubarb and sulphate of potash in water; this dose, repeated every seventh or ninth day, produces the most beneficial effects. The eye must be bathed with warm water night and morning, and during the day a collyrium of the sulphate of zinc, fifteen grains in half a pint of distilled water, should be used. The most obstinate cases have been quite relieved when other remedies have failed after many weeks' trial.

THERAPEUTICAL MEMORANDA.

TONICS IN DROPSY.

By E. Gaylor, L.F.P.S.G., L.R.C.P.E.

The therapeutic value of certain preparations of iron in particular forms of dropsy has long been known to the profession, and the recent notice of the same in the Journal induces me to offer these few remarks.

The two forms of dropsy most likely to be benefited by iron are, first, that effusion which is produced by a watery state of the blood; and, secondly, that form of dropsy due to the impregnation of the blood with some noxious material. In a poisoned condition of the blood, there is a stagnation in the capillaries, thereby causing an impediment in the capillary circulation. Mr. Power believes that the presence of urea in the blood interferes with the development of new blood-corpuscles, as well as spoiling those already formed.

These two forms of dropsy being marked by decay and deterioration, the proper remedies would be those which would help to form blood, assisted by nutrition, warmth, rest, etc. Dr. Basham, in his Croonian Lectures, 1864, says that iron is *not* the most efficacious in the form of the sesquichloride (the old tinctura ferri sesquichloridi), but as an ammonio-chloride, which he directs to be prepared as follows. "The ordinary dose of the sesquichloride is to be added to a drachm of the liquor ammoniæ acetatis, this being previously acidulated by a few drops of acetic acid." The sesquichloride must not be added to the neutral liquor, as an *insoluble* ammonio-chloride falls, which it is very difficult to take up again. If the saline be first acidulated, a very nice looking mixture is formed, which will keep good for any length of time.

This remedy seems to have the power of promoting the reproduction of cells, while it restores the powers of the organism. It is the nucleated cell which is involved in the disease; and it is also the nucleated cell which is the vital source of secretion and development. If a fair trial be given to this form of preparation, I venture to predict that it will be found one of the most valuable of the preparations of iron, and the best hæmatic in the whole range of therapeutics.

Since reading Dr. Basham's Lectures, I have used this form of the remedy with the best results.

GULSTONIAN LECTURES
ON
CERTAIN POINTS IN THE STUDY AND CLASSIFICATION OF DISEASES OF THE NERVOUS SYSTEM.

Delivered at the Royal College of Physicians.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.,
Physician to the Hospital for the Paralysed and Epileptic; Assistant-Physician to and Lecturer on Physiology at the London Hospital.

LECTURE I.—ABSTRACT.

AFTER some introductory remarks, the Lecturer urged that, whenever it is possible, we should study each case of nervous disease in a three-fold manner:—1, as it shows damage at a certain point in a sensori-motor tract (Organ); 2, as it is an instance of local change of some wide-spread Tissue; and, 3, as it is one of disorder of Function. He took the word organ to imply not only nervous centres, but—illustrating by motor organs—the nerves to the muscles which they are known to govern. He remarked, too, on the importance of considering the relations parts have by their arterial supply. Arteries give to parts which have no relationship by continuity of duties a relationship by community of nutrition. He tried to show the importance of this relationship in the physiological study of epilepsies.

When a certain muscular tract is affected—face, arm, and leg—we infer that the corresponding internal lesion is in the region of the opposite corpus striatum, or thalamus opticus. Hemiplegia, and its mobile counterpart hemi-spasm, the author believes, point to the same internal region damaged—probably not to the very same part. But, although the motor disorders are alike as damages of the same Organ, they are different as disorders of Function. It is the Function of nervous matter to "store up" force for *future* expenditure. In hemiplegia, nervous tissue being destroyed, no force can be "stored up," and, therefore, none is expended. In hemi-spasm, nervous tissue being simply "unstable," force is "stored up," and is expended in a disorderly way. So then, besides noticing the extent of muscular regions affected, we have from the same standpoint to consider conditions of muscles in Time.

This complementary study of the effect of absence of function and "over" function of a nervous organ is important for several reasons; and notably for this reason, that, in one instance at least, the muscles put in action when a part is "discharged" are not only those palsied when that part is destroyed. In hemiplegia the unilateral muscles are palsied, but these and the bilateral as well are put in motion in hemi-spasm. These facts are in accordance with (and, the Lecturer believes, verify), the hypothesis which Dr. Broadbent has put forward on unilateral and bilateral movements.

There is also to be studied the particular nature of the tissue change, whether it be, for instance, disease of the true cerebral nerve-tissue, or of the subservient connective tissue; or, in more medical illustration, whether for instance the local change in hemiplegia be a syphilitic nodule or an effusion of blood in the motor tract; since, although in each of these the region palsied may be the same (both being cases of the common form of hemiplegia), they are really two different diseases.

He believes that the general scientific world will more and more look to us for facts as to the physiology of the nervous system, and especially for more precise facts on the relation of mind to brain. He urges that, whilst as medical men we endeavour, in particular cases, to find the organ damaged, we should, as physiologists, endeavour to trace the differences of speciality in the ascending line of function from the spinal cord to the cerebral hemisphere, by a careful study of a large number of cases of injury to the several geographical divisions of the nervous system. By this means we should reach a knowledge of the plan of structure of the nervous system, or, in more special terms, find out what is the general principle of localisation throughout the nervous system. He mentioned, *seriatim*, the chief symptoms produced by lesion of one lateral half of the cord, medulla oblongata, and pons Varolii, by lesion of the crus cerebri and thalamus opticus, and spoke in minute detail of the symptoms resulting from lesion of the corpus striatum. The corpus striatum is often damaged by disease, and therefore the symptoms resulting from disease of this centre can be frequently studied. It lies close on the organ of mind; and work at disorders of function of the muscular region which this motor centre governs (hemiplegia, hemi-chorea, and hemispasm) will, the Lecturer believes, give us a clue to the true interpretation of cases to which it is the custom to give the name of aphasia; to a knowledge of the principle of localisation, and of the action of the two hemispheres in mental processes. He entered in some detail into the question of localisation. By a consideration of the symptoms produced by disease of the corpus striatum, the Lecturer endeavoured to account for the paradox that—assuming the so-called faculty of language to "reside" in every part of the brain—damage near to the [left] corpus striatum did, and that damage distant from that body did not, destroy speech. This part of the Lecture scarcely admits of brief abstract.

NOTES ON A CASE OF DOUBLE FACIAL PALSY.

By FREDERICK WILLIAM WRIGHT, Derby.

W. E., aged 65 years, enjoyed good health up to the year 1863, when, early in May, he was seized with repeated and profuse bleedings from the nose. They were successfully checked by plugging. The plugs were removed at the end of sixteen days in a putrid state. Shortly after the epistaxis he began to complain of acute cephalalgia, which continued without cessation for a period of nine weeks. The patient, about this time first came under my own notice. He appeared to be in a feeble and shattered state of health, and suffered much pain in the regions of both ears, which speedily became, almost simultaneously, the seats of large abscesses. These discharged very copious quantities of pus, and became the source of profuse and offensive otorrhœa, which continued fully five years and then gradually ceased. About three months after he began to be out of health, the patient fancied, one morning at breakfast, that he had partially lost the use of his face, for he could not easily control the efforts necessary for the mastication of his food. This was very noticeable on examination, since there was, in fact, palsy of a portion of the left side of the face. The mouth existed in this wry state for about a week, when, the opposite side becoming affected, the features resumed their normal position. The lips now gradually became completely palsied; afterwards the eyelids; and, last of all, the alæ-nasi. From the time when the abscesses in the ears gave way, the patient began to perceive that his hearing became defective. The otorrhœa has now ceased, and with it the hearing is in great measure restored. There is no paralysis of the tongue, nor is the taste sensibly impaired. The sense of smell would be perfect were it not that, on attempting to inspire through the nostrils, the alæ-nasi collapse with the instantaneousness and accuracy of valves. In order to complete the act of mastication, the patient is compelled to surround the lower jaw with his thumb and index finger, in order that, by pressing his cheeks against the gums, he may prevent the accumulation of food in the sulcus which is formed by them and the buccinator muscles.

The tactile sensibility of the face is perfect in every part, and, according to the patient's own statement, sometimes unpleasantly excessive. When questioned about the salivary secretion, he states that he never spits; he could not if he desired. But it seems that the secretion is less copious than formerly; less copious even than natural, unless it be, which I think is quite possible, that the patient, to save himself the trouble and annoyance of allowing the secretion to drip out of the mouth, unconsciously swallows it, and thus imagines that none is formed. It must not be forgotten, however, that both the submaxillary and the parotid glands are supplied by the facial nerve, and that both Arnold and Romberg have recorded cases in which the saliva was sensibly diminished in amount through paralysis of the nerve, though these cases are very few and isolated. The eyes shed an abundance of tears, which, not finding their way into the nostrils, trickle over upon the cheeks, and leave the Schneiderian membrane dry. The doubly palsied visage once seen is never to be forgotten. It has been compared to a "mask": but a mask has always *some* kind of expression; this, however, has none. It is absolutely soulless, and, even in the greatest merriment, so awfully dismal that the mirth would produce the same effect upon the bystander if it proceeded from a lifeless object (fig. 1). The eyelids have started "like a broken bow"; and the red everted membrane of the lower one is bathed in tears which are welling over upon the face. The globe of the eye is forcibly retracted beneath the overhanging brow. From the malar bones hang the flabby cheeks, in conversation flapping to and fro like vacant sails. The upper lip is pendulous and bulky; the lower one falls and doubles upon itself, thus allowing the free escape of fluids introduced into the mouth (fig. 2). From his inability to articulate with accuracy the labial consonants *b*, *p*, *f*, *m*, *v*, and those combinations which require, for their accurate formation, the explosive action of the buccinators, the patient finds great inconvenience in sustaining a continued conversation. The difficulty, however, is to some extent overcome by supporting the lower lip in apposition with the upper, inflating the cheeks, and suddenly compressing them with the tips of the fingers. It is both curious and interesting to witness the constant use which a person, suffering from this affection, is ever making of his fingers in aid of the muscles of the face.

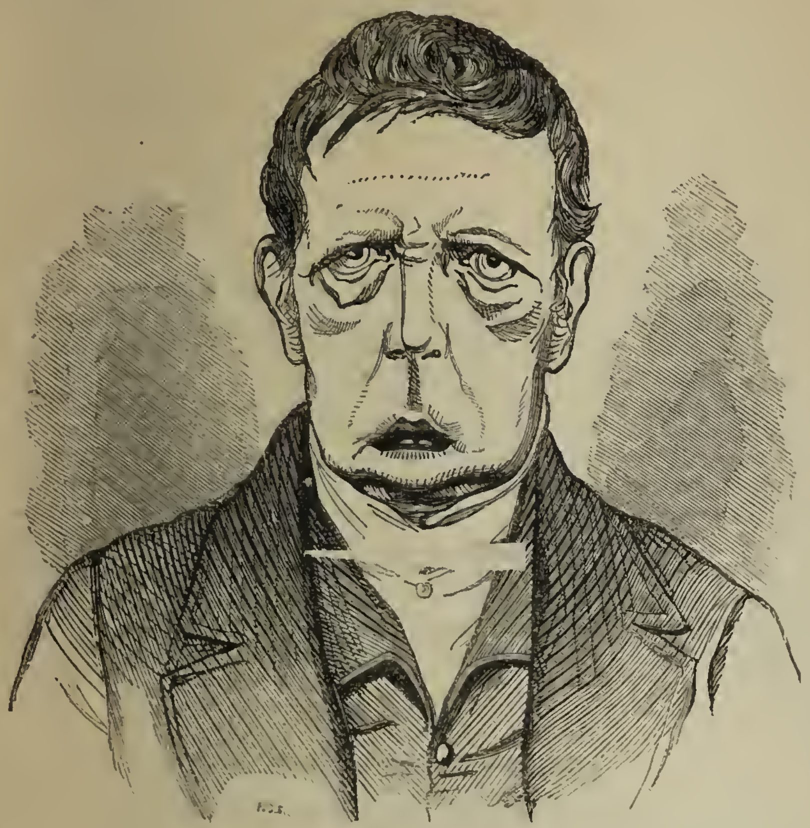

Fig. 1.

Palsy of the face may result from lesion of the nerve in three different parts of its course—namely, (*a*) at its origin, from effusion of blood into the brain substance, as in apoplexy; (*b*) during its course through the petrous bone, from direct injury as fracture, or from disease, as abscess and necrosis; (*c*) at its peripheral distribution to the muscles of the face from the application of cold, etc. These various lesions, the effects of various causes, offer various prospects of recovery; for, while the first is possibly and the last perhaps *certainly*, the second is *im*possibly curable. It is to this second class that the present case belongs; for the nerve, having shared in the ulceration going on in the contiguous bone, ultimately suffered destruction. The accurate location of the disease involves little or no difficulty; for it is not probable that it exists at the internal auditory foramen, inasmuch as the intimate relation in which the facial there stands to the auditory nerve would, doubtless, have led to the destruction of the latter. Again, it is not probable that the lesion exists posteriorly to the origin of the nervous petrosus superficialis major, for in that case the muscles of the palatine arches would have escaped paralysis, which they have not. It is probable, however, from a positive argument, that the disease exists between these two points; for during five years it so encroached upon the trunk of the portio mollis as to cause very considerable deafness.

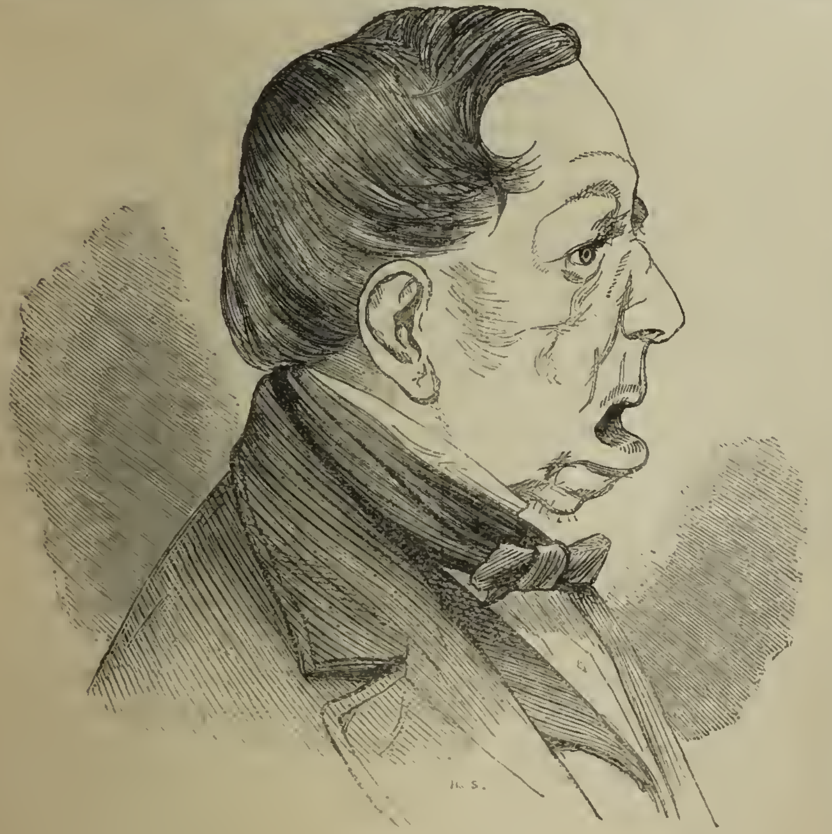

Fig. 2.

PROVIDENT MEDICAL SOCIETIES IN RELATION TO THE MIDWIFERY OF THE POOR.

By THOMAS W. THURSFIELD, M.D., L.R.C.P.Lond., M.R.C.S.Eng., Leamington.

One of the greatest evils of public medical charity, is the pauperising effect which it has upon its recipients. It may be safely affirmed that a large proportion of the persons who receive gratuitous medical assistance at the various hospitals, infirmaries, and dispensaries of the country, consists of individuals who are, more or less, in a position to help themselves. Sickness and accidental injuries are evils to which all men are liable; and, added to these, in the case of women, there is the loss of time and expense caused by the occurrence of parturition. The State in this country, by the operation of the Poor-laws, acknowledges its liability to support at these times of sickness, etc, and to provide with medical and other relief all those who, from sheer poverty, are absolutely unable to provide it for themselves. The opulent classes, on the other hand, not only acknowledge their own liability, but nobly and munificently, apart from the national taxes before mentioned, assist their poorer neighbours to procure what they would otherwise be unable to obtain. This munificence, however, is not only, in many cases, improvidently bestowed, but sometimes improperly so. But between these two classes of the community there exists an immense section who, though they are not paupers, yet, from improvident habits, and perhaps from a near approach to poverty, greatly also from the operation of our gratuitous medical charities, furnish a very large portion of the recipients of those charities. It is a fact, well known to all those who are conversant with the working of these charities, that a very large portion of those who receive relief from them are persons who would be quite able themselves to bear some of the expense they cause, were they obliged to do so, and that the present system of gratuitous relief has produced what I may call a medical pauperism; and thus, wherever medical charities abound, whole masses of the population look upon gratuitous medical relief as their right. It is obvious how much more widely efficient medical relief could be made to reach among this class than it does now if some plan were adopted by which persons of this class would be obliged to share the expense of their own relief; while, at the same time, habits of providence and foresight would be stimulated among the people, and the heavy burdens of many of the charities, reducing some of them to a state of chronic insolvency, would be lightened. Of the propriety and even necessity there is, for exacting from the recipients of the benefits of medical charities, a portion of the expense, I need say little, for the subject has so often been ably discussed and the facts admitted: I will only state my belief that there is scarcely a dispensary in the country (and in that term I include the out-patient departments of all general hospitals) where a small tax might not be levied upon the recipients of the tickets with advantage both to the patients and to the institutions. By adopting this principle, moreover, we should remove in some degree the evil of indiscriminate charity. In large communities there is no branch of medical relief to which the application of this system of medical co-operation, if I may so call it, is more useful or more easy than to midwifery. The midwifery of paupers is provided for by the State; that of the opulent classes by themselves; while the intermediate class, being unprovided for publicly, and being for the most part unable to provide for itself the educated skill necessary, is largely left to the gross ignorance of almost uneducated midwives. That this is the case, is familiar to all those who are in any way acquainted with the subject; but ample proof might easily be brought forward did time or space allow. Suffice it to say that in a community with which I am acquainted, numbering, perhaps, thirty thousand people, there are about ten midwives, who are all grossly ignorant. One of these, being summoned before the magistrates on account of her refusal to support an idiot child, was proved to have attended about ninety cases in four months, and to have received fees varying from 2s. 6d. to 7s. 6d. for each case. All medical men know how commonly women are sacrificed to the ignorance of these persons, and how often they are called in too late to remedy the mischief which midwives have caused or overlooked, and which might have been prevented had skilled and educated assistance been before procured. The path by which we may introduce medical co-operation, or provident-medical assistance, is here plain before us. We have seen how these women are content to pay small sums for the very inefficient assistance which they now get. I would ask them for no more, and yet provide more highly skilled attendance, until we obtain what is much to be wished for; namely, a well-trained, educated, and licensed class of midwives. I would propose that in any district not too large for the purpose, a fund should be established by the subscriptions and donations of the benevolent and charitable, to be managed in the usual way by an elected committee, and that in proportion to the amount of subscription tickets be issued to the subscribers. These tickets should be at the disposal of the subscribers, to be bestowed upon any deserving woman expecting to be confined, who should be required to pay to the secretary or treasurer of the society either 5s. or 7s. 6d., as the donor of the ticket may determine, after inquiry into her circumstances. This sum ought to be marked upon the ticket by the donor. The recipient should be entitled to request the services *of any* medical man she may choose, always supposing that he will accept the fee which the society offers. This fee should not be less than £1, and it should include all attendance upon each ordinary case. Extraordinary cases might be dealt with by the society as regards extra fees; but as the society would be, in some respects, a charitable one, extraordinary fees should not often be given. Should the medical man applied to, refuse the case, the recipient of the ticket should be at liberty to apply elsewhere; and there should be a special medical officer, with a small retaining fee, whose duty it should be to attend any of the recipients of the tickets who may ask him to do so, receiving, besides, the ordinary fee. The district should contain, if possible, a population concentrated in a small area. The medical men should receive their fees at stated times; the tickets, given up by the women after attendance, being vouchers for the amount claimed. As the cases for relief would be those exclusively of women, it would be right to make special appeals to benevolent ladies, who can more fully enter into the wants and necessities of their sex at this time of trial. The fact that the recipients themselves are to pay towards their relief would seem to justly entitle them to the privilege of selecting their own medical attendant. The scale for remuneration of the medical men before mentioned, and for the payments from the recipients of tickets, is a high one, adapted to a neighbourhood where benevolence and riches abound. In poorer neighbourhoods a lower scale might be adopted, and the medical men content with a lower fee; but they would, most probably, get many more cases. Wherever medical charities, such as hospitals, dispensaries, etc., exist, and are as yet unprovided with a special fund of this kind, the same system of relief, with certain modifications, might be adopted. I think, also, after the experience which has been gained concerning the mortality of lying-in hospitals and wards, that even where such special charities exist, it might be found useful and advantageous to adopt this system, or some modification of it; for it is notorious that the mortality among women attended at their own homes bears no comparison to the deadly effects of accouchement in the wards of lying-in hospitals. I submit this scheme, not as one fully formed or matured, but as a means, I hope, by which attention may be drawn to the subject; and the crying evils of excessive medical charity, and the perilous attendance of unskilled midwives, be both combated.

Scale for Subscriptions for, and Payments on, Tickets for Lying-in Charity.

1 Ticket entitling attendance *of any* medical man upon the recipient	1	1	0
2 Ditto ditto	1	11	6
3 Ditto ditto	2	2	0
4 Ditto ditto	3	3	0
6 Ditto ditto	4	4	0
—	12	1	6
16 cases.			
4 cases at 7s. 6d.	1	10	0
12 cases at 5s.	3	0	0
—			
16 cases yield	£16	11	6

TESTIMONIAL.—Several personal friends, patients of Dr. Hamilton of Mitcham, Surrey, have presented him with an Ophthalmoscope and a Laryngoscope, as a token of their regard and esteem, and also their appreciation of the kind manner in which he has at all times attended to them when requiring his professional services.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

CASE OF IMPERFORATE ANUS.

By HENRY ERNEST TRESTRAIL, L.R.C.P.Edin., etc.

MRS. — was delivered of a healthy male child with an imperforate anus. An attempt was made to reach the end of the bowel, but was unsuccessful. The child passed a small amount of fæces by the urethra, and vomited occasionally; it took the breast eagerly, however, and grew stout and strong. At the end of two months, another attempt was made to reach the bowel, and with better success, for a small amount of fæces escaped through the artificial anus. The child, which was healthy up to the time of the second operation, now sank rapidly, and died on the second day. I made a *post mortem* examination, and found the alimentary canal normal until the sigmoid flexure, which was enlarged to the size of the stomach, and ended in a narrow tube which communicated with the bladder. In the second operation, this tube had been opened; and, had the incision been extended a quarter of an inch, an opening would have been made into the enlarged bowel. I have preserved the specimen.

VESICAL ABSORPTION.

THAT the bladder is able, under special circumstances, to absorb the water from the urine contained in it, I have no doubt, from an observation made in my own person. Some years ago, I started one morning for a walk of many miles along the sea-coast, and when near my destination I was about to stop to pass urine, when I discovered to my consternation that my progress further was arrested by the jutting rocks. My attention was immediately diverted to my novel position, and for some time I was engaged in various schemes for my extrication. As none were feasible, I was forced to remain an exile on the shore until the morrow allowed me to retrace my steps. It was near midnight when I suddenly recollected that I had been arrested almost in the act of micturition, and I thereupon emptied my bladder, but it was more from the idea of fulfilling a forgotten engagement than from necessity. My surprise was then great when I remarked that the quantity of urine was small, as I was sure, from my own feelings, that the bladder had some hours before been full. The physiological fact of absorption of the urine, or, at least, of its aqueous portion, forced itself upon my conviction, and I have not the slightest doubt that this did take place. I should state that, having no food, my hunger was great and my thirst painfully distressing; now, if the sense of thirst be due to the want of water in the system, its requirements were considerable in my case. Of course I cannot prove to demonstration what amount of urine my bladder held at three o'clock, and what amount at eleven, but I know that the quantity was small at the latter time, and at the former my desire to micturate was as usual after having had no relief since the early morning. I believe, also, that I was the subject of another interesting physiological experiment; that my thirst was subsequently much alleviated by absorption of water from my wet clothes. M.D.

[This subject is of much therapeutical as well as clinical interest, and especially in relation to *Morphia Injections into the Bladder in Cystitis.* —Very different conclusions have been published as to the therapeutical effect of these injections. Dr. Braxton Hicks has found them useful; Sir Henry Thompson, useless. In a *resumé* in the *Gazette des Hôpitaux*, March 7, 1868, M. Segalas is described as admitting the absorption, as proved by experiments on animals; M. Demarquay, as finding it very feeble; MM. Russ and Susini, as denying it altogether, from experiments on healthy men. M. Edward Alling reports, in the *Bulletin Général de Thérapeutique*, six cases in which morphia injections, given in rebellious and severe cases, afforded great relief. Like Dr. Hicks, who has found them useful, he recommends full doses of the morphia; and he dissolves the salt in even a smaller quantity of water—thirty to forty drops of a solution, of which each drop contains two *milligrammes* of the salt.—ED. B. M. J.]

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE I.

THE Professor's first lecture was devoted to an enumeration of the principal characters which distinguish the Vertebrata from the other primary divisions of the animal kingdom, and to those which mark the Provinces and classes into which the Vertebrate Subkingdom is divided.

Subkingdom VERTEBRATA.
Province I.—*Ichthyopsida.*
Class 1. Pisces.
,, 2. Amphibia.
Province II.—*Sauropsida.*
Class 3. Reptilia.
,, 4. Aves.
Province III.—*Mammalia.*
Class 5. Mammalia.

The present course, the lecturer observed, will be complementary to that which was delivered in 1867, on the Invertebrata;* but the subject will be less zoologically treated, and the lectures be more strictly devoted to *comparative anatomy* than was the case last year. A similar mode of treatment could not have been applied to the Invertebrata, on account of the fundamentally distinct types of structure therein found. But the essential similarity of all Vertebrate animals, on the other hand, renders easy the mode of treatment now to be adopted.

The definitions given to the primary group Vertebrata and to its subordinate divisions must be understood as only certainly applicable under known conditions. Under other conditions, as yet unknown to us, transitional forms may have existed bridging over the gaps which are now found.

The name Vertebrata (as all zoological scientific names tend sooner or later to do) has become merely a surname; and vertebrated structure, *i. e.*, the possession of a series of distinct vertebræ, is not an universal character. 1. If any vertebrate animal be bisected antero-posteriorly, or if a transverse section be made at right angles to the antero-posterior axis of the body, such animal will be seen to be composed of two superimposed cylinders of very unequal size. The superior cylinder encloses the spinal chord and brain, and is thence termed the cerebro-spinal tube. The inferior and very much larger cylinder encloses, towards its ventral wall, the central part of the circulating system; above this (*i. e.*, more towards the back) the alimentary tube; and above this again the sympathetic chain of ganglia. In the partition between the two cylinders, there is always at some period of life the notochord or chorda dorsalis.—2. In all Vertebrata, visceral clefts and arches are formed during development on each side of the anterior part of the alimentary tube. In Fishes they persist as those openings by the which the water taken in at the mouth is expelled after bathing the gills and serving for respiration; and even in man one such cleft remains—as the Eustachian tube and external auditory meatus. In no invertebrate animals are there to be found structures in any way similar, with the single possible exception of the Ascidians.—3. The limbs of Vertebrata are very characteristic, but then many forms are altogether devoid of such organs. No vertebrate animal has more than two pairs of limbs, while almost all Invertebrata which have limbs have more than two pairs. Again, each limb is supported by an internal skeleton, which at some period of life is cartilaginous. No such internal hard part exists in any Invertebrate animal.—4. Another condition highly characteristic, but not universal, is presented by the jaws. These are in certain cases completely or partly absent, but they are invariably formed by a modification of the walls of the buccal cavity.—5. For all ordinary purposes, the vascular system may be said to be a completely closed one; nevertheless, from recent observations on the capillary vessels, this cannot now be absolutely affirmed.—6. The existence of a portal system is universal in the Vertebrata and also peculiar to them.

Three provinces together form the vertebrate subkingdom, the characters of which have just been given. And each of these three can be well defined. The first (Ichthyopsida) is the most difficult to characterise, not on account of any excessive peculiarities of structure offered by the forms which compose it, but on account of the very exceptional defects of organisation which some of them present.

The animals composing this first Province possess the following characters:—1. No epidermic skeleton—unless possibly nails in some amphibians.—2. Great diversity of structure as regards the spinal column and skull, the latter being even absent in one form.—3. The development of a large parasphenoid, except in those kinds which do not possess a bony skeleton.—4. Two occipital condyles in one or more; if two, then they are formed from the exoccipitals only. Basioccipital not ossified, or a mere rudiment.—5. The mandible consisting of from one to six bones on each side, or not ossified at all, and sometimes altogether absent.—6. The posterior end of the alimentary tube either opening into a common iliac, and together with the apertures of the renal and sexual systems; or if the three systems terminate separately, then the rectum is placed in front of the other openings.—7. The heart may have one or two auricles, but never more than one ventricle.—8. Red blood-corpuscles almost always present, and mostly nucleated and oval.—9. Never less than two aortic arches.—10. Gills developed at some period of life.—11. No diaphragm.—12. Urinary organs probably (not certainly) not homologous with the kidneys of higher animals, but with the Woolfian bodies of the latter.—13. Brain varying much in structure, and absent in amphioxus.—14. No amnion formed in development, and if an allantois ever exists it is rudimentary.

The animals composing the second Province (Sauropsida) possess the following characters:—1. An epidermic skeleton either in the form of horny scales or of feathers.—2. Vertebral centra always completely ossified, but still destitute of epiphyses.—3. A well ossified basioccipital and a single occipital condyle.—4. A large and well ossified basisphenoid.—5. Parasphenoid very small, and completely and very early uniting with the basisphenoid, so as never to be a distinct bone in adults.—6. Prootic always ossified.—7. Epiotic and opisthotic generally ossified likewise.—8. The two last-mentioned bones unite with other cranial elements before uniting with the prootic.—9. Each half of the mandible is provided with a single bone formed from cartilage—the articular; the other elements are membrane bones.—10. The mandible articulates directly with the squamous element of the temporal bone.—11. Only a single internal ear-bone—the stapes—the stem of which is normally connected with the suspensorium of the hyoidean apparatus.—12. The ankle-joint is placed, not between the tarsus and the leg-bones, but between the proximal and distal tarsal bones.—13. A common cloaca.—14. Red blood-corpuscles, which are oval and nucleated.—15. Heart with three or four chambers, and with one or two aortic arches; but if one, then that one turns to the right.—16. No gills at any time of life.—17. Two kidneys developed after the Woolfian bodies.—18. No corpus callosum in the brain.—19. The oviduct always a Fallopian tube.—20. Reproduction oviparous and ovoviviparous.—21. An amnion and a large allantois, the latter directly respiratory.—22. No mammæ.

The animals composing the first province (Mammalia) possess the following characters:—1. Always an epidermic exoskeleton in the form of hairs.—2. Always ossified vertebral bodies with epiphyses.—3. The skull perfectly ossified.—4. Parasphenoid confounded with the basisphenoid.—5. Two occipital condyles with a well ossified basioccipital.—6. The mandible formed exclusively of membrane bone, and directly articulated with the squamous elements of the skull.—7. Three bones of the internal ear.—8. A cloaca or none, but in all cases the rectum opens behind the apertures of the renal and generative systems.—9. Always red blood-corpuscles, and these not nucleated.—10. Heart four-chambered.—11. A single aortic arch, and this bending to the left.—12. No gills at any time of life.—13. Lungs assisted in the respiratory action by a complete diaphragm.—14. True kidneys.—15. Cerebral hemispheres connected together by a corpus callosum.—14. An amnion and an allantois.—15. No mammary glands.

As to the characters of the classes, those of the class Mammalia are, of course, identical with those of the province just characterised, as the latter has but the one class.

The two classes Pisces and Amphibia are very difficult to separate, and the only constant character not yet consolidated is the constant presence in Fishes of horny, bony, or cartilaginous supports to the median and other fins. These supports are termed "fin rays," and none such have as yet been discovered in any amphibian.

Moreover, though many fishes and some amphibians are altogether destitute of limbs, yet in all limbed amphibians each limb has the typical differentiation, whereas in all fishes this is absent, and the distal part of the limb (corresponding to the hand or foot) seems to be articulated directly to the limb girdle.

The distinction between the classes Reptilia and Aves is well marked in the existing creation. Birds have feathers, cylindroidal surfaces to the vertebral bodies, a peculiar sacrum and breast-bone, with ischia and pubes turned back parallel to the former, the proximal part of the tarsus anchylosed to the tibia and its distal part to the metatarsus, hot blood, a muscular valve on the right side of the heart, and air sacs communicating with the lungs. Existing reptiles differ from birds in all these points, except that, as regards the air-sacs the chameleon, offers an approximation. Extinct reptiles, however (notably the Iguanodon and its allies) present characters as to the vertebræ, pelvis, and limbs, extending more or less completely to invalidate the distinctions now existing; and the aerial Pterodactyles, with their hollow bones and necessarily rapid locomotion, strongly suggest the probability of their having been furnished with a circulating system resembling that of existing birds.

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* Also reported in the BRITISH MEDICAL JOURNAL for that year.

PROGRESS OF MEDICAL SCIENCE.

THERAPEUTICS.

Diagnosis and Treatment of Lipomata.—M. Darbez, in a thesis on Lipomata, recommends their refrigeration by a jet of pulverised ether in obscure cases. The tumour hardens, if it be a lipoma. An unique case is mentioned, in which several lipomata completely disappeared in an individual submitted to electrisation for a paralytic affection.

Ectopia Vesicæ.—M. Grandjean, in a thesis on this subject, relates a successful case, the first in France—a male child, fourteen months old, operated on by M. Michel. The conclusions are, that the vesical papillæ of the ureters should never be incised. The operation by superimposed flaps—the one abdominal, the other lateral—is preferable. The union of the autoplastic flaps should rather be by their surfaces than by their borders. The operation should be performed at the end of the first year, or as soon after as possible. The thesis gives a complete bibliography.—*Gazette Médicale de Strasbourg*, Dec. 25, 1868.

Cure of Carotid Aneurism by Digital Compression.—A case of aneurism of the primitive carotid, successfully treated by intermittent digital compression of the arterial trunk, has been reported by M. Rouge of Lausanne to the Society of Surgery of Paris. The patient was sixty-eight years of age, and a male. The compression was effected laterally, the thumb being placed against the anterior edge of the sterno-mastoid, the next three fingers under the posterior edge, and the artery being thus seized and compressed between them. Thus the pressure on the pneumogastric, which occurs when the carotid is compressed from the front against the sixth vertebra, and which is so painful, if continued, as to be the main cause of failure, was avoided. Digital compression was continued for seventeen days, for an average of seven or eight hours each day. Cases already on record, in which this treatment has been tried, are, Gioppi, 1858 (*Annales d'Oculistiques*, 1858, fifth part), Vanzeth, 1858 (*Archives Générales*, 1858), both successful); Delore, 1860 (*Gazette des Hôpitaux*), Ernest Hart, 1861 (*Lancet*), Scheppard, 1863 (*Gazette Hebdomadaire*, Feb. 19, 1864), successful.

Cutaneous Eruptions produced by Bromide of Potassium.—M. Voisin (whose favourable results in the treatment of epilepsy by large doses of bromide of potassium we have already noticed) has observed several forms of eruption to follow the administration of the medicine. They have been, acne; large, indolent, and painful pustules; an eruption resembling that of urticaria or erythema nodosum; punctes; and eczema. He describes the first two with great care, as having characteristic symptoms and appearances.

FORENSIC MEDICINE.

Detection of Strychnia in Poisoning-Cases.—To detect the presence of strychnine in cases of poisoning, M. Cloetta counsels the following treatment. Any albumen which may be present in the liquid is first removed, subacetate of lead added, and the liquid filtered; the excess of lead is removed by sulphuretted hydrogen, another filtration made, and the filtrate evaporated to dryness. The residue thus obtained is left in contact with ammonia for twenty-four hours, then agitated with double its volume of chloroform, and the chloroformic solution evaporated; this residue is dissolved in two cubic *centimètres* of water containing pure nitric acid, the solution filtered, and to the filtrate a drop of solution of bichromate of potash added. At the end of a few days, crystals of chromate of strychnine appear, in which the chemical characters of strychnine may be recognised. M. Cloetta affirms that, by his process, he has been enabled to prove the presence of one-twentieth grain of strychnine in 650 cubic *centimètres* of urine.

We shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, FEBRUARY 27TH, 1869.

THE MEDICAL ACT.

As the Parliamentary Session opens, the prospect of an amendment of the Medical Act becomes of more immediate interest to the profession, and in connection therewith we may notice some proceedings taken at the close of last year in the Launceston Police Court, with the view of showing how much more effectually our colonial brethren and the population of New Zealand are protected by the operation of their Act, than are we at home. In the colonies, no one is allowed to practise without being duly registered; and in the case to which we refer, Andrew B. Jenner was charged by the Superintendent of Police with practising as physician, not being duly registered in accordance with the 6th Victoria, No. 2. It will be observed at once, therefore, that not only is practice under medical titles which could not be registered punishable, but the offence is justly regarded as one attacking public safety, and is a matter of police prosecution. In opening the case, Mr. Collins for the prosecution, said that the Act 6th Victoria, No. 2, enacted that no person should for fee or reward do any of the duties of the medical profession without being duly qualified and registered. It was proved that the defendant had put on his door "Mr. Jenner, Homœopathic Physician," and had so practised. For the defence, a diploma was handed in from the Homœopathic Medical College of Philadelphia, Pennsylvania. To explain the manner in which such a diploma may be obtained without residence, he handed in the following letter, which, although lengthy, ought not, we think, to be omitted here. It is an interesting document, which should find its place amongst *Mémoires pour servir* in the collection of the medical historian.

"Andrew J. B. Jenner. "Philadelphia, April 4th, 1865.

"Dear Sir,—Your communication dated Brisbane, 17th Dec., 1864, has only just come to hand, and then after having found its way amongst the advertised letters. This fact may, in a measure, explain to you the loss of the valuable papers you speak of as having been sent by yourself to Dr. F. Campel. The negligence of our post-office clerks is sadly notorious, and I assure you, sympathising, as I do, deeply with you in your loss, I congratulate myself that your communication, both valuable and interesting, stopped amongst the advertised letters, and did not follow a certain draft sent to me about three weeks since from a neighbouring town only fifteen miles distant from my present abode. The letter which found its way back to yourself, as unclaimed, would prove exactly, if anything, the very negligence I speak of, as the college has not ceased to exist, and has continued through all the change of faculties to have a Dean at its head. A like misfortune would probably not now befall you or any other correspondent. Not only is our faculty composed of such members of the profession as have from their position and the necessities of their multifarious occupations, no positive interest in the professorships they hold save the benefit they entail on our cause, but it is endeavouring to raise the standard of our calling by putting safeguards around the honours it confers. Applications, like your own, will also henceforward be much facilitated, while the risks attending the posting of documents will be diminished. We have now in London an especial agent, whom we have empowered to examine the titles to graduation of those who present themselves as postulants, be those titles oral proof or written documents. Dr. David Wilson (22, Brook Street, Grosvenor Square) will in those cases do full justice to applicants, and sedulously serve the interests of the profession, generally either by the very fact of his authority deterring the unworthy from presuming on such a step, or by giving us warning of the true merits of candidates. This premised, you will allow me to suggest to you what the faculty requires at your hands in order to be able to confer upon you the special degree of Doctor of Medicine which you desire. You will send to the care of the Dean, at our College, 1105, Filbert Street, Philadelphia, your manuscript theses written on the alternate pages. To Dr. Wilson you will send all the requisite information, papers, certificates as to the branches, times, and places of your studies as will enable him to examine the facts most carefully. You will also inform him where he may touch for £50, on account of our faculty in case the diploma is awarded, and subsequently delivered. Allow me further to state that if your studies have not been pursued in London, Dr. Wilson will not be put to expenses of any kind in furtherance of your project. And that all papers, coming from other localities, bear such official marks, stamps, and certificates as may shield both Dr. Wilson and our own body from every possible breath of doubt and obloquy.—Yours truly,

"CHARLES HERMAN."

Mr. Jenner added that he furnished particulars of his previous studies, etc., and got his diploma. What particulars he furnished it would be superfluous to inquire, unless Dr. Wilson should desire to explain. We need only observe that, according to the report in the *Launceston Times* before us, Andrew Jenner stated in court that he had previously a degree of M.D. granted to him from the London University in 1854, which is, of course, without foundation. The magistrate considered the charge fully proved, and inflicted a fine of £10 with costs. When we see the impunity with which fraudulent pretenders here prey upon the public by advertisements freely circulated by post and in the papers, especially in the provinces, with every variety of fictitious title, and cunningly imitated medical designations, we are compelled to wish that our own legislators were a little more fully alive to the interests of the population, and that they would take a leaf out of the Colonial Statute book. We commend the details of this trial to the consideration of the Executive Committee of the Medical Council. Possibly so strong an instance of effective legislation in a British colony, compared with the ineffective state of the law in Great Britain, may influence the mind of the present able Home Secretary, and induce him to give the long anticipated help of Government to amend our Medical Act. Dr. Burrows, during his period of presiding, has lost no opportunity of attempting to interest successive ministers in this measure. The political sky being less clouded than heretofore, we trust that his persevering efforts may this session be successful.

THE MEDICAL SERVICE OF GREENWICH HOSPITAL.

DR. FREDERICK J. BROWN of Rochester, in a caustic and able pamphlet just issued, energetically complains of the conduct of the Admiralty, more especially in reference to the recent establishment of a sinecure governorship. He gives a tabular statement of the events connected with the recent changes at Greenwich Hospital.

On July 5th, 1865, a Liberal Government passed an Act to provide for the better government of Greenwich Hospital, and the more beneficial application of the revenues thereof. Clause 15 is *permissive*, and relates to the appointment of a sinecure visitor and governor.—On September 9th, a Liberal Government passed an Order in Council, providing that "an extra pension of five pence a day, at the discretion of the Lords Commissioners of the Admiralty, be granted to seamen and marines now in receipt of pensions, over fifty-five years of age, and who shall have been in receipt of the same for five years and upwards; and an extra pension of nine pence a day to those over seventy years of age, who shall have been in receipt of the same for ten years and upwards," also providing for an establishment of two Inspectors-General of Hospitals, two Deputy Inspectors-General, one Surgeon and Medical Storekeeper. Dr. Brown notes, that the Admiralty did not appoint a second Inspector-General and a second Deputy Inspector-General, although furnished with power to do so.—On September 30th, a Liberal Government effected the abolition of the office of the single Inspector-General who was employed at the hospital.—On February 16th, 1866, they passed an Order in Council reducing the medical staff to one Inspector-General of Hospitals (not appointed), one Deputy Inspector-General, one Staff-Surgeon and Medical Storekeeper.—At the same date they made an Order in Council, establishing Greenwich Hospital Pensions for Officers, including ten of £150 each to Flag-officers, not provided. No pensions were granted for Inspectors-General.—In December 1866, the Conservative Government made the appointment of an Inspector-General to the office rendered vacant by the Liberal Government.—But on March 30th, 1868, the Government had to consent to the removal of the Inspector-General, in consequence of the clamour of the opposition.—On February 5th, 1869, the present Liberal Government passed an Order in Council for the establishment of a sinecure "Visitor and Governor," with a salary of £1,200 to that officer if of the rank of Admiral, and of £1,000 if of the rank of Vice-Admiral. The "Visitor and Governor" is prohibited by the Act from interference with the ordinary government of the hospital and of the schools; therefore the title is a misnomer as respects "Governor." It remains to be seen whether the Admiralty will, "from time to time, assign to him as Visitor such duties as seem fit." Whatever such duties may be (if ever any be assigned) they must not interfere with "the ordinary government of the hospital or schools thereof."

Such facts are eloquent in themselves. The medical service has been made the scape-goat of reformers. But it is not to be expected that the civil profession can be satisfied to see injustice shown to their brethren in the public service. Nor can such a course fail to render that service permanently unpopular, and ultimately to react injuriously upon the public interests and the public purse.

THE LONDON COLLEGE OF SURGEONS AND ITS FELLOWS.

AMONG the rival schemes for the new Law Courts, is one which would transfer the College of Surgeons, Lincoln's Inn-Fields, to a fine site on the embankment. In this case, the new building might be so constructed as to afford a room for the meetings of Fellows, the absence of which is one of the arguments urged against the feasibility of schemes such as that which Mr. Gant has urged in our columns, and is now advocating for such meetings. A desirable step towards such an ultimatum would be an amendment of the charter to give the Fellows a defined place in the government of the College. At present, they have none beyond the election of councillors; and, according to legal opinion, the charter does not allow any expression of opinion or discussion on the occasion of the meeting for such election. Supposing that the Fellows were to meet for the purpose of discussing other merely general questions, they might be placed in a very equivocal position, since their deliberations would have no constitutional weight, and might easily produce collisions between themselves and the Council. The Fellows of the College of Physicians take a defined part in the government of the College, and there is no reason why those of the College of Surgeons should not do so equally. It is a period of enfranchisement, and this franchise might safely be considerably enlarged. Some of these days, we shall see a general practitioner on the Council, and the Members recognised, and invested with votes for councillors—and the College will not have gone to the dogs. Such a resolution will probably, however, take considerable time; and some of the eldest gentlemen, whose constitutions would be most seriously affected by the shock, will have passed beyond its reach.

PROFESSOR HUXLEY'S LECTURES ON THE COMPARATIVE ANATOMY OF THE VERTEBRATA.

WE commence this week the publication of the first of a series of very full condensations of Professor Huxley's most valuable lectures on the Anatomy of the Vertebrata at the Royal College of Surgeons. Together with the accurate summaries which we were able to give last year of the lectures on Invertebrata, these will form a complete manual of comparative anatomy, condensed and abbreviated, but accurate, and brought up to the last acquisitions of scientific inquiry, after they have been sifted, arranged, and generalised, by its most accurate and laborious, and yet most brilliant and philosophic, modern apostle. Comparative anatomy is assuming daily a more intimate and direct relation with the teaching of human anatomy, from which it ought never to have been divorced, seeing that it is essential to the comprehension of the forms which the human anatomist elaborately describes, and of the diversities which he carefully chronicles. Professor Huxley's lectures are not written for delivery. We were indebted frequently last year to his kindness in revising doubtful points in our reports, for which we have to express our obligations and those of our readers, and to renew them by anticipation.

Mr. Le Gros Clark will commence his course of lectures on the termination of those now being delivered by Professor Huxley. They will complete the course commenced last year; and we shall be enabled, by the kindness of Professor Clark, to publish them from his manuscript, with the necessary illustrations.

Dr. Dyce Duckworth was, on Thursday last, elected Assistant-Physician to St. Bartholomew's Hospital.

The President of the Royal Society has issued cards for *soirées* at Burlington House on Saturday, March 6th, and April 24th, at 9 o'clock.

The first appointment to the new Faraday Lectureship of the Chemical Society has been accepted by M. Dumas, who is expected to give the first Faraday Lecture to the Society some time in May.

Mr. Sampson Gamgee took occasion, at the last meeting of the Working Men's Committee of the General Hospital Fund, Birmingham, to comment upon a proposition that some of the new wards should be set apart for the homœopathic treatment of cases. Such a proposition would be indignantly repelled by the staff.

COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

From the official report of the proceedings of the Council of the Royal College of Surgeons, it appears that, when the report of the Committee on the Income and Expenditure of the College was read at the quarterly meeting, it was moved by Mr. South, and seconded by Mr. Hancock, that the report be referred to the Committee for further consideration; on which Messrs. Charles Hawkins and Spencer Smith demanded that the names of those voting for and against the motion should be taken down and entered on the minutes, from which it appears that there were for the motion five, viz., Mr. Swan, Mr. South, Mr. Thomas Paget, Mr. Hancock, and Mr. Turner; against the motion, nine, viz., Sir William Fergusson, Bart., Mr. Adams, Mr. Busk, Mr. Curling, Mr. Clark, Mr. James Paget, Mr. Charles Hawkins, Mr. Hewett, and Mr. Birkett. The motion for such reference was, therefore, lost. It was then moved by Mr. Busk, and seconded by Mr. Solly, that the payments on account of the Trust Funds should in no case exceed the income derived therefrom; and, the votes of the Council having been taken on such motion, a majority was against the same. The proceedings, as suspended in the hall of the College, do not contain any matter that has not already been published in this Journal.

THE BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

We are pleased to hear that the Council of the Birmingham and Midland Counties Branch have intimated to the students of the Queen's College, and of the General and Queen's Hospitals, their willingness to see them at their meetings. This cannot but prove a great boon to the students, and we expect that the permission will be gladly accepted by them. The formation and successful working of the Pathological Section will give an opportunity to the students of hearing the morbid specimens from cases they have watched during life discussed and explained, and also of seeing the many preparations that are brought to the Section from neighbouring hospitals and by gentlemen in private practice.

PRINCE LEOPOLD.

Much anxiety was caused on Thursday last as to the health of H.R.H. Prince Leopold. He was attacked by a recurrence of the internal hæmorrhage which on a previous occasion assumed so severe a form. He is now, happily, much better. The attack began late on Thursday. Sir William Jenner was in attendance at Osborne on Friday, Saturday, and Sunday. The attack has subsided much more quickly than on any of the former occasions, and as yet there is no relapse. All going on well, the Prince will be taken to Windsor.

THE REPRESSION OF CONTAGIOUS DISEASE.

We understand that the Government intend to transfer the working of the Contagious Diseases Act from the War Office to the Home Office. It will be proposed to extend the operations of the Act to the remaining military stations; and also to give powers to carry out the Act among the civil population generally under permissive clauses, such as those recommended by Lord Lifford's Committee last session.

THE NAVAL HOSPITAL COMMISSION.

The Civil Commission recently appointed by Mr. Childers, to report on the expenditure of some of the principal naval hospitals, have not been able to complete their report so soon as was desired. They have however, completed their visits to the hospitals, and the report will go in early next week. It is understood that they have carefully analysed the duties, number of officers, and amount of salaries. They have found a very large expenditure, relatively to the number of patients. Thus, at Haslar, they have found the annual salaries alone for the high salaried officers, for a hospital with an average of only four hundred patients, to amount to little less than £10,000 a year. This does not include £9,000 for wages, £1,134 for police, or any of the expenses of drugs, maintenance, etc. It is understood that a considerable reduction will be effected both in the executive and medical expenses; and that arrangements will be made by which the staff of the hospital can, if necessary, be raised to meet emergencies or sudden demands on its resources. The Commissioners will, however, in their report, confine themselves to comparative analyses of expenditure and duties in these and other hospitals, and to drawing plain deductions as to figures. The responsibility of the resulting measures must lie with the First Lord and the head of the Naval Medical Department, provided that officer be placed in his proper position. The appointment is not yet filled; but it is generally understood in the service and the profession that the claims of Inspector-General Dr. Armstrong to the post will be recognised by his appointment, which, as we have already stated, will be received with general satisfaction.

CHEMICAL SUBSTITUTION AND PHYSIOLOGICAL ACTION OF ALKALOIDS.

MM. Jolyet and Cahours are pursuing this interesting subject, and have read a memoir at the Academy of Sciences on the Physiological Action of Ethylconia and the Iodide of Diethylconia, compared with that of Conia. According to the authors, ethylconia and the iodide of diethylconia lead, like conia, to a rapid poisoning of the pneumogastric nerves, differing at the same time in possessing a less energetic and more passing action on the voluntary nerves. In equal conditions, conia is more poisonous than ethylconia, which is again more poisonous than the iodide of diethylconia. Thus a relatively longer time is required for ethylconia to destroy nervous excitability than for conia; and, with the iodide of diethylconia, the movements of the nerves are never more than weakened. It is a fact worthy of remark, that the introduction of the radical ethyl with the conia abolishes the period of convulsions which precedes the paralysis in poisoning by this alkaloid. The fact is particularly seen in poisoning by iodide of diethylconia, where the animal falls incapable of making voluntary movements, without this paralysis being preceded by the slightest convulsions. Thus the introduction of ethyl with conia produces similar results to the introduction of this radical into strychnia.

THE WORKING OF THE NEW FACTORY ACTS.

THE Report for 1868 of Mr. Redgrave, Inspector of Factories, describes the operation of the new Factory Acts Extension Act as being altogether satisfactory. He had taken judicious measures, prior to its coming into operation, to secure the confidence of the manufacturers and operatives. The Workshops Regulation Act is coming into operation very generally; but the local authorities require to be more active and more fully informed. Dr. Aldis, by his firm and earnest administration, has, as we have already noticed, introduced regular and moderate hours of work into nearly all the establishments (especially amongst milliners and dressmakers) in St. George's, Hanover Square. In the workshops in Nottingham, being to a large extent rooms in private houses, the winding of bobbins and the clipping of lace are carried on; and, until the coming into operation of the Act, children of tender years were employed in crowded ill-ventilated rooms, and for very long hours. Much of this has already been ameliorated; and, when the local authority of Nottingham shall have taken the matter in hand, an end will be put to the cruelty of keeping those little children in daily bondage unsuited to their age, detrimental to their physical development, and depriving them of any opportunity of gaining an early education. Mr. Baker's Report indicates the necessity for the extension of the Act to flax-scutching mills and brick-yards, for which he gives very urgent reasons.

DEATH AS THE TOYMAN.

THE plain unvarnished tale told in the official report of Dr. Harrison, the medical officer of health of Lincoln, to his local Board, will recall the grotesque horrors of the famous frescoes of the Dance of Death. After recording the outbreak of small-pox, and the death of two children unvaccinated in one family, the first cases brought under his notice, he continues: "Afterwards, cases appeared in various parts of the town, and two children (not vaccinated) died. One of these children lived in Beehive Court, St. Swithin's—a very bad case. In the same room where this child was lying ill, and afterwards died, was a lodger. This man got his living by selling mills, wreaths, and flowers, made of paper. His stock-in-trade was kept in the room; the articles were made in the room, and remained all night in the room. The next morning, this man would be in the street selling his wares, and probably spreading the disease about the town. As the cases came under my notice, I reported them to the Board, and recommended what I considered necessary to prevent the spread of the disease. On the 3rd of November, I reported a bad case. This report was returned to me, with the intimation that it was not a matter for the consideration of the Board." He concludes with tragic calmness. "Since then, I have not reported the cases; but I wish to state that at the present time there are some very bad cases of confluent small-pox under treatment in the town." This suggests two questions: What is worth the attention of a local Board? and what is the attention of a local Board worth?

THE BLANE MEDAL.

AT a meeting of the President of the Royal College of Physicians, the Vice-President of the Royal College of Surgeons, and the Director-General of the Medical Department of the Navy, held at Somerset House on Thursday week, the Blane Medal was awarded to Staff-Surgeon John Jack, and to Surgeon Henry Hadlow.

SUPERVISION AND A TONIC.

IN a case tried last week at the Worthing County Court, a Major Beauclerc defended an action for medical fees (for attendance on his children) on altogether novel grounds. The charges were at the rate of five shillings a visit. He contended that he had never asked for "cure", but only for "supervision", as the child had had "an opinion" before coming down; and that, as to the medicine, "he did not call it medicine—it was only a tonic." The case is among the oddities of medical experience. Of course, he was enlightened as to his liabilities by the verdict.

COST OF PRESERVED MEAT IN THE NAVY.

THERE appears to be an enormous superfluity of expenditure in the present mode of supplying preserved meat to the navy. According to an official return dated May 16th, 1868, the quantity of salt beef prepared at the Royal Victoria Victualling Yard, Deptford, during the year 1867-68, amounted to 1,573,056 lbs.; and that the cost of this beef was about 7¼d per pound. During the same period, a further quantity of 1,042,782 lbs. of beef was preserved as fresh boiled beef in tins, at an average cost of 10.35d. per pound. In connexion with these facts, it is worthy of notice that excellent beef, preserved in the same manner, has for some time been imported largely from Australia, and can be supplied at or under 6d. per pound. During the stay of the Duke of Edinburgh in Australia, this meat was tried by him on board the *Galatea*, and pronounced to be "remarkably good, cutting much firmer than any preserved meat he had hitherto tasted." Considering the present high price of meat in this country, and the large outlay incurred in preserving meat here for the navy, there appears to be an excellent opportunity of effecting a considerable reduction of the estimates in this respect by taking advantage of the supplies of meat from Australia; for the difference between the cost of the above-mentioned quantity of Australian preserved meat and that preserved in this country would amount to something like £16,000 a year. This is a fact for the attention of the First Lord of the Admiralty, who, as an Australian himself, will most likely be disposed to take advantage of this source of good wholesome meat for the Royal Navy, and to include that among the other means of effecting economy in the department he presides over.

PARISH MORTUARIES.

THE St. Marylebone Vestry has opened the new parochial mortuary and *post mortem* house, to which we have already referred as in course of erection. It will be of the greatest service, and we hope to see the good example followed. It will be remembered that the impulse to this good work was given by the repeated comments of this JOURNAL, and the notice taken of them by the House of Commons and by the public press.

SOCK AND SHIRT POISONING BEFORE THE FRENCH ACADEMY OF MEDICINE.

THE interest in "sock and shirt poisoning" is extending to foreign medical writers. In the first place, Professor Tardieu, *facile princeps* of French medical jurists, has met with more than one case of poisoning of an unequivocal character by socks dyed with a brilliant red colour—*coralline*—of which he proved the poisonous properties by physiological experiments upon animals with small quantities extracted from the socks. His paper, read before the Academy of Medicine on February 2nd, is a very elaborate and conclusive document. Professor A. Grand-Marais of Nantes gives this week, in the *Gazette des Hôpitaux*, a very detailed and remarkable case of local and constitutional poisoning attributed to a dyed shirt, which he heads, "A Case to serve for the History of Poisoning by the English Tissues of Carmine Colour," which fully bears out the warning given recently in our columns by Professor Wanklyn. The absorption of the colour not only caused distressing local symptoms, but very serious general poisoning. Professor Marais' patient was a ship captain, and he concludes impressively: "Let us trust that other accidents of this nature may not have happened at sea, on sailors tempted by these bright English colours; and that they may not have had a fatal termination." It should be mentioned that, in the three cases of poisoning mentioned in M. Tardieu's elaborate memoir, and in a similar case referred to in the discussion by Dr. Cerise, the incriminated articles were of English manufacture; and they were dyed with the red coralline of commerce, a derivative of rosolic acid, itself derived by oxidation from phenic acid. The Academy has deferred "the serious discussion" of a subject which it apparently regards as one of importance, till another report is brought up, which is in preparation by M. Colin, on the debated question of the absorption by the skin of toxical and medicinal substances.

THE LONDON HOSPITAL.

After twenty years' service, Mr. Adams retires from the office of surgeon to the hospital, and will be succeeded by Mr. Maunder, at present the senior-assistant surgeon. Mr. Adams will, we understand, be appointed consulting-surgeon to the hospital.

MANCHESTER INFIRMARY.

We are glad to learn that the Manchester guardians have agreed to appoint a second resident medical officer in the old workhouse. There are here some six hundred to seven hundred acutely sick cases, besides the infirm. The last resident medical officer fairly broke down under his duties, and died quickly of typhus. There are numerous fever cases in the wards, and as many as fifteen to twenty deaths weekly.

THE NEW ISOMER OF BUTYRATE OF SODA.

Continuing his investigation of the new isomer of butyrate of soda, Mr. Wanklyn has arrived at the important result that it is the acetate of a very singular organo-metal, *ethylene-sodium;* and has opened a new field of organic chemistry of enormous extent. Notices of it have been read at the Royal Society and Chemical Society in London, and at the Chemical Society in Berlin.

SALE OF POISONS.

A child of eleven has committed suicide by a packet of "mouse-powder" containing strychnine, which she bought for the purpose at a chemist's shop at Great Bridge, near Birmingham. At the inquest, the coroner remarked that the law was very lax in regard to the sale by chemists of dangerous compounds to children, for there were nine or ten deaths every year through cases of that kind. The jury found that the deceased committed suicide by taking poison while in an unsound state of mind. Surely the Pharmacy Bill was designed to prevent this; and its provisions, if enforced, are capable of doing so.

OUR METEOROLOGICAL REPORTS FROM HEALTH-RESORTS.

For the valuable meteorological observations from British health-stations which we now publish weekly, we are indebted to the kindness of observers whose names appear; and to Mr. Treutler, Kew, for the additional favour of collecting and collating them. They will afford to medical practitioners information of considerable value; and we have received with pleasure assurances that they are valued from several of our readers. To make them still more complete, we should be glad to receive the names of observers who will forward us their record of corrected observations from other stations, as Hastings, Brighton, Ventnor, Clifton, Queenstown, Bute, or Bridge of Allan, Pau, Biarritz, Montpellier, Cannes, Nice, and Mentone.

COLLEGE EXAMINERS.

Considerable importance appears to be attached out of doors to Professor Humphry's resolution, carried unanimously at the last Council of the College of Surgeons, prescribing a form in which, on any vacancy for an examinership, an examiner not on the Council might be nominated. Less importance, however, was attached to it in the Council, as the same power existed prior to the offering of this resolution, and without any formula. Formulæ, however, are good things, as Cabanis long since demonstrated by a faultless chain of argument; and the ready acceptance of Professor Humphry's resolution by both parties in the Council meant something more than the general conviction of its harmlessness. Had Mr. Le Gros Clark's previous motion been more defined, it would have conciliated a greater number of votes. We have reason to believe that the principles which we asserted in support of that resolution have been accepted by many of those who felt constrained, from the generalised wording of that resolution and its uncertain effect, to vote against it. The party of reform is, in fact, in the ascendant in the Council now, and can, when judiciously led, command a clear majority. The steady voting of the Fellows of late years has had its good effects.

THE LONDON STUDENTS' DEBATING SOCIETY.

The opening meeting of this Society was held in the Botanical Theatre, University College, on Wednesday evening. Dr. Sibson, F.R.S., occupied the chair, and delivered an eloquent address, an abstract of which will be found elsewhere. The attendance, in spite of the extremely unfavourable nature of the weather, was very large, nearly every College of the metropolis being well represented; the medical element, as might have been expected, being by no means behind the rest. After the address, the meeting proceeded to resolve itself into the "London Students' Debating Society," adopting in the meantime provisional rules recommended by the interim Committee. The office bearers and representative members of Council from the different Colleges, as recommended by the same Committee for the ensuing session, were elected. Dr. Sibson, F.R.S., St. Mary's Hospital, President; Professor Seeley, University College, and Dr. John Murray, Middlesex Hospital, Vice-Presidents. A treasurer, two secretaries, and the representative members of Council, were elected from among the students. It was then resolved to meet on Wednesday, March 3rd, at 7.20, P.M., to form permanent rules for the Society. A large number of those present were enrolled as members of the Society at the close of the meeting.

THE HATFIELD BROAD OAK COTTAGE HOSPITAL.

The Annual Report for 1868, just issued, shows that thirteen patients have been admitted during the year, most of them examples of severe forms of disease. One patient with lumbar abscess, deep-seated abscess of ham, and sinuses, has, we observe, been kept in hospital from February 18th, and is "still under treatment, progressing favourably." Another patient, aged 21, admitted with "rheumatism of knee, anæmia," in May 1867, was discharged cured in March 1868. The year's expenditure has been £120, or at the rate of £9 per patient.

PATHOGENESIS OF EPILEPSY.

Dr. Brown-Séquard has again brought the subject of induced epilepsy in guinea-pigs before the Academy of Medicine. He showed four. The three capital signs of epilepsy, loss of consciousness, convulsions, and torpor, existed in their case. He undertook to communicate to the society cases which prove that instances in which epileptic attacks may be produced exist in man. M. Chauffard and M. Greller were disposed to admit this as a new form of epilepsy, which could be provoked accidentally and transmitted hereditarily without accepting its identity with idiopathic epilepsy in man. The discussion was adjourned.

TRAINING OF NURSES.

We notice with great satisfaction the extension throughout the provinces under medical auspices, of this most useful movement, which, in London, Dr. Sieveking, Dr. Ogle, and other physicians, have done so much to encourage. At the annual meeting of the Wolverhampton Nursing Association, of which the Report has been forwarded to us, we observe that the Rev. J. H. Iles, in moving a resolution affirming that the vigour and success of the institution rendered it worthy of public support, said that in two points it had not been successful: it had not yet succeeded in getting a sufficient amount of support from the public, and they had not got the assistance of the hospitals to the extent they had anticipated. When the diocesan institution was first started, they expected that the hospitals would train their nurses for them; but the hospitals turned their backs rather upon the institution, and it had to send its first nurses to be trained. The hospitals chose rather to take the first girl who answered an advertisement, to accepting for two years persons recommended by the Association as having a capacity for the work of nursing. The hospitals were growing wiser now, and discovering that it was to their interest to take the probationers of the institution. It would be well if the hospitals could be made nurses' homes, where families could send and hire them when needed, and others be provided for parochial nursing. The reverend gentleman earnestly appealed, however, in behalf of the institution as a needful addition to all parochial works of charity. Mr. Gates, surgeon, in seconding the motion, bore testimony to the necessity for good nursing as a curative measure, without which medical skill must often fail. Mr. Newnham supported that view.

SCOTLAND.

UNIVERSITY OF ABERDEEN: CHAIR OF MIDWIFERY.

We understand that Dr. John MacNab, Loch-Inver, and Dr. McKendrick, Fort William, are additional candidates for the Chair of Midwifery in the University of Aberdeen. The appointment, which is in the gift of the Crown, will probably not be filled up this Session. In the meantime, Dr. Angus Fraser continues to fulfil the duties of the chair.

THE EDINBURGH ROYAL ASYLUM FOR INSANE.

The Annual General Meeting of the Managers of the Edinburgh Lunatic Asylum was held on Monday, in the Hopetoun Rooms. Dr. Skae read his annual report, which contained many interesting and important facts. The number of inmates at the end of the year was 720. The recoveries during the year showed a ratio of 43.4 per cent. to the admissions, which is extremely favourable, as the per centage of recoveries of all the large asylums in England, collated by Dr. Conolly, appears to be about 21 per cent. to the admissions. The report showed also a marked diminution in the mortality. There have been numerous fresh additions made to the amusements, as fortnightly lectures by Professor Masson and others. The periodical, with contributions from the inmates, still flourishes. The financial report was equally satisfactory. Altogether, we congratulate the Managers and Dr. Skae on the excellent state of the institution.

THE SITE OF THE EDINBURGH INFIRMARY.

Professor Syme has addressed a letter to the contributors of the Royal Infirmary, on the question of rebuilding the surgical part of the hospital, and the site to be selected. Seven out of eight of the surgeons have agreed as to the defects of the present establishment, and that they will be exaggerated by a new medical hospital built at its side, on a level twenty feet higher, and excluding light and air. Against the plans for bridging over the Pleasance, and acquiring ground on St. John's Hill, he urges the great expense—from £40,000 to £70,000; the distance from the College for students, and from the town for patients; the precipitous nature of the ground; the contamination of the air by gas-works and a crowded neighbourhood; the injury to the school by the abeyance of hospital accommodation for three years. The ground of Watson's Hospital he urges as being nine acres in extent; having south-west exposure, instead of north-east, being permanently open on all sides; nearer to the College and to the town; gently sloping, and easily and cheaply drained. He warns the contributors, with considerable energy of language, that the question of site has not yet been fairly considered, and that there is danger of important interests being sacrificed to personal considerations.

IRELAND.

INSTITUTION FOR IDIOTS.

This admirable institution has received £300 as the result of the recent performance of Mrs. Robinson's Cantata on its behalf.

DR. BELCHER.

At an ordination held by His Grace the Archbishop of Canterbury, at Lambeth, on Sunday the 21st of February, Dr. T. W. Belcher was admitted to the holy office of Deacon. We understand that the Reverend Doctor was selected to read the Gospel on that occasion, this being an honour generally conferred on the most distinguished answerer at the Examination held prior to the ordination. Immediately after the ordination, he was licensed to the curacy of Charlton, near Dover.

UNUSUAL PREVALENCE OF JAUNDICE IN DUBLIN.

The number of cases of jaundice which have occurred recently in the practice of most of the Dublin physicians is attracting attention, and we believe it is the intention of Dr. Hayden, Physician to the Mater Misericordiæ Hospital, to bring the subject under the notice of the Medical Society of the College of Physicians at its next meeting. The title of the paper is, An Epidemic of Jaundice, and it is anticipated that it will give rise to an interesting discussion.

ROYAL COLLEGE OF SURGEONS: EXAMINER IN MIDWIFERY.

A meeting of the Council of the Royal College of Surgeons of Ireland was held on Friday the 19th of February, to elect an Examiner in Midwifery, in the room of Dr. Isdell resigned. As is usual at the election of Examiners, Professors, etc., seven of the Council are chosen by lot (out of the full number, which is twenty-one), and they are sworn to elect the candidate who is best qualified to fill the position vacant. The candidates were G. H. Kidd, M.D., Obstetric Surgeon to the Coombe Lying-in Hospital; J. R. Kirkpatrick, M.B., late Assistant Master to the Rotunda Lying-in Hospital; and William Roe, M.D., Assistant Master to the Coombe Lying-in Hospital. When the seven members of Council handed their report to the President, he announced that Dr. Kirkpatrick had been duly elected.

RETRENCHMENT IN THE ARMY AND NAVY MEDICAL DEPARTMENTS.

We cannot think that the report that the twenty-one gentlemen who have recently passed their final examination at Netley are to be placed on half-pay has any foundation; in fact, we trust the heads of the medical departments will have sufficient influence with the Government to induce them to forego a step which cannot but result in producing immediate discontent in a branch of the service which it is most necessary to retain in a state of the highest efficiency. We hear, on good authority, that the twenty-one gentlemen have been granted the usual leave on full pay, as on all former occasions, and that the statement made by a contemporary that each candidate had received "an indefinite dismissal" is without foundation. There are now, however, nearly sixty supernumerary assistant-surgeons, who must undergo absorption before any others are admitted, and that process will occupy from two to three years, unless accelerated by a war. The establishment at Netley continues for the present unaffected. It is a marked indication of the increased popularity of the service that at the recent examination for the Indian medical appointments, over forty candidates presented themselves for twenty vacancies. Such competition might be expected to result in securing a very superior class of men for the service; but the large proportion of Eurasians among the candidates reduces the standard of competition for admission. The Indian service, however, still gets the best of the European element.

THE MEDICAL GRADUATES OF ABERDEEN AND GLASGOW AND THE LORD ADVOCATE OF SCOTLAND.

We are authorised to state that the Lord Advocate of Scotland, Mr. Moncreiff, M.P. for the Universities of Aberdeen and Glasgow, is desirous of taking a convenient opportunity of consulting with the medical graduates of these Universities resident in London, as to various Bills pending before Parliament on questions more or less connected with medical interests, and proposes to receive the graduates at his chambers, 1, New Street, Spring Gardens, Charing Cross, on Wednesday, March 3rd, at 4 P.M. It is desirable that the graduates, before meeting the Lord Advocate, should take an opportunity of discussing some of the more prominent medico-social questions on which legislation is desirable or probable, amongst which must be counted the present provisions for compulsory and unpaid registration-certificates in Scotland, and the arrangements for dispensing medicines at present in force in the Poor-law medical service. Accordingly, arrangements have been made to hold a preliminary meeting for that purpose on Saturday, February 27th, at 7.30 P.M., in the boardroom of the Middlesex Hospital, when it is hoped all medical graduates of the Universities of Aberdeen and Glasgow resident in London will find it convenient to attend.

THE LONDON STUDENTS' DEBATING SOCIETY.

THE following is an abstract of Dr. SIBSON's Introductory Address.

Dr. Sibson first alluded to the advantages of the Unions of Oxford and Cambridge, in the language of Lord Houghton, as an "addition to, and succedaneum of, the ordinary studies of the University;" and pointed out the still greater importance of such a Society in London, where the Colleges are not grouped as it were together, with a common system of regulation and discipline, but are scattered over the whole metropolis, working out their common purpose of education, each in its own method, and with its own individuality. He then proceeded to give an interesting account of the early days of the Unions at Oxford and Cambridge, and the leading students who at that time were conspicuous in the debates. At Cambridge, Tennyson, the Poet Laureate, whose goodly bay-tree decorated our language and our land, and the younger Hallam, the subject of the *In Memoriam*,—poet and friend passing hand in hand together down the slopes of future time; Trench, the present Archbishop of Dublin; and Alford, Dean of Canterbury; Spedding, Kinglake, Lord Houghton, Blakesley, Frederick Maurice, and others. At Oxford, Gladstone, who attracted to the meetings of the Union the heads of the University, who crowded there to listen to his eloquence, and around whom a remarkable band of young men clustered, who have since exercised a large influence on their time—the Duke of Newcastle, Sir George Cornewall Lewis, Archbishop Manning, Mr. Sidney Herbert, Mr. Lowe, the Archbishop of Canterbury, Lord Canning, Sir Roundell Palmer, Mr. Cardwell, and Lord Elgin. Two such groups of young men as those who surrounded Arthur Hallam and Mr. Tennyson at Cambridge, and Mr. Gladstone at Oxford, have rarely come together at one time; but history has shown that the world's great men have usually come in clusters. If these young students had been scattered through their separate Colleges, they would not have been brought together so as to influence each other during their career; but, meeting as they did at the stirring debates of the Union, they aroused in each other a spirit of earnest inquiry.

The aim and tendency of Collegiate teaching are to cultivate the intellect to the highest attainable degree in definite channels. The men in each college going in for certain degrees with much the same training, there is consequently a strong tendency to dwarf their originality of character, and to make them as much alike as possible so far as regards mental culture. The Union Debating Society, on the other hand, by calling on every man to look at each subject from his own point of view, tends to develope originality of character without in any way injuring the effects of collegiate teaching. Every great speaker is a great thinker. Language is the power of expressing thoughts and knowledge accurately and with clearness. In my own profession of medicine, two of its greatest men, each in his own department, Sir Thomas Watson and Mr. Paget, are its best speakers. It is a delight and a lesson to listen to them; when doing so you feel that their words are well chosen and weighty, because their minds are elevated. The cultivation of language is, in truth, the cultivation of mind and character. While, however, every great speaker is a great thinker, the converse of this proposition is by no means the case. Far from it. Many great thoughts have remained untold from the want of power on the part of the thinker to tell them. Let them bear this in mind, that a natural, unprofessional, and thoroughly gentleman-like tone and manner produce more real influence than even brilliant oratory when it bears the marks of study.

Dr. Sibson then went on to speak of the influence of a Union Debating Society, such as was being formed, on the future professional and general career of its members. He first proceeded to offer a few words to those destined for the bar, and afterwards to the students of medicine present.

Dr. Sibson concluded his eloquent address by a few words of general advice to the members of the Society.

THE NOMENCLATURE OF DISEASE: DEPUTATION TO THE CHANCELLOR OF THE EXCHEQUER.

ON Thursday last, February 25th, a deputation waited on the Right Honourable the Chancellor of the Exchequer, at his official residence in Downing Street, for the purpose of asking that a copy of the Nomenclature of Disease, recently issued by the College of Physicians, shall be furnished by Government to each registered medical practitioner in the United Kingdom. The deputation consisted of Dr. Alderson, President of the Royal College of Physicians; Sir Thomas Watson, Bart., Chairman of the Nomenclature Committee; Dr. Risdon Bennett (Senior Censor of the College); Dr. Wegg, Dr. Quain, and Dr. Barclay (Censors); F. Farre (Treasurer); Dr. Balfour (Royal Army); Dr. Mackay (Royal Navy); Sir J. R. Martin (Indian Army); Dr. W. Farr (Representing the Registrar-General of England); Dr. A. Farre; Dr. Sibson, Dr. F. Weber; Dr. Gueneau de Mussy; Mr. C. H. Moore, F.R.C.S.; and Mr. T. Holmes, F.R.C.S.

Dr. ALDERSON said that the Committee were desirous of having a copy of the work forwarded to each registered practitioner, in order to aid him in the performance of his duty of recording the cause of death. The fact that practitioners had to make these returns without any remuneration, gave the deputation some claim for the request which they urged.

Sir THOMAS WATSON said that, for some years past, the College of Physicians had been engaged in forming a Nomenclature of Diseases, and had obtained the counsel and assistance of others—especially the heads of the Medical Departments of the Army, Navy, and Indian Service; the representatives of the Registrars-General of England, Scotland, and Ireland; the Medical Officer of the Privy Council; two of the Commissioners in Lunacy; the President of the Royal College of Surgeons; and the Master of the Company of Apothecaries. A Nomenclature of Diseases, in which the same word should always mean the same thing and no other, was indispensable, discovering the causes and the means of prevention of disease. The work had not been drawn up for this country only; but synonyms had also been given in Latin, French, German, and Italian, in the hope that by degrees the use of the volume would become general, and the progress of medical science be thus promoted. If the same disease have different names, and different diseases be included under the same name, the returns of disease must be not only worthless, but mischievous. The deputation asked the Government to give effect to the work of the College, by furnishing gratuitously a copy to every registered medical practitioner in the United Kingdom. Otherwise, the work would come into the hands of only a small portion of the profession; and the main purpose of the compilers of the Nomenclature would be defeated. Many members of the medical profession, especially in the provinces, could not, from their needy circumstances, be expected to buy the book; but they were called on, as others, to give, gratuitously, certificates of death. It was not right that members of the profession should be called on, not only to furnish gratuitously the certificates of cause of death, but also to purchase the means of making the returns useful. The work had been adopted and issued by authority in the Army, Navy, and Indian Services; and the deputation asked that the same boon should be extended to civil practitioners. Sir Thomas said that the deputation placed confidence in Mr. Lowe from his public acts, and from his position as the representative of a body which contained many members of the medical profession. The interest which he had taken in public education led them to suppose that he would also take an interest in the public health; for the two were closely connected. The boon asked was a small one in comparison with the benefits to be derived, and with the expenditure which it was the province of the Chancellor of the Exchequer to administer. In reply to questions from Mr. Lowe, it was explained by Dr. SIBSON that the estimate cost of sending out 20,000 copies of the *Nomenclature* in sheets would be £1,300, of which £800 was for printing expenses, and £500 for the share of the preliminary expenses of the College. The binding would (according to the style adopted) cost from 2¼d. to 4⅕d. per copy in addition.

THE CHANCELLOR OF THE EXCHEQUER said that he admitted that the deputation had made out a good claim, and he was disposed to regard their request with favour. But the sum asked was large; and, before he could give a decided reply, he must take counsel as to the manner in which, and the extent to which, the request might be complied with. He agreed that what was asked for was a thing that ought to be done.

RESULTS OF THE CONTAGIOUS DISEASES ACT AT ALDERSHOT.

THE following summary of the official report from Dr. Barr, the Surgeon in charge of the Lock Hospital at Aldershot, has been forwarded to us by Mr. Berkeley Hill. The report refers to—1. The effects already produced by sanitary restrictions on the camp women. 2. The hindrances that still prevent complete success. 3. The additional measures necessary to ensure more beneficial results.

Since the Act was set in operation at Aldershot in April 1867, 1,186 women have been detained in hospital. The condition of the patients during the early application of the Act was most painful to describe. At that time Dr. Barr was resident medical officer at the London Lock Hospital, whither the patients were sent before Aldershot Hospital was established. Accustomed, as he was, to the miserable condition of many of the patients received from London and elsewhere, Dr. Barr was astonished at the unhappy creatures now sent in by the police. Not only were many so grievously diseased as to be highly dangerous to those who had dealings with them, but their general condition was miserable in the extreme; they were dirty, ragged, half-starved, covered with vermin, careless of common decency, using filthy language, woefully ignorant, and it was not difficult to see that many had not lived under a roof for some time. A striking characteristic they possessed was one of premature old age; young women of 24 or 26 had the aspect of wrinkled old crones. They were, moreover, really worn out, sinking under incurable infirmities not belonging to their time of life. A large portion of those first admitted required many months' detention before they were cured. Not a few were incurable from the ravages of long neglected disease. In all common occupations they were lamentably deficient; of those who had once been taught washing, sewing, etc., most had, in their unnatural life, quite forgotten their former skill, and all knowledge necessary to make a decent appearance was effaced from their memory. Many of the women were, in the early working of the Act, known to be habitual thieves and pilferers. At first, the patients chafed under restraint; were ungrateful and insolent in temper; and at times rebelling against authority, they caused troublesome outbreaks. The contrast of the present behaviour of the women is very great. Careful firm management and instruction in ordinary work while in hospital, with regular periodical examinations to separate the infected in an early stage of the disorder, have produced a very marked improvement. Profane language is now very seldom used, and the chaplain speaks most highly of the uniformly decent behaviour of the patients, and of their quiet attention during the religious services. Small sums of money and postage stamps, which the patients receive in letters during their detention, were at first reserved for a night's revelry on their discharge from hospital; they are now employed to purchase material for clothing, which the inmates are taught to make during their leisure in hospital. Some of them, by this instruction, have been able to support themselves by honest industry when they leave the hospital. Out of doors, their demeanour is decent and inoffensive.

Periodical examinations were commenced in April 1868, and at first were much resisted by the women; but this opposition has gradually subsided, and now the majority seldom object to these frequent inspections. With few exceptions, they make a point of appearing clean and sober; the few exceptions are invariably found to be diseased. On one occasion only during the last eight months has Dr. Barr received an insolent remark at these inspections. The number of examinations during the past quarter of 1868 was 1,147; 209 women were detained in hospital, three-fourths of them were for simply local disorders, and the average stay in hospital was 21.5 days. In the corresponding quarter of 1867 the average stay was 36 days, and we have seen how severe was their disease.

Dr. Barr mentions a visit to the singing houses and other resorts of the camp which he made in order to understand the conditions under which contagious diseases are propagated. Guided by the inspector of police, he made a tour through the low music-halls and slums behind them where the poor creatures dwell. In these localities, persons keep houses of reception, open for purposes of prostitution. The following is an account of such a place. It was tenanted by a woman of 45, busy at the wash-tub, and surrounded by her children, of whom the two eldest lads, 12 and 14, were in charge of a table with candles ready to light, and a heap of copper money to give change for those unprovided. The necessity for their vigilance was soon shown; for the mother, while answering Dr. Barr's questions, suddenly cried out, "Run, Bill, there's Scotty (a prostitute) a-sneaking upstairs with a sodjer." The boy sped away after the delinquents, and a spirited dialogue, resolute on the part of the boy, and alternately coaxing and threatening on that of the soldier and "Scotty" proved that this was an event of frequent occurrence. Besides those who can afford to pay for a lodging of some kind, there are others who lurk about the taprooms frequented by soldiers, and withdraw with the latter to open fields and drains, where, indeed, these miserable outcasts generally sleep at night.

Dr. Lawson furnished to Dr. Barr the number of admissions among the troops at Aldershot for contagious diseases during the four years 1865-6-7-8. They were per 1,000 of strength, in 1865, 302; in 1866, 233; in 1867, 261; and in 1868, 225. These numbers show that these diseases are still very rife among the troops, and, were they taken as the only data for estimating the usefulness of the Contagious Diseases Act, they would seem a poor return for the cost of sanitary measures. But the persistence of the large numbers may be explained in the following way. Firstly, so long as preventive measures are not universally applied, but only to certain localities, the troops are constantly exposed to contagion beyond these localities; hence a large number of the entries are of diseases contracted away from the camp. Secondly, an appreciable number of the entries are, without doubt, cases of relapse of the same infection. But the following results are clearly due to the Contagious Diseases Act. 1. It has restrained 1,186 women from opportunity of communicating their disorder while liable to do so—that is, 1,186 persons who, but for the Act, would have been associating with the troops the whole time they were sick. 2. By the periodical examination, sickness has been detected very early, and being at once submitted to treatment, has been rendered much less prevalent, and far less severe. 3. The social condition of the women, and public decency in the streets and places of public resort, have been greatly ameliorated. Dr. Barr next points out the impediments which hinder more effectual repression of the evil which the Act seeks to arrest. A certain number of female servants and others secretly practise prostitution. As they associate freely with the soldiers they frequently become diseased, and are now and then detected. When this happens they are brought to the hospital and detained while treated. Wives of labourers also form part of the vicious population. Some of the most confirmed prostitutes are married women, supporting themselves and their husbands in this manner. Numbers of pedlars and tramps also hang about the camp, and communicate disease to the soldiers. 4. No inconsiderable number of women arrive in Aldershot from other towns purposely to obtain treatment in the hospital. They are always severely attacked, half-starved, and weak before they come, consequently they propagate a very virulent form of the disease.

Now and then, young girls who have strayed from home, fall into evil company, and are only rescued when they chance to come within the district under police surveillance. The following is an instance. Three months ago, E. P., a pleasing-looking girl of 15, was brought in by the police. Her story is short. Some time ago she had been nursemaid in a respectable family; being unhappy with her mistress, she resolved to run away. One evening being out on an errand, she fell into conversation with a girl not much older than herself, who persuaded her to accompany her to Aldershot. Arrived at Aldershot after being seduced on the way by a chance companion, she abandoned her associates, and afraid to return home, she started for Yeovil, in Somerset, where she had relations. Ignorant of the way, her few shillings spent, and most of her clothes sold for food, after proceeding some distance, she determined to retrace her steps, and passing again through the camp, she fell in the way of a scoundrel known by the *sobriquet* of "Ginger," who lives by entrapping young girls for the purposes of prostitution. This villain took her to a music-hall, where her fresh face speedily attracted attention. She remained several days under the tutelage of the fellow who first found her, until she was rescued by the police and brought to the hospital, partly because she was probably infected, but also that she might be safely sheltered until her friends could be found. Being even in this short time affected with a contagious disorder, the girl was detained in hospital for cure, while the police wrote to her mother, who at once came from London to reclaim the child she had sought in every way, by advertisement, by hand-placards, and lastly, by examining every unclaimed dead body found in the Thames or elsewhere. To make this sad story more painful, the poor girl is pregnant. The Society for the Protection of Women has pursued the rascal who got possession of her for his own vile purposes. This case is only one of many which prove how absolutely necessary is the systematic supervision of a body like the police to prevent a tyranny more odious and cruel than negro slavery.

Many of the women are either pregnant or burdened with young children; they are nevertheless often diseased, yet they cannot be detained in the hospital for want of accommodation suited to their condition, and thus they are allowed to go free. Though urged to enter the workhouse, where they are received if they apply in person, no compulsion is exercised, and not infrequently they prefer to remain at large.

and when at large do not avoid endangering others because they are in this state. One of the most effectual hindrances to checking contagion is the number of infected soldiers belonging to almost every regiment, who conceal their disease, and remain at large distributing contagion. Some of these men are so notorious among their associates, that the women decline further intercourse with them; hence these men are on the watch for new arrivals, and, of course, speedily infect the women with their disease. It not infrequently happens that the women are brutally maltreated if they refuse to listen to the solicitations of these fellows. The arrival of fresh regiments, the return of men from furlough, are also constantly occasions for importing contagion into the district.

To remove the obstacles just shown to impede the full benefit the Act is calculated to afford, Dr. Barr makes the following suggestions. 1. Periodical examination of all the troops in Aldershot and in other stations. Every soldier should be examined once a week, and those known to frequent brothels even oftener. Newly arrived regiments and soldiers from furlough should be examined before leaving barracks.

Dr. Barr states that, questioning the soldiers in hospital as to the source of their disorder is rarely trustworthy. He copies *verbatim* the police reports, which show that the soldiers often accuse persons who it is impossible could have been the cause of their malady. Tramps and vagrants who haunt the camp should be examined, and detained if diseased. Women who, as before related, cannot be detained in the hospital, should be sent to a special probationary ward until the necessity for their detention has passed away, or the absence of disease can be ascertained by examination.

Dr. Barr advises compulsory confinement in a suitable reformatory of the young girls who are brought under the operation of the Act, and also of those whose habits being thoroughly broken, are incorrigible, and by their excesses, are constantly falling into disease. This narrative of the progress made in preventing contagion is very reassuring. It shows that what are often alleged to be insuperable difficulties are no difficulties at all; the women are readily brought to comply with the regulations, and that far from inflicting any hardship on the outcast population of the districts under the Act, these regulations are great blessings of a moral and social kind. The report also conclusively shows that a general application of sanitary regulations is the true and only way of dealing with this gigantic evil.

ARRANGEMENTS FOR VACCINATION.

The Poor-law Board have this week issued the following circular to guardians relating to this subject. We present it entire for the information of the numerous body of vaccinators and Poor-law medical officers, whose interests it may affect.

Sir,—The Poor-law Board have received communications from the Lords of Her Majesty's Council, representing that unsatisfactory arrangements have been proposed to be made by the guardians of several unions, in reference to the attendances of the vaccinators at the different stations for the performance of vaccination. The Board, therefore, think it right to draw the attention of the guardians to the subject. The Board are informed that it is of essential importance to the success and efficacy of the operation, that vaccination should, as far as possible, be performed from arm-to-arm of the children, instead of by the means of preserved lymph. Under ordinary circumstances, the arm of a child on which the operation has been performed is, at the end of a week, in a state in which the lymph can be taken from it to vaccinate another child; and the Board further learn, that the lymph used in vaccination should be carefully selected from the best formed vesicles upon the healthiest children. The best vaccination is, therefore, to be obtained when attendances are given at weekly intervals, and when the children brought to be vaccinated are met by a sufficient number of other children, vaccinated the week before, from whom some can be selected to furnish lymph. In proceeding to make arrangements for these weekly attendances it is essential for the guardians to consider whether the circumstances of the district to which a station is assigned are such as to permit of vaccination being performed there in every week of the year, or only in certain series of weeks. This, generally, is a question as to the number of children who may be brought for vaccination, which again is principally a question depending upon the amount of population. It is only in very populous districts that efficient vaccination can be maintained at weekly intervals throughout the whole year. The regulations of her Majesty's Council provide that no town shall be divided into districts for vaccination, unless each district contain a population of, at least, twenty-five thousand persons; that there shall be only one station in each town district; and that vaccination shall not be performed oftener than once a-week; and in towns sufficiently populous, their lordships think it desirable that a population of forty thousand or fifty thousand, or even more, should be assigned to each station. Stations which are appointed for such populations as these can doubtless maintain continuous weekly vaccination throughout the year. But in the less populous districts of the country, the object of procuring arm-to-arm vaccination with due selection of lymph cannot be obtained, if weekly attendances throughout the whole year are appointed. The limit of population at which it becomes expedient to restrict attendances for vaccination to certain periods of the year, will vary in different cases according to various circumstances—such as the amount of private vaccination performed in the district, and the frequency with which the district is exposed to chances of small-pox infection. But at all events it may be said that, when the district which can supply cases to any station has a smaller population than ten thousand persons, the guardians ought to consider whether the number of applicants for vaccination at that station will be such that weekly vaccination throughout the whole year ought to be attempted. In proportion as the population attached to a station falls below ten thousand, so it will be found more and more probable that vaccination cannot be satisfactorily performed there at weekly intervals throughout the whole year. When vaccination cannot be performed at weekly intervals throughout the year, it is recommended by the lords of Her Majesty's Council that the attendances for vaccination should be given either quarterly (in January, April, July, and October), or half-yearly (in April and October), for so many successive weeks as the circumstances of the district may seem to require. Section 12 of the Vaccination Act of 1867 permits guardians, with the consent of the Poor-law Board, to fix attendances in places with a scanty population at longer intervals than three months; and the Board will always be ready to consider any proposal submitted by the guardians to give effect, when required, to the provisions of this section. The Board are also of opinion that, in districts in which there is more than one station, it may be desirable to arrange that, so far as practicable, the attendance at the several stations, instead of being appointed for different days in the same week, should be appointed for the same day in successive weeks, but at different hours, as for instance—

	FOR VACCINATION.		FOR INSPECTION.	
At Station A	1st	Monday	2nd	Monday
	2nd	in	3rd	in
	3rd	April.	4th	April.
At Station B	2nd	Monday	3rd	Monday
	3rd	in	4th	in April.
	4th	April.	1st	Do. in May.
At Station C	3rd	Monday	4th	Monday in April.
	4th	in April.	1st	Do. May.
	1st	Do. in May.	2nd	Do. Do.

By this means the vaccinator might take the lymph fresh from the arms of the children inspected at Station A to vaccinate the children at Station B, and so on. The Board are not unaware of the difficulty which there may sometimes be on the part of parents in bringing their children to be vaccinated when the days for vaccination are few in the course of the year. To obviate this, as far as possible, care should be taken that, in addition to the printed notice, which the Registrar of Births and Deaths is required by the 30 and 31 Vic., cap. 86, sec. 15, to give to every person registering a birth, printed notices of the times and places at which the vaccinator will attend should be kept continually exposed at the places in each parish where parish notices are affixed. The Board request that these observations may receive the consideration of the guardians, and that they will endeavour to make such arrangements for the union as may, at the same time that they promote the practice of vaccination, and secure its performance in the most efficient manner, be also most convenient to the medical practitioner contracting for its performance. The Board desire to add that persons living within two miles of a station cannot, under the regulations of Her Majesty's Council, be vaccinated by the Public Vaccinator elsewhere than at a station, "unless for some special reason" (to be noted in the vaccinator's register), "the person whom the vaccinator proposes to vaccinate cannot properly be vaccinated at the station," but that persons residing at a greater distance than two miles from the station may, when circumstances require it, be vaccinated at their own homes. In conclusion, the Board request that the guardians, before they proceed to enter into any new contracts for vaccination, will communicate with the Board as to any alterations which they may propose to make in the existing arrangements. The Board will, upon receipt of such information, transmit to the guardians a form in which the arrangements may be clearly set forth for the final decision of the Board before the contracts are executed.

I am, sir, your obedient servant, H. Fleming, *Sec.*

ABSTRACT OF THE PROCEEDINGS OF A MEETING OF AURAL SURGEONS HELD AT DRESDEN, SEPTEMBER 1868.*

DURING the Annual Congress of Scientific Men (*Versammlung der Natur-Forscher*) held at Dresden in September last, a number of aural surgeons present agreed to hold a series of meetings among themselves, and to publish their proceedings. Having had the pleasure of attending at these meetings, I have thought that a short account of them might have an interest for the readers of the BRITISH MEDICAL JOURNAL, as presenting some idea of the state of our knowledge on one of the least generally studied branches of our common art.

There were present altogether thirteen members: namely, from Germany, Drs. Hotzen, Koellner, Lucae, Magnus, Peppmuller, Schurig, Schwartze, Wendt; from Holland, Drs. Guye and Wurfbaan; from America, Dr. Jones; from Great Britain, Dr. McCall Anderson and Mr. Hinton.

Five sittings were held, the subjects discussed being sea-bathing; parasitic vegetable growths (Aspergillus) in the meatus; treatment of chronic catarrh of the tympanum; the introduction of bougies into the Eustachian tube; and incision of the membrana tympani.

I. *On the Effect of Sea-baths.*—In respect to these the general feeling was unfavourable. Dr. Schwartze held them to be dangerous in all cases of impaired hearing, especially in chronic catarrh of the tympanum, either with or without perforation of the membrane. Dr. Schurig ascribed their ill effects less to their local action than to the general vascular and nervous irritability they excited. He thought they favoured the production of boils in the meatus. Dr. Lucae had on one occasion removed from the meatus a pebble washed in by the waves. He held also that residence on the coast tended to induce chronic disease of the ear. Dr. Jones and Dr. Anderson united in recommending the use of sea-water in the house rather than in the open air. Dr. Magnus, on the other hand, held that sea-baths were useful in every case of ear-disease in which they acted favourably on the general health, provided they were taken quickly, in good weather, and that the ears were protected by a waterproof cap. He believed, however, that he had seen rupture of the membrane produced by deep diving and by "headers." There was unanimous agreement that more injury to the hearing resulted from the abuse of fresh-water than of salt-water baths.

II. A short discussion was held on the *Development of certain forms of Aspergillus in the External Meatus.*

Note. In the *Archiv für Ohrenheilkunde* for 1865, p. 5, Dr. Schwartze reported a case in which the external meatus was obstructed with thick white layers of epidermis difficult of removal, on the examination of which he found numerous filaments of a fungus, pronounced by Prof. Vogel to belong to a species of aspergillus. Under the use of a lotion of acetate of lead (two grains to an ounce), the growth did not return and the hearing perfectly recovered. Dr. Schwartze gives a reference to three cases previously reported. During the past year, Dr. Wreden of St. Petersburg has published fourteen cases all more or less similar, the case of greatest interest being one in which the affection obstinately returned, and Dr. Wreden discovered that the patient lived in rooms on the walls of which (at least on that part of them which was painted in oil) a similar growth existed.

In the discussion, Drs. Schwartze and Lucae reported that they had seen many cases, but had not detected any specially predisposing cause. The fungus may occur in a meatus otherwise healthy, and is not more often met with in the labouring class or in persons of uncleanly habits. It seldom coexists with discharge or with perforation of the membrane. Dr. Lucae advises carbolic acid (five grains to one ounce) quite free from creasote as the best application. Dr. Wreden strongly commends pure hypochlorate of lime, of which from one to two grains to the ounce are sufficient.

III. *Treatment of Chronic Catarrh of the Tympanum without perforation of the Membrane.*—The first question raised was the value of *general* medication in the absence of constitutional conditions specially demanding it. Dr. Lucae alone expressed any confidence in such treatment; he thought he had seen benefit from the use of bromide of potassium.

In respect to local treatment, the disease was considered under three forms: 1. Hypersecretion, or excess of mucus within the tympanum; 2. Vascular congestion; 3. Sclerosis (answering to Mr. Toynbee's thickening of the mucous membrane of the tympanum, or membranous anchylosis of the stapes).

1. Chronic catarrh, attended with hypersecretion in the tympanum. Dr. Magnus injected the vapour of hydrochlorate of ammonia by the Eustachian catheter, and had found medicated bougies introduced into the Eustachian tube useful. He met with frequent relapses, which he ascribed to the unfavourable climate of Kœnigsberg. Dr. Lucae also used vapour of hydrochlorate of ammonia, but chiefly in obstinate cases. Usually he found the introduction of air by the Eustachian catheter sufficient. He preferred the catheter to Politzer's plan of inflation of the tympanum, having convinced himself, by trials on the dead subject, that by the catheter the fluid mucus may be evacuated from the tympanum through the Eustachian tube.*

Dr. Wendt used chiefly gargles, the nose-douche, and inflation of the tympanum with air. He attached a special value to the nose-douche. Occasionally he injected into the tympanum a weak solution of sulphate of zinc. Dr. Schwartze found the introduction of air into the tympanum sufficient only for slight or recent cases, and used injections of sulphate of zinc (two to five grains to the ounce), or of hydrochlorate of ammonia, either the vapour or a solution (five to ten grains to the ounce). He found it necessary to continue treatment sometimes even for years, but ultimately with success. For collection of mucus about the upper part of the pharynx, he recommended an occasional emetic. When the secretion is very excessive the question of incising the membrane arises. Dr. Guye preferred Politzer's plan of inflation with gargles or solutions used through the nose. In granular pharyngitis he used especially bicarbonate of soda. Dr. Anderson, if relapses occurred, used the local treatment more perseveringly, and added bracing frictions, quinine, iodide of potassium, or iron; but especially change of air.

Note. This affection is easily diagnosed by the moist sound produced by the entrance of air into the tympanum. It is eminently characterised by a tendency to relapse. It is easy to effect a great improvement (by the means above mentioned) or even apparently a perfect cure; but so long as an excess of mucus remains within the cavity of the ear it seems to act as a perpetually recurring source of irritation, and on the slightest cause the symptoms return. Mr. Toynbee introduced for its treatment a small syringe, similar to that used for subcutaneous injection; piercing the membrane with this he withdrew the mucus by suction; in some cases certainly with excellent effect.

2. In respect to the second, or congestive form of chronic catarrh of the tympanum, all present agreed on repudiating any local treatment of an irritating character, and in recommending rest, moderate local depletion, and a tonic acid treatment.

3. Sclerosis. In this form, on the contrary, the injection of stimulating liquids into the tympanum was unanimously approved, but some doubts were expressed as to the permanence of the benefit produced. Dr. Lucae generally used iodide of potassium (two to fifteen grains to the ounce); he attached great value to the introduction of air so as to stretch the rigid tympanic membrane. Dr. Wendt had tried liquor potassæ largely (ten to twenty minims to the ounce), but did not give it a preference. Dr. Schurig used injections of hydrochlorate of ammonia (ten to twenty grains to the ounce) continuing it till a slight redness of the meatus and membrane was induced—he had never seen mischief ensue; and he (as also Dr. Guye) had noticed improvement to continue to some extent after the treatment was discontinued. Dr. Schwartze often found temporary good from stimulating injections—seldom permanent. He thought caution should be used in regard to their strength, and that a more continued observation of the patients was desirable. Mr. Hinton used chiefly injections of hydrochlorate of ammonia, often uniting with it a small quantity of perchloride of mercury (one-eighth to a quarter grain to the ounce). He believed the good effects, often most striking, were permanent for a space certainly of two or three years; whether longer or not he could not yet say. He generally treated locally at first only the worse ear, thereby obtaining a point of comparison. He mentioned a case which had been under his treatment five years previously, in which he had treated the worse ear with injections of vapour of iodine, apparently without any benefit. Recently he had seen the patient again; her hearing, on the whole, had certainly not improved, but he found that the ear which had been treated, instead of being the worse, was the better of the two. [Dr. Politzer, of Vienna, recommends the injection of carbonate of soda, and the use of the solution and of air on alternate days.]

Dr. Lucae suggested whether the continued application of lotions to the external meatus might not have some effect. He had so employed a solution of atropine (two grains to the ounce), and there had followed not only an enlargement of the pupil on the same side, but a diminution of tinnitus. Dr. Schwartze had injected into the tympanum, in cases of tinnitus, a few drops of solution of atropine, but without effect.

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* For this abstract, with notes, we are indebted to Mr. James Hinton.

* Politzer's plan of inflating the tympanum consists simply in passing a stream of air into the nose while the patient swallows.

Dr. Anderson had seen a daily dropping in of ether beneficial both for hearing and for tinnitus.

IV. *Introduction of Bougies into the Eustachian Tube.*—Dr. Schwartze inquired whether narrowing of the Eustachian tube was a frequent occurrence, and Drs. Wendt and Lucae agreed with him in thinking that it was unfrequent, even although there might be a great degree of swelling in the adjacent parts of the throat; that the irregularity of the direction of the tube, and an inexact placing of the catheter, have led some to false impressions on this point, and especially that Kramer's representations respecting it are erroneous. It was generally agreed that the bougie should be used for purposes of diagnosis only when air could not be introduced into the tympanum by the Eustachian catheter.

In respect to the best form of bougie, laminaria seemed generally approved, notwithstanding that Dr. Wendt reported two cases in which a laminaria bougie had broken off in the Eustachian tube. In neither case was any ill effect produced; the fragment came away in a softened state in one instance after a few minutes, with movements as of choking; and in the other after the lapse of a day, during the act of sneezing. Dr. Guye said he avoided this accident by never leaving the bougie in the tube more than two minutes, and then removing it and the catheter together. In respect to other forms of bougie, catgut was preferred by some, and gum elastic by others.

Note. I am bound to state that I cannot concur in the recommendation of laminaria for the Eustachian tube, except in very rare cases. An excellent means of overcoming extreme degrees of obstruction is a very small flexible catheter, which can be passed through the ordinary Eustachian catheter, and used as a bougie, such as that proposed by Dr. Weber, of Berlin, for introducing pulverised fluids into the tympanum. Air, or an alkaline solution, forced through such a small tube when introduced close to the point of obstruction, will act most efficiently and safely. The only risk attendant on the introduction of catgut or elastic bougies appears to be the production of an emphysema in the adjacent cellular tissue, when air is subsequently passed along the tube. But with moderate caution this may be avoided, and it has, I believe, never been known to produce permanent ill effects.

For therapeutical purposes Dr. Guye appeared to make the most frequent use of bougies. He employs them whenever air cannot be passed into the tympanum, or the introduction of medicated vapours cannot be carried out; and finds them called for in half the cases of confirmed catarrh. He prefers to begin with a full-sized one, of one and a half millimetres thick. In these respects Dr. Schwartze differed from him, finding bougies needed in not more than 5 per cent. of the cases referred to, and being of opinion that if a full-sized bougie can be passed none at all is needed. Dr. Magnus employed bougies not only to restore the calibre of the tube, but also applied them, covered with medicinal substances, to act upon the tube itself, and with benefit. Dr. Anderson thought the indications for using bougies to the Eustachian tube were the same as in the case of the urethra—namely, either to dilate a contracted part, or by its stimulus to excite a physiological action. He employed them only in chronic cases, and had never seen emphysema of the cellular tissue follow their use, because he never introduced air immediately after. Dr. Jones said that bougies for the Eustachian tube were not regarded with favour in America; but use was chiefly made of air, and especially vapour of iodine.

V. *Incision of the Membrana Tympani.*—Dr. Schwartze said that, apart from collections of *pus* in the tympanum, he performed this operation with benefit, 1. In chronic cases of accumulation of mucus to a considerable extent within the tympanum; 2. In acute and subacute catarrh of the tympanum, to shorten the attack and ward off injurious after-results; 3. In acute inflammation of the membrana tympani, with great swelling of its structure.

Dr. Lucae also often performed it and with many satisfactory results, especially in acute inflammations of the membrane. After the incision, when the mucus was very viscid, he syringed alkaline solutions into the meatus. He had seen dense masses of mucus within the tympanum, although the entrance of air gave a perfectly normal sound. Dr. Wendt had become convinced that the cases in which the incision was indicated were as numerous as Dr. Schwartze had represented, and had never seen ill effects from it. He often found it necessary to repeat the incision when the mucus was tenacious. Dr. Schwartze added that he did not consider a mere moist or gurgling sound on the entrance of air a sufficient indication for the operation. He had sometimes seen inflammation follow when it had been performed under those circumstances.*

Note. It will be seen that the subjects discussed touched but a few of the points of interest in the treatment of diseases of the ear. But, limited as their scope is, I believe that the opinions thus put on record have their value, if only as indicating how attractive is the field which is here awaiting labourers. In conclusion, I may add that the second gathering is to be held in September of this year, in the attractive town of Innspruch; and that any communication on the subject will be cordially received if addressed to Dr. H. Schwartze, of Halle.

ROYAL MEDICAL BENEVOLENT COLLEGE, EPSOM.

THE Meeting of Governors for the purpose of considering the proposal to increase the school payments at Epsom from £40 to £45 a year, to which we drew attention in the JOURNAL of the 13th instant, took place on Tuesday last, the Earl Granville, K.G., President of the College, in the chair. The resolution, in the form advertised, was proposed by Mr. Hird, on behalf of the Council, and seconded by Mr. Dale. It was supported by Dr. Webster, Dr. Wilson, Mr. Hancock, and Dr. Carr, and was opposed by Mr. Davis, Dr. Morris, and Dr. Roden. Eventually, after a few words in favour of the proposal from the Chairman, it was adopted without a formal division.

DIRECT REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

THE following petition has been unanimously adopted at a special meeting of the Lancashire and Cheshire Branch of the British Medical Association on the proposition of Dr. Edward Waters, of Chester, seconded by Mr. Southam, of Manchester, and supported by Dr. Henry Simpson. Dr. Wilkinson proposed a vote of thanks to Dr. Waters for bringing the question before the Branch.

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament Assembled.

The humble petition of the President, Council, and Members of the Lancashire and Cheshire Branch of the British Medical Association.

That your petitioners are aware it is intended to bring before your Honourable House a Medical Acts Amendment Bill to increase the powers of the General Medical Council of the United Kingdom.

That as at present constituted, the Medical Council comprised representatives of all the universities, medical corporations, and licensing bodies of the United Kingdom, and also Government nominees, appointed by Her Majesty with the advice of her Privy Council, in the proportion of one-third of their number.

That the expenses of the General Medical Council are entirely defrayed by the Registration Fees, exacted from the medical practitioners of the United Kingdom.

That the medical practitioners, as a body, have notwithstanding no direct voice in the Medical Council which they thus support.

That owing to the medical practitioners having no direct representatives in the Council, the profession evinces but little interest in its proceedings, a disadvantage which has been admitted in the debates of the Council.

That the Council, as at present constituted, has, amongst other matters, failed to deal satisfactorily with the question of medical education, and that the public still suffers from the inadequate education of many of those to whom licenses to practise are accorded, as proved by the not unfrequent rejection of licensed practitioners by the Examining Boards for admission into the medical service of the army and navy.

That the introduction of representatives elected by the profession would supply to the Council a knowledge of the needs of the public and of the profession in respect to sanitary measures, medical jurisprudence, and Poor-law medical relief, with regard to which there is at present a decided want.

That the difficulty in the election of direct representatives by the medical profession which existed at the time of the passing of the Medical Act, has been removed by the system of registration enforced by that Act.

That the election of direct representatives by the registered members of the profession can now be readily managed for each of the three divisions of the kingdom by means of voting papers.

That your petitioners pray that in any Medical Acts Amendment Bill, a provision may be introduced for the direct representation of the profession in the General Medical Council, in the proportion of one-fourth of its members. Four representatives being elected for England, two for Scotland, and two for Ireland. And your petitioners will ever pray, etc.

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* In the last number of *Guy's Hospital Reports*, a somewhat fuller account is given of this operation, and of the indications for its performance.

ASSOCIATION INTELLIGENCE.

NORTH WALES BRANCH.

THE next intermediate general meeting of the above Branch will be held on Thursday, March 4th, at 12 o'clock noon, at the Black Lion Hotel, Mold, under the presidency of James Williams, Esq.

Dinner at 3 P.M. Tickets 5s. each, exclusive of wine.

Gentlemen who have papers or cases to communicate, will please to forward the title or short abstract of the same; and those who purpose dining, will be good enough to give a few days' notice to the Secretary.

Beaumaris, February 1869. D. KENT JONES, *Hon. Sec.*

BATH AND BRISTOL BRANCH.

THE fourth ordinary meeting of the Session will be held at the York House, Bath, on Thursday evening, March 4th, at 8.15 P.M.; R. N. STONE, Esq., President, in the Chair.

CHARLES STEELE, }
R. S. FOWLER, } *Honorary Secretaries.*

Bath, February 1869.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting of the above Branch is appointed to be held at the Infirmary, Gravesend, on Friday, March 5th, at 3.30 P.M. Dinner at the Old Falcon Inn, at 6 P.M.

Papers promised.—1. A Case of Section of the Supra-orbital Nerve for Neuralgia of the Eyeball. By J. Z. Laurence, Esq.—2. The Working of the Contagious Diseases' Act at St. Bartholomew's Hospital, Rochester. By A. W. Nankivell, Esq.

FREDERICK JAMES BROWN, M.D., *Hon. Secretary.*

Rochester, February 1869.

EAST KENT DISTRICT MEDICAL MEETINGS.

The thirtieth meeting of this Society was held at Canterbury, on November 26th, 1868.

Testimonial to Mr. Heckstall Smith.—A resolution was passed—"That this meeting views with sympathy and concurrence the movement of the West Kent Branch for presenting a testimonial to Mr. Heckstall Smith as a lasting record of the esteem in which he is held by his friends, and of their approval of the manner in which he has upheld the honour of his profession under trying circumstances."

Dr. KERSEY read a short address reviewing the past history of the East Kent Medical Society and its present condition, dwelling upon many of the chief subjects affecting the profession.

Mr. ROSCOE, after adverting to the various names given to Aphasia by different authors, proceeded to define it pathologically and psychologically; and then discussed in a full and careful manner the presumed law of M. Broca, that "the faculty of speech was resident in the posterior part of the left third frontal convolution." The common presence of *right* hemiplegia with aphasia led M. Broca to this theory; but Trousseau, Charcot, Hughlings Jackson, and Dr. J. W. Ogle had all adduced cases in which aphasia existed with *left* hemiplegia. Cases were also quoted in which it was clear that the left frontal lobes were completely disorganised without aphasia being present: therefore the only physiological conclusions that could at present be deduced from the study of the symptoms and pathology of aphasia were, that the faculty of speech resides almost invariably in the frontal lobes, almost exclusively in the left, and most frequently in the posterior part of the third left convolution, but not there alone, as M. Broca has stated. Notes of two interesting cases under the care of Drs. Lochée and Welsh were related, and one of the patients was brought before the meeting and examined. Transient aphasia and its probable causes, and a comment upon the treatment of aphasia generally, concluded the papers. The only two facts which would be established in relation to treatment were, that some benefit has resulted from the use of iodide of potassium when syphilis has existed, and that recovery from transient aphasia seems to have been greatly accelerated by blood-letting in one or two instances.

Mr. REID brought forward illustrations of Calculus Vesicæ and four cases of Lithotomy.

Mr. RIGDEN read a paper on the Relative Frequency, Duration, and Fatality from different Epidemics in Canterbury during thirty years.

Several pathological specimens were exhibited, after which the members dined together.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 12TH, 1869.

JAMES PAGET, Esq., F.R.S., President, in the Chair.

DR. BUZZARD related the case of an Epileptic Girl who became afflicted with acute rheumatism whilst under his care in the National Hospital for the Epileptic and Paralysed. From the fourth to the twelfth day of her illness, the pulse varied between 120 and 160, and the first sound of the heart was nearly inaudible. Quinine, opium, and brandy were employed with marked benefit; and during convalescence after the attack (which lasted thirteen days), the heart-sounds were found absolutely normal. The rapidity of the pulse and the inaudibility of the first sound gave rise to some anxiety respecting the heart, which was dispelled by finding that the temperature never exceeded 102.0 deg., and average only 100.9 deg. He thought the phenomena were due to neurosis, and not to inflammation.

Dr. DUFFIN communicated two cases of Acute Rheumatism, successfully treated by Iodide of Potassium. The first case was that of a young man, who had had a primary sore four years before, but no secondary symptoms. The rheumatic affection for which he was admitted into the hospital was of three weeks' duration. As the patient perspired at night, and the skin was several degrees warmer in the evening than in the morning, quinine was substituted for the usual alkaline saline mixture without good result. Some time after admission, he had exacerbation of rheumatic pain, which was accompanied with the appearance of syphilitic sores on his head and legs, thereupon he was ordered thirty grains of iodide of potassium daily, under which treatment the sores began to heal; the temperature became regular and natural, and the patient recovered. The second case was similar, excepting that the syphilitic history was more complete. In commenting on these cases, Dr. Duffin admitted that, in the first the syphilitic origin of the rheumatic symptoms could not be proved, and stated that he had brought them forward rather as illustrating the probability that there are cases of acute rheumatism which can be cured by iodide of potassium, and that these may be recognised by the diurnal oscillations of temperature which occur in them.—Mr. H. LEE expressed his doubt as to the syphilitic nature of the rheumatic affection in the first case, on the ground that the patient had had no secondary symptoms.—Mr. BARWELL was disposed rather to refer the cases to syphilitic periostitis, than to regard them as examples of acute rheumatism. He believed diurnal variations of temperature of the same kind as were observed in these cases and of equal extent, occurred independently of any unusual constitutional disturbance in cachectic persons. In the absence of more complete information on this point, he thought that such variations could not be regarded as evidence of acute disease.—Dr. WILKS adduced facts in support of the position that in tertiary syphilis it was frequently the case that the outbreak of syphilitic eruptions was preceded for many days by fever, attended with unnatural increase of bodily temperature, and expressed his belief that, in these instances, the pyrexia was attributable to the direct working of the syphilitic poison, not to any local condition approaching inflammation.—Dr. BÄUMLER had made observations which confirmed Dr. Wilks's statement. He had not only observed that in tertiary syphilitic affections the increase of temperature was out of proportion to the local disease, but that the variations of morning and evening temperature were exactly as described by Dr. Duffin.

A discussion followed as to the numerous cases in which syphilitic disease of the brain and of the viscera appeared to occur independently of previous secondary symptoms.—Dr. BUZZARD and Dr. WILKS (with whom the President coincided) had observed innumerable instances of this description, particularly with reference to syphilitic disease of the nervous system.—Mr. H. LEE admitted that in many cases the occurrence of secondary symptoms cannot be ascertained from the patient's statements, but stated, as the result of his own very extended observations, that the only cases in which syphilis appears to manifest itself in its ultimate stages of development, are those which have not been under medical observation from the first, and are therefore beyond the reach of scientific investigation.—With this opinion Mr. BERKELEY HILL concurred, referring to the extreme difficulties of obtaining certain information as to the previous progress of the disease in syphilitic patients.

Dr. BÄUMLER read the history of a case of Hæmoptysis followed by Inflammatory changes in the Lungs, Catarrh of the smaller Bronchi, and signs of Infiltration and Fluid Effusion, and accompanied by intense Pyrediasis in a girl, aged 18, in whom, on the first examination, no signs of chest-disease could be discovered. After five weeks the febrile symptoms had entirely subsided, and after ten weeks no abnormal physical signs remained, except increase of the area of the cardiac dulness to the left and upwards. All cough disappeared, and she entirely recovered her general health. Two similar cases which time did not permit to read *in extenso* were also referred to; that of a young man of 22, in whom the course of the symptoms had been exactly the same, only of less intensity, and much shorter duration; and of another young man of 22, in whom hæmoptysis supervening during apparently perfect health, was followed by pneumonia of the left lung, taking a chronic course, and ending fatally after seven months. Dr. Bäumler concluded from these cases that in hæmoptysis, blood which remains in the air-passages, or rather which is driven into the smaller divisions and into the air-cells by aspiration, may act as an irritant, and give rise to bronchitis and pneumonia, which may either terminate in complete resolution, or lead to chronic lung disease, thus supporting the view which had been generally held before Laennec, and has been lately revived by Niemeyer, of a "phthisis ab hæmoptyri."

DUBLIN OBSTETRICAL SOCIETY.

SATURDAY, FEB. 13TH, 1868.

JOHN RINGLAND, M.D., in the Chair.

DR. MORGAN exhibited a morbid specimen illustrating Destruction of the Female Urethra, by what he termed the Chronic Sore. He shewed various lithographic drawings and coloured delineations of similar sores, which, he said, were found on the mucoid tissue of the vagina and labia. These sores were not connected with any definite train of secondary symptoms; they presented a dense, callous, irregular edge, and a plush surface, and their usual duration was from ten to fourteen months. Their mode of healing was likewise peculiar; they did not granulate, but gradually glazed or skinned over. He had made two attempts to remedy the defect by a plastic operation, but the ulceration attacked the cicatrix. The patient suffered from caries, a weak heart, and finally was carried off by an attack of erysipelas. The treatment which he adopted in these sores consisted most frequently in the local application of a lotion containing two drachms of Fowler's solution and two drachms of tincture of opium, in eight ounces of water. At the same time, Fowler's solution was given in doses of from two to four minims. He thought he had succeeded in shortening the course in one case by excising the ulcer. In all these cases auto-inoculation was attempted, but found impossible; the ulcers should consequently be regarded either as allied to the Hunterian sore, or as a species of secondaries.

Dr. MACSWINEY exhibited two small Tumours removed from the Uterine Surface of a Placenta taken from a lady who had a severe attack of unavoidable hæmorrhage. On section, one was found to be fibroid; the other to be a sort of cyst, containing a clot of blood.

Dr. MACSWINEY also exhibited an Uterus which presented three Fibrous Tumours—one in the broad ligament, another above, and resting on the fundus, and the third imbedded in the walls.

Dr. A. H. MCCLINTOCK read a paper on a Case of Labour subsequent to the Cure of large Vesico-Vaginal Fistula. Cases of this kind, he said, were comparatively rare. He referred to the recent work of Mr. Baker Brown, in which about eighty cases of operation for vesico-vaginal fistula were detailed, and in only two of these was labour recorded to have taken place subsequently to operation. In one of these cases the fistula was small, and was closed by four stitches; in the other it was a mere pin-hole. In the case he was about to detail the lady was tall, well-made, and, at her first confinement, aged twenty-two. The labour had been protracted, especially the second stage; the catheter had not been used; delivery was accomplished by the forceps; and the child, a male, was still-born. He attributed the sloughing to the length of time that pressure was permitted to exist, the bladder being at the same time distended. The lady had been operated on eight times by Dr. Campbell, of Montreal; the fistula was of large size, requiring nine or ten stitches. In June, 1864, she was delivered at the eighth month of a living boy, and afterwards a final operation was performed, by which the fistula was completely closed. She became pregnant for the third time, and last September sought the advice of the late Dr. Hardy, who expressed his opinion that there was no need to induce premature confinement, and predicted that the labour would not tear open the fistula, as there was ample room. She was seen subsequently by Dr. McClintock, who gave the same opinion, and she was confined on the 2nd of January of a living child, without any re-opening of the fistula or rupture of the cicatrix.—Dr. BEATTY detailed a similar case which had come under his care, in which delivery had taken place eighteen months after the operation. The fistula was transverse, and no rupture took place.—Dr. KIDD gave the particulars of three such cases which had been treated at the Coombe Lying-in Hospital. One had been operated on by Dr. Sawyer, and was subsequently delivered at the full time without accident. In the second case he was the operator. The fistula admitted two fingers, and was transverse, and within a year that patient was safely delivered of a child at the full time, and since then she had been delivered a second time, without any bursting of the cicatrix. In the third case, he had the advantage of Dr. Churchill's assistance; and this case, he believed, was the first case in which the operation for fistula was performed without button or splint in Dublin. This patient was delivered subsequently twice by the forceps, and once naturally, without accident. He thought it was most useful to record these facts, as proving that we need not be timid in allowing a woman to come to her full time after operation for fistula.—Dr. MACSWINEY gave the particulars of a case which he knew to have occurred in the practice of the late Dr. Banon. The delivery was safely accomplished subsequently to operation.—Dr. MCCLINTOCK thought it would be important to note the length of time which elapsed between the closure of the fistula and subsequent delivery; and he thought the direction of the cicatrix was important, as the transverse would be much less likely to be ruptured than a longitudinal cicatrix.—Dr. CHURCHILL thought the direction of the fistula a most important item in the calculation of the danger of rupture or re-opening. They all knew the difficulty they had to encounter in the vertical recto-vaginal fistula; if the bowels were moved daily, the straining was liable to tear open the fistula; and, on the other hand, if they were not moved, matters were rendered even worse by accumulated fæces.

Dr. CHURCHILL exhibited Dr. Matthews Duncan's Cephalotribe, and appealed to Dr. Kidd to give the society the benefit of his experience respecting the instrument.—Dr. KIDD entered into a detailed comparison of the instrument, with his own modification and with that of Sir James Simpson. He always used this instrument after perforation, to reduce the bulk of the head by crushing, and the more he used it the better he liked it. He much preferred the straight to the curved blades, especially in a very narrow pelvis. He deprecated the use of the instrument as an extractor. He did not think the gain of power in Dr. M. Duncan's was as great as one might think, as the pivot was weak, and the power of an instrument never exceeded that of its weakest part.

CORRESPONDENCE.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL".

THE CAUSE OF PHTHISIS.

SIR,—I should be delighted if I could persuade Dr. Leared, but I find it difficult to adduce any stronger evidence than enough—I mean reasonably enough—to satisfy the unbiassed inquirer. I assume to have proved that tubercle is the invariable result of the habitual respiration of prebreathed air, the same air. Dr. Leared does not adduce a tittle of evidence to the contrary; nor does he adduce any—at least any that suffices—as to the alleged exemption of Iceland from phthisis. Why, indeed, should Iceland prove the exemption, when every known country coming within the reach of rational investigation has been proved to be subject to it? Before Dr. Leared asks me to explain why Iceland should be exempt, he must first prove, if he can, that Iceland is really so. Dr. Schleisner, I submit, is a competent witness, and he avers that Iceland is the seat of indigenous consumption. I myself assert that Iceland is not less the seat of tubercle than the country in which we live. Why should we remove the trial of the question to Iceland? It is mere surplusage to do so. The effete carbonaceous waste of the organism cannot be oxidised and excreted short of efficient congress with unbreathed air, air previously unbreathed. This is a law of the animal economy that brooks no exception. And if the Icelanders breathe air already breathed, they must inevitably incur the consequences of the act, namely, the deposit of the effete unoxidised carbon in the living tissues under the form of what we term tubercle. I am amazed at Dr. Leared's statement that, because Dr. Schleisner's stay in Iceland was not unlimited, his testimony, therefore, is not to be received. If I, for example, visit a London hospital, and find consumption in the wards, is my testimony to be derided because I do not take up my residence in the hospital for good and all? Dr. Leared says that "it is now well known that many of the cases then supposed to be phthisis were in reality cases of hydatid cysts in the lungs." How is this well known? who has proved it? where is the evidence? A *post mortem* examination does not, I suppose, take place in Iceland from year's end to year's end, and yet we have Dr. Leared pinning his faith on Dr. Hjaltalin's statement that there is no indigenous tubercle in Iceland at all. The unhappy prevalence of cysticerci in the lungs of Icelanders, owing, as I conceive, to the multitude of their dogs, and the possible inhalation of the tape-worm germs, yields no disproof of the coexistence of tubercles; nay, it is highly probable, in perhaps the very great majority of instances, that both these morbid conditions—to wit, tubercles and cysticerci, are conjoined. Let us do the Icelanders a kindness if we can; let us urge them to abandon their dirty, uncivilised, unwholesome modes of living; urge the Danish Government to build these interesting people a better class of dwellings; but let us not be led away by illusory statements as to their ideal immunity from tubercular disease, the greatest scourge, in their case as in our own, under which the world now groans. I am, etc.,

February 1869. HENRY MAC CORMAC.

REMUNERATION OF MEDICAL OFFICERS OF DISPENSARIES.

SIR,—In your notice of the annual meeting of the governors of the Canterbury Dispensary, you have inadvertently fallen into the error of supposing that, while a large number of persons have been attended gratuitously during the past year, the medical officer upon whom the labours and responsibility principally depend is entirely unpaid. I therefore take the earliest opportunity of correcting the mistake; and of informing you and your readers that the governors are not unmindful of his services, but provide for him a family residence and £170 *per annum*—a remuneration admitted to be inadequate to the services performed, but for which they may be justly regarded as much more liberal than the governors of most of our medical charities.

The diseases for which patients principally apply to the dispensary are those of the zymotic class, as well as the general diseases of childhood and advanced age, which are properly excluded from the hospital; and in answer to your inquiry respecting the class of patients, I have the pleasure of informing you that about fourteen per cent., for whom provision is made by the guardians, might and ought to have the attendance of the union surgeon, and that the remainder are but little above pauperism, and have no other provision in this city during their time of sickness; while those of our citizens and neighbours who have the means of paying for medical attendance, are very properly excluded from any claim upon the benefits of the charity. Hoping that you will give this letter an early insertion,—I am, etc., GEORGE RIGDEN.

Bargate Street, Canterbury, Feb. 1869.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

THE POOR-LAW MEDICAL SERVICE IN BIRMINGHAM.

THE following memorial has been forwarded to the Poor-law Board; and we call attention to it, believing that its prayer cannot fail to be acceded to.

"We, the physicians and surgeons of the public institutions and general practitioners of Birmingham, seeing that the Board of Guardians of the parish of Birmingham have resolved to reduce the number of the parochial medical officers from eight to five, respectfully request you at once to make such public inquiry, on oath, as will prevent such an injustice to the poor of this parish. Taking into consideration the fact, that the number of inhabitants of the parish is upwards of 220,000, we are of opinion the number of medical officers is not at present at all too many to properly perform the work incident to so large a population; we, therefore, respectfully request you will take such steps as will place the parochial medical relief on a permanent and satisfactory basis."

"We are induced to adopt this course, from the fact that, two years ago, the late Board of Guardians, after a long and patient inquiry, found that the number of medical officers *(then six)* was inadequate for the duties required of them, and we fear that any diminution in the number of the present staff would be attended with calamity to the poor."

"We are, etc.,"

We are informed that the entire responsibility of the reduction rests with one guardian, who is a medical man—Mr. John Clay, Professor of Midwifery in Queen's College, Birmingham. He asked the Board of Guardians to grant a Committee upon the Medical Relief, with power to call the medical officers; which was granted. Mr. Clay, the Chairman of the Committee, proposed the reduction to five. The Committee had two meetings without agreeing to anything. At the third meeting, the resolution was carried.

It should be remembered that the proper population of a Poor-law district does not exceed 15,000. If the guardians are allowed to carry out their reduction, each medical officer will have a district with a population of 45,000. The guardians have already advertised for five medical officers. The eight gentlemen in office are all, we believe, desirous of retaining their position. We do not for a moment think the Poor-law Board will consent to the proposed reduction of the staff; but the guardians would not be tempted to act so uncivilly, if the Poor-law Board would make the appointments permanent, which they could do at once by issuing the General Order of May 1857 to the guardians.

THE *Pall Mall Gazette* has the following. Among the "bottling" cases which are said to have occurred at the Stockport election was that of one Thomas Carrington, who, it was alleged, had been prevented from voting by his doctor, Mr. Bale, a Poor-law medical officer. The allegation was investigated by Mr. Cane, one of the inspectors, and the result is that Mr. Ball has received a letter from the Poor-law Board, reprimanding him for his conduct. The Board say it has not been proved to them that Mr. Ball coerced or seriously influenced Thomas Carrington by means incidental or peculiar to his office, but the Board consider that, having regard to his position as an officer of the union, he would have acted more properly if he had abstained from taking so active a part as he did in this particular case, and they are of opinion that the course which he pursued was marked by a serious want of prudence and caution.

THE Guardians of the Balrothery Union have, with the sanction of the Poor-law Commissioners, says the *Dublin Daily Express*, again shown their appreciation of the skilful and untiring services of Dr. Stanistreet, rendered to the sick poor of the district, by granting him a further increase to his salary, which was unanimously recommended by the Malahide Dispensary Committee.

MEDICO-PARLIAMENTARY.

ADULTERATION OF FOOD AND DRINK, ETC.—Lord Eustace Cecil has given notice that he will, on March 5th, call attention to the present state of the law as regards the use of false weights and measures and the adulteration of food and drink; and that he will move a resolution.

THE METROPOLITAN POOR ACT.—Mr. Torrens has given notice that he will move, on March 10th, that, in the opinion of this House, the proposed expenditure on district and separate asylums, under the Metropolitan Poor Act of 1867, is excessive; and that no further outlay for such purposes ought to be sanctioned by the Poor-law Board, until full inquiry shall have been made into the expediency of the same for the better relief of the sick and infirm, and into the ability of the ratepayers generally to bear such increased burthens.

PETITIONS.—On Wednesday, February 24th, petitions for inquiry into the present state of medical relief and for the redress of grievances were presented from the following medical officers, and ordered to lie on the table. From Wm. Griffin, George S. Symmons, Lambeth; John T. Jones, Albert Wm. Wallis, Ed. Pinder, Geo. John Hinnel, Frederic Taylor, James G. Mackinlay, Joseph Blackshaw, Robert Knewstub, Rotherhithe; Angus Macmillan, Tenbury; Charles Franklin, John T. Muriel (two), George Edwards, Anthony Crisp (two), Wm. Williams, Royston; Wm. Bower, F. S. Manisty, Hertford; Walter Lattey, Hitchin; Heynes Hardwicke, Wm. Alfred Elliston, Wm. Henry Brotherton, Fred. Josiah Burgess, Caleb Carey Richards, Major Greenwood, James Hair, A. W. Owen, Fredk. J. Wadd, James Breach, Edmund Bancks Whitcomb, Alfred Howse, Wm. Prowse, Andrew Kirkland, Geo. T. Smeatham, Benjn. A. Brickwell, Geo. Faithorn, Martin Ffolkes Bush, London; Septimus Swyer, Charles Welch, Thomas Sarvis, Robt. S. Martin, Ed. Pendril King, Henry Turner Woodd, E. M. Wrench, Walter Edwards, Ware; John Vinall, Joseph George Defriez, Richard M. Wallace, James Balding, William P. Cullen, Robt. Lamb, Ed. Jones, Webster Adams, Geo. B. Baker, Montague Thomas, Eugene Goddard, G. M. Ashforth, Thomas Leonard, Geo. Ed. Nicholas, Alfred Kitching, Thomas Fox Morrish and others, Richard Roe, Maurice Mason, Hugh Clark, John Russell, F. H. Vertue, Ed. Baker Stephens (two), Fredk. Hawthorn, Thomas Walton, Geo. Moule Evans, James Cooper; Wm. Woodward, John Jackson, Wm. Pritchard, Wm. Jones, Harrison Mitchell; Frederick Manning, Robert Mostyn Rathill, A. Fleming, Draper Mackinder, Charles Spurgin, Frederic Wm. Parsons, Claude Clarke Claremont, Joseph Rogers, Harrison Branthwaite, James Brierley Hughes, Thos. Holyoake, J. Thomas Clarke, Cardiff; Robert Slater, Robt. E. Jones, Peter Lodwick Burchell, Guildford Humbledon; Wm. E. Baylie, Richd. V. Gosham, Thomas Crowther, James Thompson, Josiah Court, Wm. Allard, and William Elliott Porter—to lie upon the table.

LUNATIC ASYLUMS, ETC. (IRELAND).—Colonel French will move for a Select Committee, on Wednesday, March 3rd, to inquire into the management and cost of the lunatic asylums in Ireland; into the incidence of the taxation arising therefrom; and into the constitution and management of the department of the general valuation of Ireland, the cost of the townland tenement valuation, and all matters connected with the annual revision thereof.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 18th, 1869.

Atkinson, R., Coniston, Ambleside
Gay, John Henry, Wisbeach
Hunter, Frederick, Clapham
Nadin, Alfred Cutler, Sheffield
Tay, Waren, Worcester
Taylor, John, Sheffield

At the same Court, the following passed the first examination.

Kynaston, Albert Edward, Guy's Hospital
Pippette, Walter, Westminster Hospital

As an Assistant in compounding and dispensing medicines.

Denney, Edwin James, Roughton, Norwich

INDIAN MEDICAL SERVICE.—The Military Secretary, India Office, presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, and begs to enclose a list of the candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination at Chelsea, on 8th February last. Thirty-eight candidates competed for twenty appointments. Thirty-six were reported qualified.—Maximum number of marks, 3400.

Order of merit.	Names.	No. of marks.	Order of merit.	Names.	No. of marks.
1.	C. W. Calthrop	2730	11.	H. P. Roberts	1870
2.	A. Wood	2455	12.	C. W. Mackury	1840
3.	R. C. Sanders	2355	13.	C. T. Peters	1830
4.	E. Sanders	2290	14.	J. Backhouse	1820
5.	R. T. Wright	2260	15.	W. Price	1800
6.	G. McB. Davis	2220	16.	S. M. Tyrrell	1795
7.	K. P. Gupta	2175	17.	E. Calston	1780
8.	J. A. Howell	2160	18.	M. E. M. Murphy	1765
9.	F. P. Edis	2135	19.	H. J. Linton	1755
10.	B. Franklin	1985	20.	W. H. Boalth	1705

MEDICAL VACANCIES.

THE following vacancies are declared:—

BEDFORD DISPENSARY AND LYING-IN INSTITUTION—Surgeon.
BIRMINGHAM—Five District Medical Officers (each £200 per annum, and £5 per annum for examining, etc., paupers and wandering lunatics); Medical Officer for the Workhouse (£200 per annum, furnished apartments, coal, gas, and attendance).
BRADFORD (Yorkshire) INFIRMARY and DISPENSARY—Two Physicians; Resident Medical Officer (£100 per annum, with board and residence).
BURY (Lancashire) DISPENSARY – Resident Medical Officer.
CARMARTHENSHIRE INFIRMARY, Carmarthen—Physician.
CLAREMORRIS UNION, co. Mayo—Medical Officer for the Ballindine Dispensary District. (£75 per annum, exclusive of Registration and Vaccination Fees.)
CLEOBURY MORTIMER UNION—Medical Officer for District No. 1 (£80 per annum, exclusive of fees for Vaccination, and for quarterly visits to Lunatics).
EDEN LODGE OF ODD FELLOWS, Kirkoswald, Cumberland—Medical Officer.
EXETER DISPENSARY—Surgeon.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon
GRANARD UNION, co. Longford—Medical Officer, Public Vaccinator, and Registrar of Births, etc. (£90 per annum, and Vaccination and Registration Fees.)
HALIFAX INFIRMARY– Surgeon.
HALIFAX UNION–Medical Officer to the Workhouse (£130 per annum).
HOLBEACH UNION, Lincolnshire—Medical Officer for the Gedney Hill District. (£50 per annum and extra fees, which latter have averaged £45 : 1 : 1 per annum for the last three years.)
LEEDS FEVER HOSPITAL—Resident Medical Officer.
LONDON HOSPITAL—Surgeon.
MALMESBURY UNION—Medical Officer for District No. 2 (£50 per annum); Medical Officer for the Workhouse (£20 per annum).
MANCHESTER—Junior Assistant Medical Officer to the Workhouse (£100 per annum, with furnished apartments, fire, light, washing, and attendance).
NEWHAVEN UNION, Sussex—Medical Officer for Districts 1, 2, and 4, and the Workhouse.
PORTLAND TOWN FREE DISPENSARY—Resident Medical Officer. (£100 per annum, with residence, etc.)
SHEFFIELD GENERAL INFIRMARY—Assistant to the House-Surgeon (£65 per annum, with board, lodging, and washing).
SUNDERLAND INFIRMARY AND DISPENSARY—House-Surgeon (£100 per annum, with board and residence).
SWAFFHAM UNION—Medical Officer for East Bradenham District (Salary by periodical computation, per case, with extras, and Vaccination Fees).
TRINITY COLLEGE, Dublin—Professor of Zoology (£200 per annum).
WALLASEY DISPENSARY—House-Surgeon. (£100 per annum, with furnished residence, coal, and gas.)
WEST HAM, STRATFORD, and SOUTH ESSEX DISPENSARY, Stratford—(£100 per annum, with apartments, coal, gas, and attendance).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*HARLEY, John, M.D., F.R.C.P., appointed Physician to the Infirmary for Epilepsy and Paralysis.
*HUXLEY, James U., M.B., appointed Honorary Surgeon to the Torbay Infirmary.

TYPHUS FEVER IN LONDON.—The Resistrar-General's returns show that no less than 2,483 deaths were registered in London last year from typhus fever, being an increase of 309 as compared with the number recorded in 1867. In 1864 the deaths reached the large number of 3,689, from which they declined in 1865 to 3,232, in 1866 to 2,681, and in 1867 to 2,174. These numbers, however, afford but an imperfect idea of the ravages of this devastating malady, as they only represent the fatal cases of typhus. If the statistics of the London Fever Hospital, showing the average number of cases to deaths, may be applied to the whole of the deaths registered from typhus fever in the metropolis last year, then, as every 10 deaths represented about 63 attacks, the 2,483 deaths from typhus in 1868 imply that 15,642 persons were attacked, of which 13,159 recovered. Glancing at the results in each of the five great groups of metropolitan districts, it appears that, of the total deaths by typhus last year, 265 were registered in the west districts—Kensington, Chelsea, St. George (Hanover Square), etc.; 700 in the north districts, more than 500 of which occurred in the London Fever Hospital—Marylebone, Hampstead, Pancras, Islington, etc.; 264 in the central districts—St. Giles, Strand, Holborn, City of London, etc.; 632 in the east districts—Shoreditch, Bethnal Green, Whitechapel, Poplar, etc.; and 622 in the south districts—St. Saviour, St. Olave, Bermondsey, St. George (Southwark), Lambeth, Wandsworth, Greenwich, etc. After deducting the deaths in the London Fever Hospital from the north districts, and distributing them proportionally over the five groups of districts, the following approximate results are obtained for the year 1868. In the west districts there were 2,148 cases of typhus, of which 341 terminated fatally, and 1,807 recovered; in the north districts, of 1,178 cases 187 terminated fatally and 991 recovered; in the central districts, of 2,142 cases, 340 terminated fatally and 1,802 recovered; in the east districts, of 5,128 cases, 814 had a fatal termination and 4,314 recovered; and in the south districts, of 5,046 cases, 801 resulted in death and 4,245 recovered. Comparing the deaths from typhus last year with the population in each group of districts, it is seen that the east districts suffered the highest mortality to 100,000 persons living—viz., 131.5; then follow the central districts, with a proportional number of 96.3; next in order of mortality are the south districts, 87.5; and the west districts, 64.4; the north districts exhibit a mortality from typhus of only 26.3 per 100,000 of population. The result for the whole of London is 79.4. The high mortality in the East of London would appear to indicate that typhus is generated with lamentable and striking results wherever human beings are badly fed, and are crowded together with an inadequate supply of fresh air. Last week the total deaths registered in the metropolis under the head of typhus numbered 59, of which about one-third was referred to enteric fever, a disease which often indicates the existence of defective drainage and polluted water.

CITY OF DUBLIN IN 1868.—The Irish Registrar-General's annual summary of vital statistics of the City of Dublin for 1868 records 8,004 deaths registered in that year, being in the proportion of 25 deaths to 1,000 of population. The epidemic and contagious class of diseases proved fatal to 1,862 persons, constituting 23·3 per cent. of the total mortality. The prevailing epidemic of the year was scarlatina, from which 424 deaths were registered. 408 deaths were caused by diarrhœa, 313 by fever, and 250 by whooping cough. Diseases of the respiratory organs caused 1,302 deaths, exclusive of 957 by consumption. 196 deaths are referred to violence, of which number 73 were caused by fractures and contusions, 41 by burns and scalds, 41 by drowning, and 3 by suffocation; 15 deaths were homicidal, and 10 were suicidal. Only one death was returned under the head of smallpox. The number of deaths registered from scarlatina in each of the four years 1864-7 respectively was 126, 100, 109, and 259, so that the deaths from scarlatina in the year 1868 exceeded the average annual number in the four years by 275. Of the total deaths in Dublin in 1868 no less than 2,443, or 31 per cent. occurred in public institutions—viz., 1,136 in hospitals, prisons, and lunatic asylums, and 1,307 in workhouses. Of the 8,004 deaths, 3,076, or 38·4 per cent., were those of children under 10 years of age; 388, or 4·9 per cent., were aged 10-20; 1,274, or 15·9 per cent., were aged 20-40; 1,474, or 18·4 per cent., were aged 40-60; and 1,777, or 22·2 per cent., were aged 60 and upwards. The number of deaths under five years of age was 2,648, or 33·1 per cent. The proportional number of deaths of children under five years of age in London is about 42·0 per cent.; so that, if the mortality of children may be taken as an index to the mortality of the entire population, these results would indicate that the general mortality of Dublin, at all ages, was lower than that of London; but the discrepancy in the mortality of children under five years of age in the two capitals is, no doubt, chiefly owing to the defective registration in Dublin. The number of births registered in the City of Dublin in 1868 was 8,846, or 28 per 1,000 of population. In London the birth-rate was 37 per 1,000 of population.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY ....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Medical Society of London, 8 P.M.—Entomological Society.—Epidemiological Society.—Odontological Society, 8 P.M. Mr. Turner, "On Chloratherine."

TUESDAY.—Pathological Society of London, 8 P.M.—Anthropological Society of London.

WEDNESDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Obstetrical Society of London, 8 P.M. Dr. Madge, "Case of Hydronephrosis of the Fœtal Kidneys"; Dr. Brunton, "Observations and Remarks on Cases of Twins"; and other papers by Dr. Cory, Dr. Wynne, and Mr. Houghton.

THURSDAY.—Harveian Society of London, 8 P.M. Dr. J. B. Sanderson, "On Pneumonic Phthisis."—Royal Society.—Chemical Society.—Linnæan Society.

FRIDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Western Medical and Surgical Society of London, 8 P.M. Mr. T. Holmes, "Some Remarks upon Lister's Method of Treating Abscesses by means of Carbolic Acid"; Dr. Martyn, "A Case of Extra-Uterine Pregnancy."

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each. By post, 1s. 8d.

MR. FITZHERBERT.—It is desirable that the Association should include all those persons who have attained eminence in other pursuits, but have been educated in and retain their affection for the medical profession. We referred lately to the honourable medical antecedents of the Hon. Mr. or rather Dr. Fitzherbert, Treasurer of New Zealand, a Master of Arts of and Fellow of Queen's College, Cambridge, and Doctor and former Lecturer in Medicine. Mr. Fitzherbert has since intimated his desire to join the Association, and has been this week proposed for election by his friend Sir Thomas Watson.

NOTE TO OBSTETRIC MEMORANDA.

THE case of Hand and Funis Presentation, recorded in the JOURNAL of February 13th, p. 141, should have borne the name of its author, C. S. Barter, M.B., Bath.

MR. THOMAS WESTLY (Sheffield) would probably get the information which he desires by applying to Dr. Letheby, the authority quoted.

MR. SMITH'S (Bristol) paper shall appear on the first opportunity; but we have a considerable number of communications on hand of much earlier date.

MR. FREDERICK ROWLAND YOUNG (Swindon) forwards us a pamphlet descriptive of his cures by the imposition of hands. We have no sort of belief in this imposition.

THE LONDON LIFE ASSURANCE COMPANY.

SIR,—Will you kindly publish the fact, for the information of the members of our Association, that the directors of the London Life Association have refused to pay me for a medical report made to them upon the eligibility of one of my patients for life assurance. Upon application for the usual fee, I received an answer from the secretary, of which the following is a copy. I am, etc.,

Royston, February 13th, 1869. D. B. BALDING, F.R.C.S.

"London Life Association, 81, King William Street, London, E.C.

"I return the enclosed, as the directors do not admit any liability in the matter referred to. I presume the demand should be addressed to M. S.

"Your obedient servant, EDWD. DOCKER, Secretary."

J. B. (Bermondsey) should consult a respectable family practitioner.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

AN APPEAL.

ASSISTANCE is earnestly entreated for the wife and children of Mr. E. C. Smallman, L.S.A., formerly of Barnet. He is utterly disabled by illness, and is in hospital for operation. The wife and three children are entirely destitute. It is hoped that enough may be collected to make some provision for the children (13, 11, and 6 years old), for whom chiefly assistance is sought. The mother is anxious to obtain a place as nurse, for which she is qualified, or in a similar capacity.

Subscriptions will be received by Dr. Barr Meadows, Dover Street, W., and by Dr. W. V. Pettigrew, 7, Chester Street, S.W.

Dr. Barr Meadows presents his compliments to the Editor of the BRITISH MEDICAL JOURNAL, and will be obliged by the insertion of the following further list of contributions received for the Smallman fund:—Dr. Bull, Hereford, £1:1; C. P. W. Neate, Esq., 10s.; Dr. Barr Meadows, £1:1.

THE ABERDEEN FEMALE LOCK WARD.

SIR,—I was glad to observe the letter from "A Student of the University of Aberdeen," complaining of the restrictions imposed upon the students attending the hospital practice in Aberdeen, by the well meaning but mistaken notions of the managers. As an old student, I quite coincide with your correspondent when he speaks lightly of the practical knowledge of Aberdeen students in the treatment of those diseases to which he alludes; and I can state, from my own experience, that many diligent men who have attended for several years at the Infirmary have left to enter practice without the least practical acquaintance with this important class of cases. I am sure that, if the students moved in the matter, Dr. Pirrie would represent their case favourably and successfully to the managers. I am, etc.,

February 1869. M.D.ABER.

SIR,—I have been attending the Infirmary for two years, and have only had two opportunities of obtaining any insight into cases of gonorrhœa and chancre in the female lock ward. No wonder they say these diseases are so common in Aberdeen, when the doctors are not taught how to treat them. I should like to know, also, why we are discouraged from visiting with the surgeons the closeted cases of diseases of women. When and how are we to learn to treat them, it not now?

February 1869. I am, etc., A PUPIL OF THE INFIRMARY.

SPECIAL HOSPRTALS.

SIR,—*Apropos* of your last leading Article, on the subject of London Hospitals and Dispensaries, and the attention which has been drawn to them of late by the *Times*, allow me to make a brief provincial note. There is a general hospital here, newly constructed and possessing hygienic excellencies, officered by four honorary, two paid, and four consulting medical men, and having a sufficiently wide dispensary area. You should, at the same time, be made aware of the fact that this long existing and efficient means of affording eleemosynary medical relief labours under the prevalent complaint of impecuniosity. It is so badly supported by the public that two only out of its four capacious wards are occupied. It affords "in" and "out" relief to those who seek it—whether adults or infants. It might be held strange, then, that yesterday a special Hospital for Sick Children was opened in this town; and cynical persons might be found ready with an invidious explanation of this phenomenon. But is it not obvious that when a young, modest, and zealous physician—distinguished alike in his academical and in his immediately and subsequent career—yields to the pressure of his compatriots, supplies the motor power, and, indeed, allows his name and private address to appear in the prospectus, is it not obvious, I say, that here is an answer to the question in your leading article, "Why should medical men give their time and services to all these people?" That answer is—all things, Sir, for charity. I am, etc., M. D.

Birkenhead, February 9th, 1869.

DR. R. P. B. TAAFFE (Brighton), writes to us as follows respecting a new Children's Hospital at Brighton, which he says has been alternately praised and condemned by one of our contemporaries.

"I assert that no project has ever been started in Brighton which has met with comparatively so great an amount of public sympathy and support as has the Brighton Hospital for Sick Children; for, although it has been before the public but a very few months, the donors and subscribers already number over 220, the great majority of whom reside in Brighton; as yet, the County has not been appealed to, but it is quite anticipated that ere very long the hospital wants will command a building worthy of the town of Brighton, and an income of at least one thousand pounds *per annum*. The Children's Hospital is not in any way to be considered as in opposition, but rather as supplementary, to the other medical charities. First, take the Sussex County Hospital—it is true they have some beds for children, but, it is said, they are not all used. Why is this? Simply because there are no special arrangements made in the way of nursing, etc., to adapt the hospital to the wants of sick children; nor do I think it possible to have these special arrangements in a general hospital. The annual report of the Brighton and Hove Dispensary tells us that 15,000 persons have been attended either as out-patients or at their own homes. With such a number, how is it possible that children's diseases can have the necessary attention? Here it must be remarked, that the patients who are seen at their own homes are mainly under the care of the four house-surgeons (all young men), and that the members of the regular staff are only consulted on extraordinary occasions. Then, Sir, look at the time children must necessarily be kept waiting in the out-patients' waiting rooms at the above named charities. At the Brighton Hospital for Sick Children, more than one hundred out-patients have been seen from the commencement, some of them at their own homes. The hospital was opened on the first of last month, with nine beds; eight in-patients have been received, and, at the present time, there are six in the house. The lady superintendent, who gives her services gratuitously for love of the work, has been specially educated for the duties at the Ormond Street Hospital, in London; there is also a nurse who has been trained at the same admirable institution. The Brighton Hospital for Sick Children is openly supported by twenty of the most respectable practitioners of Brighton (many of them leading men), of whom two are medical officers to the Sussex County Hospital; two to the Brighton and Hove Dispensary; two to the Eye Infirmary; and one to the Lying-in Hospital. That is, the Children's Hospital is supported by gentlemen connected, as medical officers, with all the other medical charities of the town. In addition, more than fifteen gentlemen of influence and position residing in Brighton, who may be said to *represent* the managing committees of all the other medical institutions, strongly support the Children's Hospital. The Chairman, Vice-Chairman, and four others of the Managing Committee of the latter are also on the Managing Committee of the Sussex County Hospital."

MESSRS. CORRY AND Co. (Glasgow) are referred to the articles on Soda-Water which appeared in the JOURNAL.

THE DUTIES AND FEES OF CERTIFYING SURGEONS.

SIR,—I am just appointed as Certifying Surgeon under the Factory Act. Will any of your readers who occupy the same position give me some information relative to the following. Whether accidents occurring in the factory are paid for by the operatives? or is it a general rule, or does the law compel the proprietor to contribute towards the expense incurred in the treatment of the case?

Also, in the event of a club being formed amongst the operatives and their families, what is the usual amount payable by each person? and is the surgeon expected to attend all cases of accident occurring in the factory on the club-account? Enclosing my card, I am, etc., D. V. V.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. T. Westby, Sheffield; Mr. W. H. Swann, Paris; Mr. S. C. Noble, Kendal; Mr. T. Patterson Dove, Carlisle; Dr. Goodridge, Bath; Dr. C. E. Fitzgerald, Dublin; Dr. Kelburne King, Hull; Dr. J. Pitt, Norwich; Dr. Whitlow, Hatton; Mr. S. S. White, London; Dr. R. Cooper Todd, Portswood; Mr. New, Evesham; Dr. Wardell, Tunbridge Wells; Mr. A. D. H. Leadman, Leeds; Mr. Green, Salisbury; Dr. Bruce, Crimond; Mr. J. Bentley, London; Messrs. Fletcher and Co., London; Mr. Gogarty, Dublin; Dr. S. W. Fisher, Bristol; Dr. E. Waters, Chester; A. B. C., Glasgow; Dr. Langstaff, Athlone; Dr. Nicholls, Chelmsford; Dr. Headlam Greenhow, London; Dr. Basham, London; Mr. Parker Young, London; Dr. Moore, Dublin; Mr. G. Reed, London; Mr. W. Alison, East Retford; Dr. Grimshaw, Dublin; Dr. Tilbury Fox, London.

LETTERS, ETC. (with enclosures) from:—

Dr. W. S. Playfair, London; Mr. J. Higginbottom, Nottingham; The Military Secretary of the Indian Medical Service; Dr. Cotton, London; Dr. Percy Leslie, Birmingham; Mr. E. Chapman, Oxford; Mr. Berkeley Hill, London; Mr. B. Sergeant, London; Mr. Pollard, Torquay; Mr. Wyman, Hatfield; The Honorary Secretaries of the Bath and Bristol Branch; Dr. T. Annandale, Edinburgh; Mr. J. Sampson Gamgee, Birmingham; Mr. William Copney, London; Mr. Hester, Hastings; The Rev. W. T. Sankey, Stoney Stratford; Dr. Wm. Budd, Clifton, Bristol; Dr. O. Penfold, London; Dr. Protheroe Smith, London; Dr. Thomas W. Thursfield, Leamington; Dr. W. H. Broadbent, London; Dr. Heslop, Birmingham; The Honorary Secretary of the Western Medical and Surgical Society of London; Dr. Barr Meadows, London; Dr. Sandwell, London; Dr. Wilks, London; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. J. Hughlings Jackson, London; The Secretary of the Medical Society of London; Mr. J. Scales, London; Mr. W. Jones, Mitcham; Dr. H. Charlton Bastian, London; Mr. Bartleet, Birmingham; Dr. Graily Hewitt, London; Dr. Dyce Duckworth, London; Mr. James Lane, London; Dr. Aldis, London; Mr. Callendar, London; Dr. Horace Dobell, London; Dr. Marion Sims, Paris; Mr. J. B. Walker, London; Dr. Paul, London; Dr. Fred. J. Brown, Rochester; Dr. J. Harley, London; Dr. H. Barnes, Carlisle; The Secretary of the Society of Arts; Dr. A. Macmillan, Hull; Mr. Harry Leach, London; Dr. C. S. Smith, Liverpool; Mr. Maunder, London; Mr. George Lawson, London; M.D., Aberdeen.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

AN UNFORTUNATE POLICY HOLDER (Aspley) should communicate on the subject with the chairman and directors, or with a financial journal. This is not a matter which comes within our province.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, Feb. 24th; The Aberdeen Free Press, Feb. 19th; The Parochial Critic, Feb. 17th; The Sheffield and Rotherham Independent, Feb. 16th; The Brighton Times, Feb. 20th; The Kent Herald, Feb. 18th; The Japan Times' Overland Mail, Dec. 2nd; 16th, and 30th; The Dublin Express, Feb. 22nd; The Lincoln Gazette, Feb. 20th; The Cambria Daily Leader, Feb. 22nd; The Scotsman, Feb. 22nd.

BOOKS, ETC., RECEIVED.

The Theory of Ocular Defects and of Spectacles. Translated from the German of Dr. Hermann Scheffler. By Robert B. Carter, F.R.C.S.Exam. With Prefatory Notes and a Chapter of Practical Instructions. London: 1869.

The Immunity from Consumption in the Hebrides. By John McNab, M.D.Edin. Edinburgh and London: 1869.

The Thirty-First Annual Report of the Suffolk Lunatic Asylum.

A Few Thoughts concerning Infanticide. By Mrs. M. A. Baines. London: 1869.

The Handy Book of Anatomical Plates. Parts 3 and 4. London: 1869.

Report of the Thirty-third Annual Meeting of the Canterbury Dispensary.

The Health and Meteorology of Newcastle and Gateshead. Seventh Report for 1868. By G. H. Philipson, M.A., M.D.

The Annual Medical Report of the Portsea Island Union House and Hospital for 1868. By F. Page, M.D., Portsea.

A Letter to the Right Hon. George Joachim Göschen, M.P., on Poor-Law Reform. By Alfred Fleischmann, Chir. London: 1869.

Lectures on the Preservation of Health. By Charles A. Cameron, Ph.D., M.D. Illustrated with Woodcuts. London and New York: 1868.

Report on the Sanitary Condition of the Whitechapel District, for the year ending 26th December, 1868. By John Liddle. London: 1869.

The New York Medical Record, February 1st, 1869.

The Nomenclature of Diseases. Drawn up by a Joint Committee appointed by the Royal College of Physicians of London.

Georges Pennetier. L'Origine de la Vie. Paris: 1869.

Henri de Parville. Causeries Scientifiques. Paris: 1869.

Collection de Calculus Urinaires et d'Instruments de Chirurgie, de Dr. J. Avrale. Paris: 1869.

Chloroform, and a New Method of administering it. By A. M. Rosenburgh, M.D. London: 1869.

Pharmacopœia of the Royal Hospital for Diseases of the Chest. London: 1869.

Morbid Conditions of the Throat in their Relation to Pulmonary Consumption. By S. Scott Alison, M.D. London: 1869.

The Second Annual Report of the Hatfield Broad Oak Cottage Hospital. Bishops Stortford: 1869.

The Law to Regulate the Sale of Poisons within Great Britain. By William Flux. London: 1869.

A Plea for Reform. Birmingham: 1864.

The Health and Meteorology of Hull. By Angus Macmillan, M.D.

Results of Meteorological Observations, for the week ending Saturday, February 20th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND.										RAIN.	
																Number of days it blew in certain directions.											
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.998	0.737	47.1	45.0	42.7	85.4	54.9	31.0	23.9	54.2	41.4	92.2	..	8.4	5.3	0	0	0	0	0	4	1	0	2	4.3	5	0.22
BOURNEMOUTH Dr. Compton, F.M.S.	30.078	0.760	47.0	44.5	41.7	82.0	53.2	32.3	20.9	50.9	41.2	112.0	28.0	5.8	3.4	0	0	0	0	0	2	4.5	0.5	0	2.7	2	0.54
KEW Dr. Treutler, F.L.S., etc.	30.044	0.708	46.5	44.5	42.8	86.0	53.2	31.0	22.2	50.6	41.2	100.8	26.0	6.6	2.3	0	0	0	0	0	3.0	1.7	0.3	2	2.4	2	0.26
LLANDUDNO Drs. Nicol and Dalton.	29.661	0.680	48.0	45.2	42.1	80.0	55.5	40.3	15.2	51.8	43.6	..	..	6.8	..	0	0	0	0	0	1.5	5.5	0	0	(?)	4	0.34
MALVERN Messrs. W. and J. Burrow	29.969	0.731	46.6	44.0	41.1	82.0	51.8	36.1	15.7	49.6	40.8	81.2	32.4	6.1	6.2	0	0	0	0	0	1.3	1.6	0.6	0.3	1	4	0.36
SCARBOROUGH Dr. Fox, M.R.C.P., etc.	29.855	0.594	46.1	43.8	39.4	78.0	55.0	35.8	19.2	51.2	40.0	..	..	7.6	..	0	0.3	0	0	0	5	0.3	1.3	0	3.7	2	0.05
SIDMOUTH Dr. Mackenzie, F.M.S., etc.	30.043	0.742	47.7	45.1	42.7	83.0	53.5	33.7	19.8	51.4	40.8	..	..	3.0	4.0	0	1	0	0	0	1	4	1	0	0.7	(?)	0.68
WORTHING W. J. Harris, Esq., M.R.C.S.E.	30.076	0.734	46.9	45.0	42.9	86.7	51.7	33.2	18.5	50.5	40.8	..	23.0	5.6	2.7	0	0	0	0	0.3	3	1.7	0.3	1.7	2.9	2	0.32

REMARKS.—Atmospheric pressure during the week has been somewhat higher than during the previous one, while the range has been less. There has been a general diminution of temperature at all stations. The highest temperature of the week was recorded at Llandudno, and the lowest at Bath and Kew. The range has varied, being greatest at Bath and least at Llandudno. Winds have continued to blow almost uninterruptedly from the S.W. and W., and with a generally moderate force. The amount of clouds has increased at Scarborough; otherwise, it has been about the same, or rather less. The solar radiation thermometers indicate a general increase in the amount of solar heat received by the earth. The amount of ozone has diminished somewhat. The rainfall has been general, but considerably less than last week; the greatest amount fell at Bournemouth, and the least at Scarborough. The state of health is generally good.

Kew, W., February 24th, 1869. W. J. TREUTLER.

Chief Plants first observed in flower during the week.

Caltha palustris	At Kew.
Draba verna	At Kew and Bath.
Lamium album	,, ,,
Lamium maculatum	At Kew.
Populus tremula	,,
Scilla bifolia	,,
Ranunculus Ficaria	At Kew and Bath.
Tussilago Farfara	,, ,,

CLINICAL LECTURES

ON THE DIAGNOSIS OF

EXTRAPELVIC TUMOURS OF THE ABDOMEN.

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(*Reported by* W. Richardson Gower, Esq.)

Lecture IV.

Enlargements of the Liver.—Case of T. H.

Gentlemen,—I considered at the last Lecture tumours of the abdomen formed by the enlarged spleen. I do not mean that I finished the subject, for I intend, from time to time, to bring under your notice other cases of splenic disease causing tumour in the abdomen.

To-day I shall briefly consider the subject of liver-tumours. I mean by that, tumours of the abdomen dependent on enlargement of the liver. First, I wish to recall to your mind the anatomical relations of the liver to the diaphragm, to the pleura, to the lungs, and to the pericardium. For practical purposes, you are not likely to forget its relation to the lungs and pleura, but I am quite sure that you are likely to overlook its relation to the heart and pericardium, for I did so myself till experience taught me to remember it. Remember the close relation in position of the liver to the stomach. The importance of remembering this is illustrated by the case I shall relate to you presently. Recollect also the relation of the liver to the kidney, to the supra-renal capsule, to the colon, and of the left lobe of the liver to the spleen.

Displacement of the spleen, sufficient to cause tumour in the abdomen, I told you was, to say the least, infrequent; displacements of the liver, sufficient to cause tumour in the abdomen, is common; displacement of the liver downwards is very frequently caused by effusion into the pleura; very frequently by dilated heart; frequently by emphysema of the lung; less frequently by effusion into the pericardium; and rarely by new formation between the liver and the diaphragm or in the lung itself.

Great dilatation of the right side of the heart always causes some displacement of the liver, and often displacement sufficient to cause true abdominal tumour. Displacement of the liver never causes ascites or jaundice. You know that the liver is displaced especially by noticing the rounded upper surface; you see, passing across the abdomen, just below the margin of the thorax and below the ensiform cartilage, something that is rounded, and then find by percussion that it is the upper surface of the liver. Fluid in the right pleura, sufficient in quantity to displace the liver downwards, is accompanied by such loss of power or paralysis of the same side of the diaphragm that when the patient breathes there is little or no ascent or descent of the liver. In these cases, also, the other evidences of effusion into the pleura are present. When a dilated heart depresses the liver, the pulsation of the right ventricle is felt below the ensiform cartilage, and you see, unless the patient be very fat, the rounded upper border of the left, and of a small portion of the right lobe of the liver. In such a case the liver may move up and down in respiration. Emphysema of the lung is a common cause of a certain amount of displacement of the liver; but, in this case, percussion enables you to determine the cause.

The upper rounded surface of the depressed liver is well seen in a man now in my wards in the Hospital, and to whose case I shall presently refer. As I attach importance to your appreciating by sight, during life, this upper rounded surface of the liver, I have frequently pointed it out to you in this man. So much for the relation of the liver to the diaphragm, to the pleura, to the pericardium, to the lung and to the heart.

The relation in position between the liver and the stomach is also very important. Disease may extend from the liver to the stomach, and so give rise to some peculiar symptoms. A man in the hospital lately, to whose case I shall presently refer, had cancer of the liver; the disease, as we shall see, extended to the stomach. Cancer of the stomach may spread to the liver, though the converse is more frequent, *i.e.*, cancer more often passes by extension from the liver to the stomach than from the stomach to the liver. Abscess of the liver may burst into the stomach; hydatid tumours of the liver may burst into the stomach; chronic ulcers of the stomach may eat into the liver. Then remember the relation in position of the liver to the colon. The colon sometimes lies in front of the liver, and renders a diagnosis difficult which would otherwise be easy. You may think there is a tumour originating below the liver, when really it is the liver itself, if you forget that the colon sometimes passes in front over the right lobe. Again, the colon or the dilated stomach may yield resonance enough to cause the enlargement of the liver to be overlooked. Certain common abnormalities of form of the liver should be borne in mind when attempting to make a diagnosis of abdominal tumours. Now and then the left lobe of the liver is very small, and the right lobe lies very low, the organ being perfectly healthy. You may make a great mistake if you do not remember this; you may examine a patient complaining of some dyspeptic symptoms, and mistake this right lobe for an enlargement, and conclude that he has a diseased liver. Again, variations in the position of the liver in different persons should be borne in mind. In some persons it lies very vertically, especially in persons with a small thorax, and in women who lace tightly. On the other hand, in some persons with a large thorax, and in some persons with incipient emphysema of the lung, a small portion only of the liver may be felt, because, the diaphragm lying horizontally, the liver lies horizontally also. I saw, only a few days ago, a case which illustrates these remarks. There was abdominal tumour, and the question was what was its origin. The patient was a lady and had therefore worn stays. Her liver had been compressed and lay vertically. The margin of the thorax had pressed upon the liver and had caused, about an inch above its margin, a thickening of the capsule, and a diminution in the thickness of the liver at the spot. Subsequently the lady had become the subject of cancer of the liver, which had led to considerable enlargement, and the organ extended downwards to the crest of the ilium. The transverse linear depression had been carried downwards as the organ increased in size. In passing the hand upwards over the enlarged liver one came to the transverse linear depression I have just described, and the first idea which arose in the mind was, that there was a tumour totally unconnected with the liver, the part below the depression bring taken for a tumour unconnected with the liver, and considerable doubt had been expressed concerning the nature of the ailment. You will remember this transverse linear depression on the liver, the result of compression, and the consequent apparent separation of the lower part of the right lobe.

Now and then the liver lies very much to the right. It did so in the woman on whose case I lectured last Monday. It appeared to have been pushed there by the distended colon, the distended stomach, and the large spleen. The consequence was, that the right lobe could be felt as far as the crest of the ilium; and as it was thin, overlapped and lay in contact with the right kidney, it was mistaken for a renal tumour. I have told you already how we knew that it was not; viz., by the sharp edge and the nearness to the lateral abdominal parietes, and its ascent and descent with the rise and fall of the diaphragm in respiration.

Having determined that a given tumour is hepatic, we desire to know the disease causing the enlargement. Chronic impediment to the systemic venous circulation causes anasarca. An impediment to the passage of blood through the heart or lungs has general anasarca as a mechanical consequence. Now the liver has no direct relation to the systemic circulation; no blood from the lower extremities, no blood from the kidneys, passes through the liver. But the blood from the lower extremities, and from the kidneys, passes through the vena cava, which lies in the notch at the back of the liver: that is its only mechanical relation to the systemic venous circulation. But, as a matter of fact, œdema of the lower extremities, of all the parts which empty their blood into the inferior vena cava, does occur in certain cases of disease of the liver. How is it induced in these cases? Liver disease produces œdema of the lower half of the body in two ways. First, causing great distension of the belly, either directly by its size, or indirectly by the ascites it induces. Great distension of the belly, whatever its cause, is necessarily accompanied by compression of the anterior wall of the vena cava, as it lies on the posterior surface of the abdomen, and thus a certain amount of impediment to the passage of the blood through the vessel is produced. Whatever force pushes forward the anterior wall of the abdomen, will to some extent compress everything lying on the inner surface of the posterior wall. The liver never compresses the vena cava simply by its weight. It is the distension of the belly by the liver itself, or by the great disturbance of digestion, and consequent flatus in the intestines; or, more commonly still, by fluid in the peritoneum, which is accompanied by compression of the vena cava. Very fat people with large abdomens, often have œdema of the lower extremities from this cause.

Secondly, hepatic disease may induce œdema of the lower half of the body by directly narrowing the vena cava in the notch at the posterior part of the organ. For example, cancerous growths in the liver are occasionally developed in such a situation that they push the anterior wall of the vena cava back into the vessel, and so narrow its calibre. In cirrhosis of the liver, too, it is not uncommon to find one or more nodules projecting back into the vena cava. In such a case, if after death the finger be passed up the vena cava where it lies in the notch behind the liver, these projections into the vessel may be felt. It is in these ways that the vena cava is compressed, and its channel narrowed. The mere weight of the liver, as you will see, if you think of it for a moment, can have no physical effect in compressing the vena cava, which is placed in a notch in the posterior part of the organ.

It is important to remember that this narrowing of the vena cava produces an effect, not only on the veins of the lower extremities, but also on all the parts from which the blood is returned to the inferior vena cava. Thus an impediment to the flow of blood through the vena cava is necessarily an impediment to the return of blood from the kidneys, and hence you see a mechanical cause for the relation between hepatic and some other abdominal tumours (pregnancy) and albuminuria, a cause which is superadded to, and enhances the effect of, any constitutional condition which may affect alike both organs. Remember always, in estimating the occurrence of anasarca, or œdema of the lower extremities, the relation between renal disease and any other cause of dropsy. A patient, that is to say, having Bright's disease, in its nature tending to produce anasarca, though in extent too trifling to give rise to it, if he have any disease superadded calculated also to produce anasarca, then the two shall produce such a degree of anasarca as either one alone would be totally inefficient to produce. Let a man with an impediment to the return of blood through the vena cava, insufficient to cause œdema of the lower extremities, become the subject of a renal disease also insufficient to produce anasarca, and the two conjoined shall produce considerable effusion of serosity into the cellular tissue of the lower half of the body. A man has hepatic disease impeding, in a very trifling degree, the flow of blood through the liver; no effusion into the cavity of the peritoneum is produced; he becomes the subject of Bright's disease, and ascites is the result of the two diseases, which neither would have alone produced it. So remember what I would call the intensifying character of Bright's disease in the production of local œdemas.

Now, what is the influence of hepatic disease on the portal circulation in producing symptoms? Remember that the hæmorrhoidal veins, the intestinal veins, the veins from the stomach, from the spleen, from the peritoneum, all empty their blood into the portal vein, and that the blood of the portal vein passes through the liver; consequently, any and all of the diseases of the liver which interfere with the flow of blood through the liver have, as consequences, disturbance of the digestive organs, congestions—that is to say, of those parts; and, in a very large number of cases, one or more of the following symptoms: Hæmorrhoids, with or without a flow of blood from them. When a patient consults you for hæmorrhoids, don't forget for a moment their relation to hepatic disease: you may kill the patient if you do not remember it. Diarrhœa is another symptom of impediment to the flow of blood through the liver. A patient may owe his health, or even his life, to his repeated attacks of diarrhœa. He has hæmorrhoids because the blood from his rectum has to pass through his liver. Congestion of his portal vein follows, and the hæmorrhoidal veins pour out a quantity of blood and relieve it, just as a man having congestion of the brain and meninges suffers an epistaxis, which relieves him. Again, a man has congestion of the radicles of his portal vein, and has a diarrhœa which wards off the bad effects of the hepatic disease, relieves the overfilled portal radicles. Tie his hæmorroidal veins, stop his hæmorrhoidal flux, and he becomes the subject of all the ill-effects of congestion of the portal vein. Stop his diarrhœa, and he has ascites, perhaps hæmatemesis. We see instances of these every day, I was going to say. Certainly I never pass a a week without applying a knowledge of these simple facts to practice. Then hæmatemesis is another symptom. In rarer cases the impediment to the flow through the liver, leading to overloading of the veins of the stomach with blood, a great escape takes place—a capillary hæmorrhage, commonly to the great relief of the patient, though it may be, if excessive, to his death. Again, enlargement of the spleen results from diseases of the liver which impede the passage of blood through the portal vein. All the splenic blood has to go through the liver, and any impediment to the flow through the liver leads to congestion of the spleen. Again, ascites occurs from the overflowing of the radicles of the portal vein, which receive the blood from the peritoneum. Effusion of serum takes place from the overfilled capillaries; and serosity in the peritoneum is ascites.

Now, it is important to bear in mind that the occurrence of any one of these hæmorrhages or effusions may prevent the production of the others by relieving the congestion, which is the common cause of all. The diarrhœa may keep the patient free from hæmorrhoids, free from ascites, free from hæmatemesis, free from enlargement of the spleen. His portal vein is effectually relieved by the escape of fluid from the intestinal mucous membrane—that is, from the intestinal radicles of the portal vein.

There is one point in the anatomy of these parts to which I perhaps ought to have referred before. You will remember that there are a great number of anastomoses between the portal vein itself and the superior vena cava; and in some persons these are so free that they escape all mechanically-produced troubles resulting from impediment to the flow of blood through the liver. In the vast majority of persons, however, these anastomoses are totally inefficient for the establishment of a colateral circulation. They can afford only an infinitesimally slight relief to the overdistended portal vein. So much, then, for the relation between the systemic circulation, the portal circulation, and certain diseases of the liver; *i.e*, diseases of the liver which impede the flow of blood through the portal vein; *i.e*, the trunk or its terminal twigs.

I told you that in determining the nature of the disease of the liver which produces a tumour, we kept in view the influence of the disease on the circulation through the liver, and on the secretion from the liver. We have considered the former—*i.e.*, evidences of interference with the flow of blood through the liver, and now come to the latter—the secretion from the liver.

Bile is said by some persons to be first formed in the blood, but this point does not practically matter to us. The question is still too much *sub judice* for us to draw any practical conclusions from it. It is enough for us to know that any mechanical impediment to the escape of bile from the liver causes jaundice; leads to the presence of bile in quantity in the blood; that jaundice may occur without such mechanical impediments; and that whatever the cause of this accumulation of bile in the blood, certain nervous phenomena may follow. I say this because it has been supposed that it is only one disease that leads to the peculiar nervous phenomena—namely, what has been called acute yellow atrophy of the liver. There is no doubt that these phenomena, delirium, etc., may occur, whatever the cause of jaundice, and whether it be acute or chronic. Now, nervous phenomena in jaundice are due to one of two causes—viz., 1, to blood-poisoning, *i.e*, the presence in the blood of bile, or of some of its elements, or of some of the products of its decomposition; and, 2, to inflammation of the membranes of the brain which occur in a certain proportion of fatal cases of jaundice. It is the meningis of the convex surface of the brain which suffers in those cases. I have described to you some of the consequences of impediment to the flow of blood through the liver, and impediment to the escape of bile from the liver—as only some of the diseases of the liver have the effect of damming back the blood in the portal veins, or of interfering with the escape of bile; we may practically divide hepatic diseases which cause tumour into two great classes—those which produce ascites and jaundice, and those which do not. Those conditions which produce ascites must impede the flow of blood through the liver; and those which impede the flow of blood may also impede mechanically the escape of bile from the liver. There are, however, a certain set of cases which do produce jaundice, without impeding the flow of blood through the liver. These are the two great groups; so that, when you come to the bedside of the patient, and feel a big liver—*i.e.*, a tumour which you conclude, from its physical condition, to be the liver—the first questions you answer are, Has the patient any fluid in the cavity of his belly? has he any jaundice? has he ever had jaundice? Then you inquire about diarrhœa, hæmorrhoids, hæmatemesis, œdema of the lower extremities, and enlargement of the spleen; but, at the bedside, first determine the presence or absence of ascites and of jaundice. I think that the examination which a practical man would make would be something like this. He would ask, "How long have you been ill?" and then, passing the hand over the abdomen, and feeling a big liver, he would percuss the upper border, notice the position and character of the lower border and the consistence of the liver; and then look at the patient, and see if he has jaundice, and examine him to ascertain if he has ascites; and then proceed to the other symptoms.

And now to apply what I have said to the cases before us. The first is a case of a common disease—viz., cancer of the liver.

Thomas H., aged 35, shoemaker, was admitted June 5th, 1868. The only point worthy of note in the patient's family history is, that his mother died at about forty-five, of an "internal hæmorrhage", after bringing up blood for three days. Till lately, the patient had always enjoyed good health. His habits have been temperate. During the last few years, he has lived poorly, and worked in a close crowded workshop. There is no history of syphilis. He is married, and has two healthy children. During the last eight or nine years, he has suffered slightly from hæmorrhoids. He dates the commencement of his present illness four months ago, when, after a rather heavy meal, he experienced great fulness and discomfort at his stomach (epigastric region). He became thinner, and felt weaker, and was sent by some friends to Eastbourne. While there, a fortnight before admission, he noticed that his skin was becoming yellow; and, about the same time, he began to bring up his food from one to three hours after taking it, and he has since continued to do so occasionally. A day or two after the commencement of the sickness, he brought up a quantity of matter "like coffee-grounds". From the time the jaundice was first noted, it never disappeared or diminished in degree.

Present State.—The patient is much emaciated, his face equally with his trunk. There is an universal lemon-yellow tint of skin and of the conjunctivæ. The face is slightly dusky. He lies easily in any position, and complains of no pain. The abdomen is not prominent; the sides very slightly bulging; the extreme flanks dull. Imperfect fluctuation is detectable. The umbilicus is slightly tender, reddened, and indurated, the hardness extending round it about two-thirds of an inch. This condition of the umbilicus did not cause any discomfort; the patient did not know of its existence. The liver-dulness commences in the nipple-line at the sixth rib, four fingers' breadth below the nipple. The margin can be felt about three fingers' breadth below the margin of the thorax, not sharp; but both the margin and the upper surface feel extremely hard. There is general fulness and hardness at the epigastrium. To the left of the ensiform cartilage, a hard prominent nodule, of about the size of a marble, can be felt on the liver. No tumour can be detected elsewhere in the abdomen; but just above Poupart's ligament, in the right groin, is a hard round gland, of the size of a small cob-nut. The urine exhibits abundant evidence of bile.

June 6th. This morning, the patient brought up about half a pint of thick "coffee-ground" matter.

June 15th. Since last report, the patient's condition has not altered. Occasionally he vomits his food, and once or twice small quantities of the coffee-ground matter. The vomiting is preceded by nausea, but not accompanied by retching. He is taking a mixture of nitro-muriatic acid and spirits of chloroform, which, he thinks, is doing him good.

June 26th. The nodules of the liver are larger than they were. A slight depression can be felt in the one at the epigastrium. The fluid in the abdomen is increased. There is no œdema of the lower extremities. Emaciation is extreme; colour unchanged. He complains of a burning pain at the epigastrium.

June 28th. Since last report, the patient has been gradually sinking, vomiting occasionally, but not constantly; and he died this morning, at 10 A.M.

From the date of admission till the day of death, the temperature ranged from 98 to 98.6 deg. The pulse never exceeded 64 till a few days before death. The respirations were 14 to 18.

Post Mortem Examination, thirty hours after death.—The surface of the body appears more intensely yellow than during life. All the tissues of the body are also stained yellow. The left lung is somewhat œdematous. On the surface of both lungs are numerous greyish-white patches, in size from a pin's head to a split pea, solid, with deep red margins. At the base of the right lung is a circumscribed patch, probably malignant. The liver projects less downwards than it was felt during life. The surface is covered with nodules, evidently malignant, from the size of a pin's head to that of a nut. The prominence which could be felt at the epigastrium is now seen to consist of several nodular masses. The upper border of the liver is adherent to the diaphragm, and the adhesions are infiltrated with cancerous matter. The weight of the liver is sixty-one ounces, measuring ten inches by seven. The right lobe is small. The little nodules on the margin have depressions in their centres. The substance of the liver is dark green, and is studded throughout with cancerous nodules. The induration about the umbilicus is due to malignant disease. The peritoneum is infiltrated with nodules of cancer, especially near the liver, and in the omentum, which is adherent to the parietes. The stomach is small; its coats are thickened. At the pyloric end, the wall is infiltrated with cancerous matter, and ulcerated. The diseased part is two inches and a half in extent, but does not reach to the pylorus itself, which is quite healthy. The vermiform appendix is solid, from infiltration with cancerous matter. Between the rectum and the base of the bladder, about five inches from the anus, is a hard mass, of the size of a Maltese orange, involving the walls of both viscera, but encroaching to only a slight extent on the cavity of either. The posterior peritoneal surface of the bladder is studded with cancerous nodules. The kidneys are healthy, but yellow. The brain is healthy; the white matter scarcely, if at all, stained.

This man was of an age (35) when cancer of the liver is by no means uncommon. Although there is no distinct family history of the disease, it is very possible, from the mother's symptoms, that she had cancer of the stomach. Though his symptoms had not lasted very long, you must remember that patients always date their illness in these chronic cases much later than it really commenced. This man dated his illness from the first discomfort he experienced, but probably the disease had been present for months before. The jaundice in this case was permanent. It is so in all cases of cancer of the liver. Once established, it never goes away; for it results from compression of some of the hepatic ducts, or of the cystic duct, by the growth of a tumour; and the growth usually increases. The coffee-ground vomiting, you know, is a sign of hæmatemesis. The blood, oozing from a large number of capillaries, is acted on by the gastric juice as it does so, and is converted into that black matter. Only do not confound bilious vomiting, dark green bile, with "coffee-ground" black matter. Sometimes, even when you see it, you will have a difficulty in determining which it is. Sometimes you may use chemical reagents which may assist you. And one other point is useful: if you dilute the bile, however dark it is, you commonly bring out the greenish colour; while altered blood will still retain its black tint. It is noted that the patient suffered no pain. Cancer of the liver is one form of cancer that is unaccompanied by pain, unless the peritoneum becomes involved, as it usually does towards the end of the case, and then the pain may be severe.

The condition of the umbilicus is a point to which I would direct your especial attention. I have noticed, in several cases of cancer of the liver, that one of the earliest indications of the exact nature of the disease was obtained from an examination of the umbilicus. This is a fact of great practical importance; and, when you have a case which you suspect to be hepatic cancer, or about which you are doubtful, you had better examine the umbilicus, for there you may get the key to the whole mystery.

In this case, the liver lay rather low for cancer, in which the dulness usually extends considerably upwards. The cause of this, I believe, is the adhesion of the liver to the diaphragm, and the paralysis of the latter in consequence of the growth into it of cancerous nodules. Whenever you feel on the surface of the liver distinct nodules, as we did in this case, you may be quite sure that you have to do with either cancer of the liver, cirrrhosis of the liver of an unusual form, syphilitic disease of the liver, or hydatid disease of the liver. Hydatids of the liver, I think, you might have excluded in this case. When more than one hydatid nodule is to be felt, one or more would certainly form large rounded tumours. If the nodules that were perceptible to touch were larger than a pea, I think you may come positively to the conclusion that the disease was not cirrhosis; that it was either cancer or syphilitic disease. But then syphilitic diseases of the liver in the adult are infinitely rarely, all but never, attended with peritonitis, with jaundice, or with ascites, conditions common in cancer. But a growth in the liver increasing with the rapidity with which, as the subsequent notes show, this growth did, could be nothing but cancer. But let me caution you about a fallacy. The patient was growing thinner, and in such a case it might be that the liver was more easily felt. Here there was no doubt, however, of the actual increase in size. Again, a depression felt on the centre of a nodule on the liver, such as was felt in this case, is absolutely diagnostic of cancer. The anasarca which occurred towards the end of the man's life, was probably in part due to the fluid in the abdomen; in part, to the narrowing of the vena cava; in part, to changes in the blood, rendering it more watery; in part, to the emaciation. There was a condition of blood favourable to its escape from the vessels, a considerable amount of emaciation, and therefore less support of the capillaries, conditions which might alone lead to a small amount of œdema; and if there be a slight compression of the vena cava, would be sufficient to determine a decided amount of effusion of serosity with the cellular tissue. At the *post mortem* examination, we found the liver lie higher than it was felt during life, just as we found the spleen in the case which I mentioned to you last week. The patient dies at the end of an expiration, the diaphragm accordingly is greatly arched, and the organs in contact with the diaphragm lie high up under the margin of the thorax. There was a considerable cancerous growth in the wall of the stomach, which might alone have given rise to the hæmatemesis. There were no symptoms during life of pyloric constriction, and after death we found the pylorus free from disease. Now when cancer occurs in the stomach primarily, beginning as a separate centre, it occurs, as a rule, at the pylorus, or at the fundus, or at the cardiac orifice. In this man, it was not at the pylorus, and it had doubtless passed by extension from the liver. Some inflammation had occurred over a cancerous mass in the liver; adhesion had formed between it and the stomach, and the coats of the latter were infiltrated with cancer.

Cancer of the liver, I may say, producing abdominal tumour, occurs under two forms—infiltrating cancer, of which we have a specimen in this preparation, and cancerous nodules. Now and then cancer nodules in the liver are so small as to give rise to no symptoms. In the infiltrated form, there is less tendency to inflammation of the peritoneum than in the others, in which there is great tenderness, and often friction to be heard. You may find in the liver scirrhus, encephaloid, and colloid cancer. Colloid is rare; perfect specimens of scirrhus, and perfect specimens of encephaloid are rare. The usual form is what has been called a scirrho-encephaloid, not very soft and not very hard. The occurrence of colloid cancer in the liver has been doubted. We have an excellent specimen in University College Museum. The diagnosis in this case rested—1. On the size of the liver; the nodules on its surface to be felt during life; the increase in the size of the nodules while the patient was under observation; the depression on the surface of one of the nodules. 2. On the cancerous condition of the umbilicus. 3. On the gland in the groin.

As mechanical consequences of the cancer, there were—1. Ascites; 2. Jaundice. As points bearing on the diagnosis—Tenderness of the surface of the liver; hæmatemesis.

You see from this case how large an amount of cancer may be rapidly formed without any elevation of temperature, without any increased frequency of pulse. There is another case in the hospital to which I wish to direct your attention, but it is too long to go into to-day. I may say, however, that the man's primary disease is a dilated heart—primary, that is to say, in relation to his liver. The dilated heart has depressed the liver, and rendered visible through the wall of the abdomen the rounded upper surface, which, when seen, is so characteristic of depression downwards of the liver. He has, in addition, a certain amount of enlargement of his liver, from congestion, to which I shall have to refer on another occasion.

HOSPITAL ADMINISTRATION.

By HENRY W. RUMSEY, M.D.T.C.D., Cheltenham.

THE following are observations upon the questions propounded by Mr. Ernest Hart for discussion at the Metropolitan Counties Branch of the British Medical Association. [See page 221.]

The whole question of hospital administration involves difficulties and complications which are more of a social, than of a medical or scientific, nature, and are to be settled rather by recurring to sound principles of political economy, than by considerations of professional interest or medical ethics. Yet both the successful treatment of the sick poor, and the advancement of medical science, would be most largely promoted by such amendments of the present system as would limit the benefit of purely charitable institutions to those who are *real* objects of charity, and whose cases are of the most serious and urgent nature.

I.—The "abuse" of medical charities is at least *fivefold.*

1. They are employed largely for the relief of persons who, under judicious regulations, might be enabled to provide for themselves—lodging, board, and nursing (as in-patients)—medicines (in all cases)—and, to some extent, even medical advice and surgical aid.

2. *In England*, they are too often substitutes—very imperfect and very expensive substitutes—for a comprehensive *national* provision for the medical relief of the poor.

3. They are very commonly prostituted for the selfish objects and the private convenience of those who contribute to their support.

4. They are subjects of financial mismanagement and consequent embarrassment.

5. Their distribution, their sites, and their construction are frequently open to serious objections, and tend to defeat the professed objects of their establishment.

I might add, among other minor abuses, that *special* hospitals and dispensaries are not unfrequently made the instruments of promoting private interests and personal advancement. But this abuse would probably wither, if the preceding chief abuses of hospital administration were uprooted. The first step towards any reform of this department would be a full, free, thorough, and impartial inquiry, followed by a complete report. This, in my opinion, could be ensured only by national or governmental agency.

Medical charities, like other charities, may be, and often are, administered so as to inflict serious mischief upon society. They must, therefore, be brought under public inspection. I do not believe that the best means of curing their abuses can be discovered, still less settled in detail, until after a comprehensive inquiry. Premature interference with the existing system, and changes based on imperfect information, would probably do more harm than good.

The relations of dispensaries and the *out-patient* department of hospitals to *out-door* medical relief under the Poor-law, are at present most unsatisfactory, and require thorough investigation. That something like consolidation of these sources of relief, or at least the mutual adjustment of voluntary and compulsory efforts for the better attainment of their respective objects, would be the result of such inquiry, I can hardly doubt. The Irish dispensary system, with certain modifications and improvements, suggests a *modus operandi.* Any real necessity for the *out-patient* department of hospitals and infirmaries is very problematical. It is more open to abuse and objection than any other feature of the hospital system. I believe that it might be advantageously limited absolutely to two classes of sick or hurt applicants—those who may be waiting for admission as in-patients until beds are vacant, and those (a larger class) who may be transferred from the intern to the extern department, for the purpose of continued care and surveillance, until finally discharged.

II.—*No* steps, in my opinion, ought to be taken to abolish privilege until well-organised efforts have been made on a large scale, and under legal protection, to supply an obvious and admitted necessity—I mean the necessity for institutions for the reception of working people, not the poorest, who may require "in-door" treatment for sickness or injury. Servants, dependents, artisans, labourers in the public service, and others, form a class of persons *for* whom, or *by* whom, payment should be made proportionate to their average cost in the hospital—payment, not only for board, nursing, and medicines, but also, by some of them at least, for remunerating reasonably the physicians and surgeons; the medical staff consisting of all those gentlemen, within reasonable distance, who possess certain specified qualifications, who consent to receive such remuneration, and who are willing to conform to the regulations of the establishment; and the choice of professional advice being left to the patients, or to those who pay for them.

If this class were treated separately, either in small hospitals and detached houses, or *in separated portions of existing institutions under distinct financial arrangements;* and if the right of admission to such institutions, or parts of hospitals, might be secured either by individual contributions or by mutual insurance; not only would a safe and innocent opportunity be afforded for associated effort, but the working-classes would be provided, on sound principles, with aid of the most valuable kind, whilst the ground would be cleared for the entire abolition of privilege, or purchasable right of occupation, in the old hospitals, which for the future would be confined to their true object—the relief of the sick-poor, or persons just beyond the pauperism of workhouse-infirmaries.

The experience of the Free Infirmary of Edinburgh almost settles the question of the practicability and expediency of abolishing the privileges of subscribers; and the change might be introduced generally whenever due provision shall have been made, elsewhere or otherwise, for those classes who may fairly claim the right of purchasing the advantages of Hospital-accommodation and treatment. Under such arrangements, we should hear far less, if at all, of the financial embarrassments which now commonly result from the "compound method" of *free* admissions in cases of urgency, and *privileged* admissions on the recommendations of subscribers.

In hospitals thus reformed, the "social fitness of applicants for relief" ought probably to be inquired into by a special and non-medical officer, subject to the board of management. This inquiry into circumstances is not a proper or even decent duty for the medical officers, and it should never be left to them. That point being first settled, the selection of cases according to their severity and urgency should be left wholly to the medical staff. How easily, equitably, and beneficently would both these questions be determined were there no conflict with the "rights" of benefactors.

III.—Conclusions on the third head ought, I think, to be deferred until information on the whole subject shall have been obtained by competent authority. A general reform in administration would, indirectly, settle many such collateral questions.

IV.—(*a.*) Towards "an uniform system and publication of hospital accounts", the first step, as before, would seem to be governmental inquiry. No concerted or voluntary scheme of mutual inspection could be expected to answer the purpose generally and permanently. Hospitals, maintained wholly or largely by endowment, ought, I submit, to be brought under the same system of official investigation and legal control to which all other endowed charities are soon to be subjected.

(*b.*) The question of "records of mortality and sickness" belongs to a much larger subject; viz., a *national registration of all sickness, etc., attended at the public cost;* and for this measure, sanitary reformers are earnestly contending. Such registration, were it made by public authority in every district for the registration of deaths, would include all cases of disease and injury treated in hospitals and public institutions, and their mortality—the precise locality from which each case proceeded being an essential part of the record.

Any institution refusing to supply the required information, ought to be deprived of legal recognition as a place of medical instruction. It is much to be regretted, in my opinion, that hospitals and dispensaries should have been indiscriminately subjected to local taxation. This liability might be judiciously repealed in the case of every such institution as might furnish information for the public records, and enforced upon all recusant institutions. The whole cost of registration ought to be a charge on public funds.

No question is propounded on some matters of the utmost importance to a sound hospital system; namely, on the localisation, the distribution, the size, and the construction of hospitals. Each of these points ought to be considered with reference to the numbers, the circumstances, and the occupations of the surrounding population, its various grouping and density.

If the administration of hospitals demand national inquiry, how greatly also does the site, the construction, the accommodation, and the internal arrangements of every establishment for the reception and treatment of the sick! No body of men, I contend, ought to be at liberty to unite for the purpose of building or extending a hospital in a manner or in a place which would probably be destructive to the lives, or obstructive to the sanative treatment, of the inmates.

The adjustment of medical charity to population—checking extravagant outlay and needlessly profuse provision in some places—indicating the want and promoting the application of such benevolent enterprise to other places, would be one of the most beneficial results of a well-ordered system of public inspection.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

AN OBSCURE ABDOMINAL TUMOUR.

By Charles W. Browne, Esq., District Surgeon of Stockenstrom, Cape Colony.

A young Dutch lad was brought to me to be examined for a tumour in the abdomen. I found, in the epigastric region, a swelling extending from an inch and a half below the ensiform cartilage to within an inch and a quarter of the umbilicus. It measured across 6 inches; vertically, $4\frac{3}{4}$ inches; diagonally, 5 inches. Its shape, feel, and size gave the tumour all the appearance of liver; and, on examining in the region in which that organ is generally present, I found *perfect resonance*, and no trace whatever of the organ in question. There was only a history of a fall sixteen months ago, since which the parents stated they had noticed the swelling.

Is this congenital malposition of the liver? or is it possible for the organ to have been dislocated from its position? There is no history of any illness, or of any hepatic symptoms after the fall.

SERIOUS HÆMORRHAGE FROM RUPTURE OF THE FRÆNUM PRÆPUTII.

By T. Joyce, M.D.Ed., Rolvenden.

J. J., a stout, burly man, a saddler by trade, an habitual drinker, stated that he awoke on the morning of January 21st with an erection; and, feeling some irritation, scratched himself rather vigorously. After doing so, he noticed blood on his fingers. He got up, came downstairs, and soon found his shirt and trousers wet with blood. Becoming alarmed, and thinking the blood came from the urethra, he sent to my house about 10.30 A.M. I had then left, and did not see him till 2 P.M. I found him in bed, quite blanched; his pulse extremely weak and frequent. His shirt, the underlying sheets, and blankets, were drenched with blood, which had soaked through them to the bed. Cloths had been constantly applied during the morning, and removed when saturated with blood. On examination, the whole penis was found swollen; and, on drawing back the foreskin, a continuous jet of blood spurted from a mall rupture of the frænum. A curved needle was passed under the rupture; a thread of silk wound under and over it; and the twist painted with a solution of gutta percha in chloroform. The whole penis was then enveloped in a wet compress and bandage. The needle remained in till the 20th, when it came out in the night. No recurrence of the bleeding took place.

UPON SYPHON ENEMATA, AND THEIR APPLICATION IN PRACTICE.

By W. A. Elliston, M.D., Ipswich.

I think that those who have had the opportunity of comparing the value and efficiency of the syphon enema-tubes, with any of the various force-pump syringes in such general use, cannot have failed to perceive the superiority of the former. On the Continent, the advantages of the syphon-tube have long been recognised, but in this country it is extremely rare to meet with any of one's professional brethren who are at all acquainted with its use and mode of administration.

In 1866, Dr. J. Y. Fotherick, of Derby, called the attention of the profession, in the pages of the *Lancet*, to a cheap, simple, and efficient enema tube, which owed its efficacy to the syphon principle. With this exception, I am not aware that any one has publicly written upon their merits. I am indebted, through a patient, indirectly to Mr. Gowlland, for a knowledge of the superiority of the syphon-tube; and, for nearly two years, I have been in the habit of using no other ordinary enema in hospital and private practice. Different forms of instruments have been suggested by various makers, and the Messrs. Weiss have just recently completed for me one that I think will bear favourable comparison with any of the others. It possesses advantages over any with which I am acquainted, in efficiency, and particularly in cleanliness in its application.

Fig. 1 represents the whole instrument complete. It consists of two parts, a six-feet India-rubber tubing, with a stop-cock at one end, and a funnel-shaped perforated weight at the other; and a large-bored tube about four inches long, and rather larger than a full-sized catheter, for introduction into the rectum.

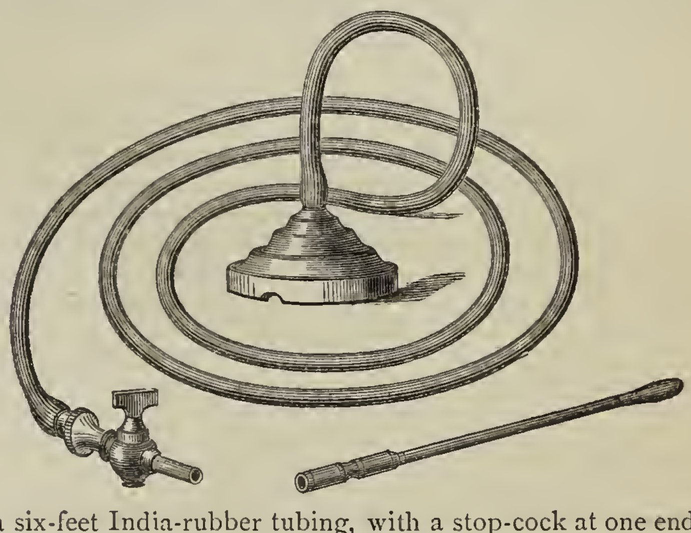
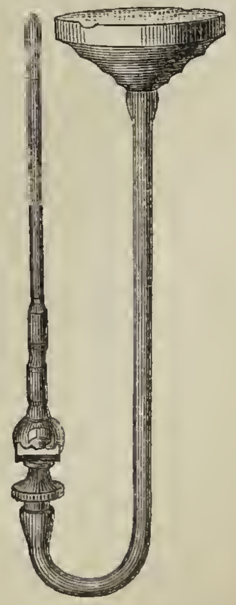


Fig. 2 represents the position in which the tube should be charged with water to expel the air; as soon as this is done, the weight should be inverted in the liquid to be used for injection. It now remains but to place or hold the vessel (containing the injection) above the level of the patient, and, having introduced the rectal tube, connect the two. The injection will now flow easily into the bowel, and can be commanded in the force of its flow by the stop-cock.



I have no hesitation, after a considerable experience in the use of these syphon tubes, in adding my testimony to their great superiority over those in general use. They are much easier of application, give less pain in their administration, than the jerking action of the pump; they percolate, I believe, further into the bowel; and, whether it be necessary to procure an evacuation, or to administer food for absorption, I think they are equally valuable. They cost, moreover, but a few shillings, are very durable, and will therefore bear comparison with the old clyster-pipe in an economic as in any other consideration.

GULSTONIAN LECTURES
ON
CERTAIN POINTS IN THE STUDY AND CLASSIFICATION OF DISEASES OF THE NERVOUS SYSTEM.

Delivered at the Royal College of Physicians.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.,
Physician to the Hospital for the Paralysed and Epileptic; Assistant-Physician to and Lecturer on Physiology the London Hospital.

Lecture II.—Abstract.

Continuing the subject of the Medical Physiology of the Cerebral Hemisphere, the Lecturer gave a condensed account of some of the innumerable varieties of defects of speech which attend disease of, and of the hemisphere near to, the corpus striatum of one side, usually the left.

He pointed out that the phenomena of hemi-spasm show that muscles acting bilaterally are practically *equally* connected with each of the corpora striata—a conclusion at which Dr. Broadbent had some years ago arrived deductively. The phenomena of the severest cases of hemi-spasm, from disease of *one* hemisphere, however, in which both sides of the body are convulsed, led him to a modification of Broadbent's hypothesis. Thus, taking one side of the brain, the right, the Lecturer thinks that the muscles acting unilaterally, both of the left and of the right side of the body, are represented in the right side of the brain, but that the muscles of the left side of the body are especially represented there: 1. More in quantity, for they are more affected when the hemisphere discharges; and 2. First in Time (instability), for they are affected before those of the right side. He thinks that, having from the study of the effects of want of action and of "over-action" of the corpus striatum, arrived at a better knowledge of the plan of composition of one nervous organ, we may fairly use this knowledge as a means of further investigation. He thinks that Broadbent's hypothesis, and the facts which so strikingly confirm it, help us to a better understanding of the action of *two* hemispheres in mental processes. From a consideration of the phenomena of such cases as that of a man (the left side of whose brain was damaged) who could not speak, but could understand what was said to him; who could not write, but could copy writing, and who might ejaculate—from the consideration of such a case, the Lecturer was led to believe that the fundamental defect in loss of speech from disease in one hemisphere, is inability to reproduce words voluntarily, because the leading motor part of one side (the left) of the brain is damaged. Involuntary reproduction (understanding words) remains possible, because the automatic side (right) is intact. Thus, reduced to its simplest form, loss of speech corresponds to hemiplegia, in which form of palsy the voluntary movements are lost, the involuntary preserved. In other words, it seems that the "Unit of Action" of the nervous system is—as we might expect from the organism being a two-sided one—double the unit of composition. There is this difference, however, betwixt damage to the corpus striatum and damage to the hemisphere just above it; viz., that whilst damage to *either* of the corpora striata produces practically the same effect—loss of the most voluntary movements of the limbs on but *one* side of the body, damage to *but one side* of the brain—usually the left—will destroy voluntary speech altogether. This, however, is not the objection it at first glance appears to be; for in the highest sensori-motor processes we cannot expect that there will be *two* sides for the "cessation of automatic action and the dawn of volition," which is, Spencer says, one and the same thing. The two brains cannot be *mere* duplicates, if damage to one will only make a man speechless. For those processes, than which there are none higher, there must surely be *one* side which is leading. The Lecturer supposes that the processes for judging distance, for walking, for talking, and for thinking, are fundamentally alike, and that, unless the patient, who is rendered speechless by damage to one motor side of his brain, had (in addition to right and left *sensory* sides) processes for the movements of words remaining, he would not be able to receive, certainly not to understand, a proposition; *i.e.*, he would not be able to give relations of coexistence (coexistence is, according to Spencer, alternate sequence) to images developed by its two terms, which terms are presented to him in simple sequence, any more than he can estimate the relations of two external objects by impressions on two sense surfaces without movement.

He urged that the special study of those nervous diseases distinguished as mental should be approached from the basis supplied by grosser symptoms, such as defects of speech already spoken of. In this connection he spoke of the importance of studying defects of sight, from the physician's point of view. He said that *lack* of no part of the cerebral hemisphere *produces loss of sight*, although the *presence* of coarse disease, for instance, a tumour, in many parts (in any part?) leads to inflammation of both optic nerves. Nor does disease in the hemisphere lead in any way to deafness of both sides. He does not think it, *à priori*, likely that the optic nerve, any more than the radial nerve, would be represented in any one part of either or of both the cerebral hemispheres, but in every part of each of them; and, excepting to an inconsiderable extent, only indirectly. Taking illustrations from disease, the kind of "sensation disorder," we should expect from disease of the cerebral hemisphere would be spectral illusions—a disorderly reproduction of *very complex impressions*, which differ from defects of sight as a mistake in a word does from a cramp in the tongue. On this higher level, however, there will, doubtless, be some kind of localisation, and its most general character may be inferred. Since—as Lockhart Clarke has pointed out—the structure of the anterior convolutions does differ from that of the posterior, they must serve differently in mind. Facts seem to show that the forepart of the brain serves in the motor aspect of mind, and we may fairly speculate that the posterior serves in the sensory.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

Lecture II.

Professor Huxley's second lecture was devoted to an exposition of the early condition of the Vertebrate Ovum, which presents two very distinct types of structure. One of these types may be exemplified by a Mammalian ovum, the other by the egg of one of the Sauropsida; *e.g.*, the common Fowl.

The Mammalian ovum is exceedingly small, and is enveloped by the vitelline membrane, or *zona pellucida*. Within this is a mass of granular, viscid, fatty, substance—the vitellus—enclosing the germinal vesicle (lined by a membrane), which again contains a more thickly walled body—the germinal spot.

The monotremes differ from all other mammals by the much larger size of the ova; but these are not known to deviate from the mammalian type as to their essential structure.

The second, or Sauropsidan type (as exemplified in a laid Hen's egg), differs from the mammalian ovum by its enormously greater size, and more complex structure. Disregarding the accessory parts (the shell and the albumen), and confining attention to the yelk, it will be seen that the latter is enclosed by a membrane, which may or may not answer to the vitelline membrane of the mammalian ovum. Immediately within this membrane is a layer of cells (termed the white yelk) which surrounds the vitellus, except at one spot, where a much more transparent structure appears, in the shape of a small oval space, or disc, which is the cicatricula, or "tread;" and immediately beneath this disc is placed a network of large cells, which latter become the mucous layer of the embryo. This disc is the potential Fowl, and, of course, such a laid egg does not answer to the unimpregnated mammalian ovum already described. If another and unimpregnated ovum, from high up the oviduct, be taken, there is even in it an appearance of a cicatricula; but this is produced by the germinal vesicle, which contains, not one, but several, germinal spots, and which germinal vesicle, together with the granular substance which invests it, answers to the whole, or to part, of the mammalian ovum.

The Hen's egg differs, then, from the Mammal's: 1, in size—the unimpregnated egg being millions of times larger than the mammalian ovum; 2, in the plurality of germinal spots; 3, in the presence of ready-formed elements (the white yelk, etc.) before fecundation.

Fishes, speaking generally—certainly osseous Fishes—agree with mammals in the structure of the ovum, except that each germinal vesicle contains several or many germinal spots.

The mammalian ovum becomes enclosed in a Graafian follicle, and then presents a close resemblance to the very early state of the Fowl's egg. Moreover, the vitellus of the latter form becomes surrounded by a comparatively structureless layer—a sort of zona pellucida—which may answer to the vitelline membrane of mammals, unless, as some observers assert, this structure afterwards disappears.

After impregnation, the germinal vesicle disappears, and yelk division takes place. This division extends throughout the ovum in mammals; but in birds it is confined to the small, flat, oval disc—the region of the cicatricula. The chick's egg then enters into, as it were, a state of hibernation, till the requisite heat is applied to carry on the process of development.

The Blastoderm does not truly consist of more than two layers, but two distinct constituents enter into its formation. One is derived from the segmentation of the primitive ovum; the other from the ready-formed element of the yelk—directly derived from the mother. For, according to Professor His, the maternal structure called the white yelk is directly continued in beneath the serous or superficial portion of the incipient chick, and above the deep or mucous part. A very singular result follows, for thus all the essentially animal part of each chick will have submitted to the paternal influence, while the blood-vessels, connective tissue, and bones will be direct buddings forth from maternal structures existing in the ovum ready formed before impregnation. It may be the case, however, that not only the substance between the serous and mucous layers, but that the mucous layer itself, is also derived exclusively from the preformed material. It may be the case that those large cells already spoken of as existing beneath the primitive oval disc in the laid egg, and which large cells become the mucous layer of the germ, are similar in origin and in essential nature to the cells which constitute the white yelk. On the other hand, it is possible that these same large cells may be results of the process of subdivision of the disc; and in that case, of course, not the result of an extension or growth of the white yelk.

In any case, the germ consists, within twelve hours of incubation, of a well-marked and defined serous layer (superficial in position), of a layer of large, almost vegetable-like, cells—the mucous layer, and of an intermediate substance placed between the serous and mucous layers, but much less distinct from the mucous layer below it than it is from the serous layer above it.

In the Amphioxus, the Lamprey, and in the Amphibia, a very peculiar mode of development exists. There is complete yelk-division, and from the surface of the ovum a fold is produced on each side. These folds unite (except at one spot, which is the future anus,) and enclose a cavity, and the primitive groove of the embryo appears on the outer surface of the fold, which covers in the cavity. In these creatures there is no yelk-sac distinguished from the body of the embryo, whereas in the other vertebrata such a distinction is invariably produced.

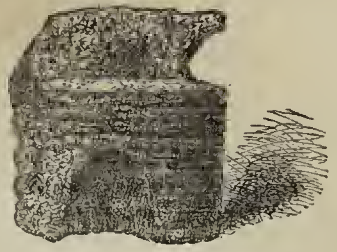
REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

THE MIDDLESEX HOSPITAL.

BREECH OF A GUN IMPACTED IN THE FOREHEAD FOR TWELVE YEARS: REMOVAL: RECOVERY.

[Under the care of Mr. GEORGE LAWSON.]

J. G., aged 28, was admitted into the Middlesex Hospital, under the care of Mr. Lawson, complaining of a very offensive discharge from the nostril. There was a deep scar just between the frontal sinuses, and the right side of the nose in the upper part was rather swollen. There was fairly marked exophthalmos, the right eye being more prominent than the left; the conjunctivæ were somewhat injected. On examination by the nostrils it was found that a hard and moveable body was lodged beneath the scar, and in the upper part of the nasal cavity. The patient stated that twelve years previously his gun burst while shooting wild fowl, and produced a severe wound between the eyes, and many smaller ones in his face. He did not become insensible, and was able, with assistance, to walk home. He was laid up for four months, during which time his eyes became inflamed, and the room was kept darkened for a month or six weeks. The eyesight on the right side became completely destroyed: he has, however, been since able to distinguish light. The left eye was also slightly affected at the same time, but it completely recovered. He was occasionally delirious. The wound of the forehead discharged profusely for about a year, when it healed up, to break out afresh again and again. He observed that, when the discharge appeared by the nostrils, the wound in the forehead closed. He was attended through his illness by several medical men, but they never found, nor did they appear to suspect, the presence of a foreign body. The patient remained pretty well up to about three years ago, when he began to suffer from severe neuralgia on the left side of the nose and adjoining cheek. After nine months' suffering it left, and at the same time he felt a loose body in the nostril. He continued in this state up to the date of admission.



Operation.—Mr. Lawson first endeavoured to pull out the foreign body from the nose with a pair of strong forceps introduced through the nostril; but this he failed to do, as, although he could grasp it without any difficulty, yet it was too large to be drawn through the nostril. He therefore laid open the right cavity of the nares by an incision carried through the nostril along the fold which forms the line of demarcation between the cartilage of the nose and face. The piece of iron was then seized with the forceps, and, after considerable traction, removed; it weighed an ounce and a quarter, and was covered with a thin layer of rust. The accompanying woodcut represents its actual size and shape. The wound was united with two fine sutures. The patient recovered without a bad symptom, and in a week left the hospital.

LONDON HOSPITAL.

VESICO-INTESTINAL FISTULA; COLOTOMY.

(Under the care of Mr. MAUNDER).

FOR the notes of this case we are indebted to Mr. G. E. Herman.

J. F., aged 59, had suffered from diarrhœa for some months before coming under observation. On admission, he was the subject of a communication between the bowel and bladder; was greatly emaciated, and experienced very often intolerable pains, more especially in micturition. The symptoms indicated that the disease began in the intestine and spread to the bladder, and also that the communication between them was high up in the rectum. On July 10th, 1868, colotomy was performed in the left loin with the greatest possible relief to suffering. The patient died calmly, about six weeks subsequently, of exhaustion consequent on previous suffering. After death a large but simple ulcer was found at the lower part of the sigmoid flexure, and in the centre of it a small perforation communicating with the interior of the bladder. It was much to be regretted that the operation had not been performed earlier, and before the vital powers were worn out by the agony which this man had evidently endured. This is the second case of the kind in which Mr. Maunder has performed colotomy for the relief of intolerable pain, and with unmistakeable benefit. He has also recently performed a similar operation for the relief of intractable and exhausting stricture in a female aged 60; a pathological condition in which Mr. Curling advised and has performed colotomy. There can be no doubt that this operation is capable of prolonging life and diminishing human suffering more than is generally supposed. Its consequences are not so disgusting as they appear to be at first sight, and it entails little risk to life. Nearly twelve months ago Mr. Maunder operated on a female about seventy years of age, for obstruction, and she still remains in fair health.

UNIVERSITY COLLEGE HOSPITAL.

CASE OF CHIMNEY-SWEEP'S CANCER OF THE SCROTUM; OPERATION; RECOVERY.

(Under the care of Mr. ERICHSEN).

J. W., aged 49, a chimney-sweep, was admitted, on January 19th, with a raised, painful, and rather pigmented ulcerating growth on the scrotum. He stated that, so far as he knew, there was no history of cancer in his family. The present growth came on six months before admission, when he, while taking a bath, received an abrasion of the skin on the scrotum. The part began to itch, and a purple scab formed which he removed again and again as it formed. A red growth appeared on the spot which increased rapidly in size, and six weeks or two months before admission began to get black, he continuing his employment up to a few days ago. During the last six weeks the part was, at times, very painful. On the 20th, Mr. Erichsen removed the disease and surrounding skin by a single sweep of the knife; the edges of the wound were then brought together by a few sutures. The wound healed up in a few days.

REVIEWS AND NOTICES.

A Practical Treatise on Perimetritis and Parametritis. By J. Matthews Duncan, M.D., Clinical Lecturer on the Diseases of Women in the Royal Infirmary. Pp. 249. Edinburgh: A. and C. Black. 1869.

The appearance of this monograph on a most interesting and important subject is well-timed, and a careful perusal of it has led us to the belief that the work will contribute materially to the elucidation of a somewhat obscure piece of pathology. The terms used by our author, "perimetritis and parametritis," are imported from the writings of Virchow; and he includes under these terms inflammations, whether resulting in abscess or not, in connexion with disease of the uterus and of its appendages. These inflammations are all, in his opinion, secondary on inflammation of the uterus or of the tubes or ovaries, or produced by noxious discharges through or from the tubes and the ovaries, or by mechanical injury, inflammation of the mucous membrane of the womb being the most common both in the puerperal and non-puerperal states. There can be no particular reason for refusing to adopt the nomenclature of Virchow; and we think the terms here employed, on the whole, useful—"parametritis" implying inflammation in the cellular tissue around the uterus; and "perimetritis" inflammation of the peritoneal covering of the organ. But we think Dr. Duncan somewhat unnecessarily strong in his criticism on the nomenclature of previous writers. When he states that the inflammatory action is hardly ever situated in the broad ligament, and that, therefore, it is a mistake to speak of inflammation and abscess of the broad ligament, we cannot agree with him. It is the fact, that the inflammation very frequently indeed begins close to the uterus; but it almost immediately affects cellular tissue covered both anteriorly and posteriorly by those expansions of the peritoneum which are known as the broad ligament. A mass of indurated cellular tissue extending outwards from the uterus to the pelvic wall is necessarily bounded by the broad ligament; and this is precisely the position in which the induration or phlegmon is most frequently to be felt by a digital examination of the vagina. Nor can we agree with him in his rejection of the term pelvic abscess. An abscess existing in the pelvis is a pelvic abscess, whatever may be its primary origin. Parametritis very frequently does end in abscess, which is not the less an abscess because of that mode of origination. Its location surely entitles it to the appellation pelvic.

Perimetritis and parametritis are the result of uterine inflammation in the great majority of cases. Dr. Duncan shows that opinions, including his own, have been of late years almost uniformly tending to this conclusion; to prove which he cites passages from Velpeau, Marchal, Graily Hewitt, McClintock and Hardy, Bennet, Aran, West, and Virchow—an important advance on the doctrine which prevailed some years ago.

The clinical features of the disease are next considered. Fulness is generally present. Hardness is not always of the "deal-board" character which Doherty, accurately as regards many cases, gave as significative. Fixation is a quality which must be added to the hardness, though even this is not invariable. Dr. Duncan does not believe that cellulitis, in the stage of effusion of serum, ever produces a tumour so large as the uterus at the fourth month. He here controverts an opinion of Sir James Simpson's. It is a point of observation, and we disagree with Dr. Duncan. The diagnosis of the nature of a tumour which disappears and melts away must always be difficult; but in our own experience we have seen, or believe we have seen, at all events, tumours of very considerable size, and answering Sir James Simpson's description, which were apparently constituted as he describes them. "Tumour", the sign next considered, is not indicated by mere hardness; and doubtless, as Dr. Duncan states, many cases supposed to be cellulitic tumour or chronic abscess are simply a mass of organs adherent and fixed. "Fluctuation" is rarely felt, according to Dr. Duncan, though there is a peculiar sensation which the highly educated finger may correctly associate with presence of fluid. This fluctuation is only to be felt with two fingers, employment of which is frequently impossible.

The works of Bernutz have made us acquainted with the frequency of pelvic peritonitis. Dr. Duncan appears to adopt the views of this author in great part. He believe adhesive pelvic peritonitis to be very common. Under the term "encysted serous perimetritis" are described some interesting cases where serous accumulations occurred behind the uterus. The cavity containing the fluid is bounded by adhesions formed superiorly; and Dr. Duncan believes that these cases are sometimes taken to be ovarian cases of cyst.

Perimetric abscess he believes to be far less common than Bernutz supposes; and he thus holds a sort of intermediate position between this author and Nonat, who contended for the cellulitic position of pelvic abscesses. He justly allows Bernutz the very great credit he deserves for calling attention to the frequency of pelvic peritonitis. "*Parametric* phlegmon" Dr. Duncan uses to describe the "periuterine phlegmon" of Nonat and the "cellulitis" of Simpson; and his views appear to be identical with those of Nonat and West on the general features of the affection. "Parametric abscess", the further stage of this affection, is next discussed. "Abscesses in the cellular tissue are no doubt common," says Dr. Duncan; but he regards "perimetric or intraperitoneal purulent collections as forming the majority of the grave abscesses in this situation." This is a point which is as yet undecided; but we believe Dr. Duncan gives too great a preponderance to the intraperitoneal abscesses. Dr. Duncan well insists on the fact that the parametric abscess may extend in any direction and to a considerable distance, but not the less originates with the uterus. "Iliac" abscess he has never seen originating in the uterus without well marked continuity from that organ.

On the treatment of these affections Dr. Duncan has some sound practical remarks. He has no faith in mercury for the removal of adhesions. Early evacuation of abscesses he recommends. Leeching of the uterus he considers preferable to scarification, though few cases admit of blood-letting in any shape. His book is one which the best informed practitioners will read with interest and advantage.

The Practice of Medical Electricity. By G. D. Powell, M.D., etc. Dublin, 1869. 12mo, pp. 165.

This is the sort of thing which was to be dreaded. The medical atmosphere is at present so charged with electricity, that electrical disturbance of the brains of some few was almost inevitable.

Dr. Powell, feeling, of course, the vast importance of the subject, has produced the above work, which he—no doubt seriously—"intends as a guide (!) for the medical employment of electricity." We know what happens when the blind lead the blind. Here are a few specimens of the way in which the author acts as a guide. At page 33 he says, "Faradaic machines and Faradaic currents are terms used to denote certain induction currents from other induction currents and is called *Electro-magnetic*, and produced by the electro-magnetic machine, and also an induced current produced by permanent magnets, and called Magneto-electric." This is enough to land the uninitiated in the ditch at the very outset. In his description of Ladd's induction machine (p. 35), he informs us that the "Electrometer is a sulphate of mercury battery." Doubtless he means to say the electromotor, etc.

Dr. Powell's ideas on elementary points in electro-physiology are very extraordinary. He says (p. 59) "We may now regard as demonstrated in a decided manner by the researches of Matteucci and Dubois (*sic*) Reymond: 1. That there exists both in the muscles and nerves of all animals a natural electricity, independent of mechanical, physical, or chemical actions, exterior or interior" (*sic*). This betrays really shocking ignorance on the part of Dr. Powell.

We fancy that Eckhard, too, would be rather startled were he informed that (p. 63), "If the nerves of a rheoscopic frog's limb be included in a galvanic circle, you cannot produce contractions by acting on the part of the nerve that lies between the poles." Dr. Powell has omitted to say that such is the case *only* when an exceedingly strong current is used. Here is another of the "present views of electro-physiology" (p. 60): "The coagulation of the blood, drawn from the body is increased in rapidity by contact with a foreign body (Lister)."

These quotations will suffice to show how much Dr. Powell has been mistaken in supposing that his knowledge of this subject is such as to enable him to act as an instructor. Not only is this book bad from a scientific standpoint, but it sins grievously in almost every other respect. The mode of expression is frequently quite unintelligible; grammatical rules are repeatedly violated, and names of distinguished individuals, technical terms, and even common words, often suffer the most merciless distortion. Here are some examples; "Berzelious," "Daniel," "Oerstead," "Lester" (Lister), "Treusseau," "Sievking," "Ruhmkorrff," "Leydon jar," "Sniderian membrane," "Muralema" (*neurilemma*), "neuroetinitis," "rheaphores" (*rheophores*), "electrotherapic" (*electrotherapic*), "hemipligia," "positiva pole," "theraputists," "resorbtion," "perepheral" occurs four times in a single page, "pile á Rubens" (*pile à rubans*).

The book is one which we regret to be obliged utterly to condemn, and against the radical unsoundness of which it is our duty to warn both the author and the readers whom he may find.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

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ON GOING TO SLEEP.

THE modern doctrine as to the state of the brain during sleep is directly opposed to that which was formerly maintained. The older writers and physiologists, with the exception of Blumenbach and a very few others, held that the blood-vessels of the brain were in a gorged and congested condition during sleep; and they thought that the supervention of this state was in great part due to excess of pressure upon the brain-pulp by these distended vessels. Doubtless, the long continuance of this doctrine was partly attributable to the fact that those who thought or wrote upon the subject did not discriminate the real and fundamental distinctions existing between the condition of sleep and that of coma. On the contrary, they thought them allied conditions, and therefore assumed that the state of the cerebral blood-vessels which does most probably coexist with the condition of coma was also an anatomical characteristic of the brain in the state of sleep. This, however, was a grave error; and, notwithstanding the observations of Blumenbach, Dendy, Dr. Alexander Fleming, and others—all pointing to the conclusion that, during sleep, there is an anæmic, rather than a congested, condition of the brain—the old view was still maintained by most writers till the appearance, in 1860, of an able paper on the subject by Mr. Durham. He supplied valuable experimental evidence in favour of the view that the brain is comparatively anæmic during sleep; and almost similar experiments subsequently led Dr. Hammond of New York to express the same opinion. The valuable ophthalmoscopic observations of Dr. Hughlings Jackson upon the state of the retina during sleep also revealed an anæmic condition of this appanage of the cerebrum.

In this stage of the doctrine, an interesting little book has just been published by Mr. Charles H. Moore, *On Going to Sleep*, in which he endeavours, and we think with some success, to advance our knowledge of this interesting and mysterious state. Mr. Durham had concluded, that "whatever increases the activity of the cerebral circulation tends to preserve wakefulness; and whatever decreases the activity of the cerebral circulation, and at the same time is not inconsistent with the general health of the body, tends to induce and favour sleep." But, as Mr. Moore remarks, we are only too apt to overlook the fact that sleep "is an abrupt change of state"; and we are usually too content to attribute its accession to some general cause, such as "weariness" of body or mind. This may facilitate our repose, and be a predisposing cause; but it certainly cannot of itself produce it. He says: "Sleep is not a mere continuation, a gradual deepening, of weariness. Some persons, when by no means weary, can sleep almost at will; and, when unquestionably weary, can resist the disposition to sleep.......The mechanism of sleep must be something more specific than a sense of weariness." Admitting that sleep is attended by a diminution of blood in the brain, Mr. Moore thinks that this diminution, which is the immediate cause of sleep, is occasioned by a contraction of the arterial trunks at the base of the brain, and of the blood-vessels of the pia mater, under the influence of a stimulus originating from the ganglia of the sympathetic system. But he does not think that the contraction extends to the intracerebral vessels, or to the ultimate ramifications of the carotid and subclavian arteries in the substance of the various parts of the brain; because, as he says (on what authority we know not), these intracerebral twigs are devoid of nerves; and also because, as he intimates, they do not possess muscular walls. This last inference is somewhat surprising, and yet it may be legitimately drawn from what Mr. Moore has said. After attempting to show why it is not probable that contraction of the intracerebral twigs should take place, he comes to the conclusion that "the contraction of the arteries producing sleep *extends as far as those vessels have muscular walls.*" If this were the case, then, judging from our own observation, the contraction of the vessels would certainly extend far on into the brain-substance.

The regulation of the calibre of arteries generally, as we are now well aware, after the experimental inquiries of Bernard and others, is under the control of the ganglionic or sympathetic system of nerves. The carotids are known to be embraced by a large number of nerves proceeding from the first great ganglion of the neck; whilst the vertebrals receive their nerve-supply, but in smaller quantity, from the second and third cervical ganglia; though, if the experiments of Dr. Nothnagel (Virchow's *Archiv*, Bd. 41, 1867) be confirmed, we shall have to conclude that other additional filaments to the carotid plexus are supplied by offsets from some of the cranial nerves. It is, therefore, almost certain that the arteries of the brain, like those of other organs, are mainly under the dominion of the sympathetic ganglia; and we do not feel the difficulties which, Mr. Moore seems to think, stand in the way of the acceptance of such a doctrine. He says it seems to attribute to the sympathetic ganglia "a certain discretion, some faculty of thought, or at least a power of selecting the moment and the method of overpowering the brain;" and this ascription to them of a kind of independent power of superseding the cerebral functions, he seems to think, "touches the innermost difficulty of accounting for the onset of sleep." But this supposed difficulty seems attributable to the fact that Mr. Moore appears to think the force causing the arteries to contract must either emanate spontaneously, as though by a species of volition, from the cervical ganglia; or else must be derived ultimately from some portion of the central nervous system (such as the medulla) which does not sleep. But most of these difficulties vanish, if we suppose some such interdependence as this to exist—namely, that the brain exercises a kind of repressive or inhibitory influence upon the cervical ganglia, so that, in the ordinary conditions of wakefulness, a tonic state of contraction merely is maintained in the arteries. But brain-energy has a controlling influence over other lower nerve-centres, as physiologists have abundantly demonstrated; and, in this particular case, we may suppose that, just as the brain-power diminishes, or, in other words, as the fatigue increases, so is the pressure taken off from the sympathetic ganglia, so that they tend to assume that condition in which they are enabled freely to generate, or at all events discharge, force adequate to bring about the contraction of those cerebral arteries which is necessary for the production of sleep. The contraction so caused, entailing as it does a still further diminution of brain-force, gives rise to conditions still more favourable for the spontaneous and continuous outpouring of force from the cervical ganglia; so that the condition of sleep continues, and is rendered sounder than at its time of onset. Nutritive restoration going on throughout the brain during sleep, whilst the expenditure from functional activity being slight, at last we may imagine a degree of tension existing in the nerve-elements of the brain which, from some slight determining cause, leads to an overflowing stimulus upon those portions of the sympathetic ganglia concerned in the production of sleep, sufficient to curtail the amount of energy emanating from them. This leads to a redilatation of the cerebral vessels to those dimensions which coincide with the state of wakefulness. Some such correlation or interdependence, we think, must exist between the brain and the parts of the sympathetic ganglia concerned in the production of sleep. It is well known that persons of active and excitable temperaments are not the greatest sleepers; but, on the contrary, we meet with these amongst children (whose power of attention is soon exhausted), amongst very old people, and persons of dull sluggish intellects. These facts are harmonious enough with the view we have just been enunciating—a view which Mr. Moore might have advanced more clearly and decidedly than he has done; for, in spite of the difficulty before alluded to, he does seem to have drifted into some such doctrine as this in his “Summary” (p. 30).

It has as yet only been actually demonstrated that contraction takes place during sleep in the branches of the carotid arteries; and it is at present, therefore, only a matter of presumption that a similar condition exists in the branches of the vertebral and basilar arteries. Mr. Moore, however, concludes that “the vertebrals contract less vigorously and less completely than the carotids, and that the sleep of the posterior [and inferior] parts of the brain is consequently less profound than that of the anterior;” though it appears to us that a consideration of the state of the mind during sleep and dreaming would lead rather to the very opposite conclusion. He says that filaments from the sympathetic plexuses do not extend so far along the branches of the vertebrals as they do along those of the carotids; and therefore he is disposed to think that the sleep of the parts of the brain which they supply is procured rather by the contraction of the main trunks, than by that of their offsets. But, we would ask, how it is possible for the main trunks to contract when they have undergone that extreme degree of calcification and thickening which we not unfrequently see in old people, whose ability to sleep has, however, suffered no corresponding diminution? We think that Mr. Moore places too much weight upon the contraction of the main vessels, and is by no means sufficiently disposed to admit the possibility of the contraction of those smallest arteries within the brain-substance, upon the alteration of whose calibre Girondeau (*De la Circulation Cérébrale Intime dans ses Rapports avec le Sommeil*, Paris, 1868) perhaps lays even too great a stress. From the varying mental states, however, during sleep, as evidenced by different kinds of dreams and somnambulistic conditions, it would seem probable that there are local ganglionic centres throughout the brain presiding over comparatively limited vascular territories; so that some portions of brain might be in a condition of subdued activity, whilst others supplied by the same main artery were in a state of sleep. All this, however, is mere conjecture.

We cannot follow Mr. Moore into the attempt which he makes to account for the phenomena of somnambulism by the supposition that the parts in the area of the carotid circulation continue asleep, whilst those supplied from the basilar artery are awake. We think this view is open to many objections, though we would recommend our readers to ascertain for themselves what Mr. Moore has to say in its favour.

We will only remark, in addition, that Mr. Moore seems to regard “mind” as an entity, acting through “brain” as its organ; that he seems to us too readily to take it for granted that sound sleep is dreamless and unaccompanied by mental activity of any kind; and it is somewhat strange for him to allude so freely to the alterations taking place in the amount of blood within the cranium, without specifying why he thinks such changes are possible, seeing that this very possibility has been so strenuously denied by many.

THE DEPUTATION TO THE LORD ADVOCATE OF SCOTLAND.

The significance and importance of the meeting of Wednesday, detailed elsewhere, should not be lost sight of. At a time when medico-social politics are occupying so large an amount of public notice, and are deservedly receiving increased attention from Government, it is of the greatest importance that the medical graduates of Aberdeen and Glasgow should make the most of their exceptional opportunities. This, we think, they fully did on Wednesday; but, on future occasions, it would be wise that a well-attended preliminary meeting should in every case be held, and more complete preparations made for bringing the urgent medico-parliamentary topics of the day before the Lord Advocate.

At the meeting of the Royal Medical and Chirurgical Society on Tuesday next, Dr. Burrows will take the Chair for the first time as President of the Society.

We understand that Dr. Tilbury Fox has been recommended for the appointment of Physician to the Skin Department of University College Hospital.

The Lords of Her Majesty's Privy Council have awarded to Mr. Robert Manners Mann of Manchester the sum of £103 : 13 for meritorious work in vaccination, in consequence of the favourable report received by them from Dr. Seaton, Inspector of Vaccinations for the Privy Council.

CONTAGIOUS DISEASE IN THE NAVY.

The loss by sickness from this cause in 1867-8 is much diminished; the places receiving special condemnation in the *Statistical Abstract of the Health of the Navy* being Port Royal, Jamaica, Valparaiso, Japan, and Hongkong. It is gratifying to know that the Government is preparing to enforce sanitary regulations at Port Royal and in Japan, and has already reformed the law in this respect at Hongkong. The benefit of the Contagious Diseases Act has been marked on the Home Station. Ships stationed at Portsmouth have fared much better than when touching at Portland, where the Preventive Act is not enforced.

POISONOUS DYES.

At a meeting of the Académie Impériale de Médecine, held on the 23rd of February, M. Tardieu made a further communication touching the poisonous action of some modern dyes. He reminded his hearers that M. Cerise had confirmed his former statements respecting the poisonous nature of coralline by calling the attention of the Académie to a case of such poisoning, produced by wearing socks dyed with this substance; and said further, that Dr. Despaul-Ader had had a marked case of the same kind, which, however, had not been published. Another case of a little girl who had suffered from the characteristic cutaneous eruption, brought on by wearing some garments dyed with coralline, of English manufacture, had been brought under his notice by Dr. Michalski, of Vierzon. These cases are examples of a special kind of poisoning, by means of a special poison—coralline—and are to be carefully kept distinct from other cases of a different kind, which M. Tardieu referred to. He mentioned that Dr. Viaud Grand-Marais, Professor in the Medical School of Nantes, had met with a case in which the poison contained in a dyed shirt was not coralline, but magenta, the well-known aniline-red. The poison in this case was the arsenic contained in the magenta, so that, strictly speaking, it was an example of arsenical poisoning. M. Tardieu called attention to the well-known fact of the employment of arsenic in the manufacture of magenta, and remarked that, despite all processes of purification, this dye almost invariably contains arsenic. In order to facilitate the collection of information relative to poisoning by means of dyes, and to avoid confusion, M. Tardieu gave a brief resumé of the distinctive chemical characters of the different organic red dyes to be met with in commerce. These dyes are six in number—garancine (madder), cochineal, murexide, carthamine, magenta, and coralline. The first three cannot be used in dyeing without a mordant; the last three are taken up by woollen or silk fabrics, without it being necessary to employ a mordant. 1. Garancine (madder) is the most fixed of all the organic red dyes; it is not altered by a solution containing three or four per cent. of hydrochloric acid or of ammonia. 2. Cochineal is turned violet by ammonia, and at the same time communicates a bright violet colour to the ammoniacal liquid. 3. Murexide is bleached by citric acid. 4. Carthamine is decolourised by a short boiling with a weak solution of soap (about one part of soap in two hundred of water is enough). 5. Magenta is decolourised by ammonia. 6. Coralline is not diminished in intensity by contact with alkaline fluids. It is dissolved off the fabric by means of boiling alcohol, giving a red liquid, which is *intensified* by ammonia or potash, a character which at once distinguishes it from magenta. At the same meeting of the Académie, M. Chevallier observed that the confectioners who had been in the habit of colouring bon-bons with magenta had received orders to substitute some other dye for that purpose.—Mr. Wanklyn, whose communications respecting the dangers of the modern dyes will be remembered, and who was, we believe, the first to point out the danger of arsenical poisoning by means of magenta-dyed underclothing, writes to us to say that a composite dye is now very much in vogue, consisting of magenta, tinted with some orange-colouring matter. This dye, a splendid scarlet, very much used for underclothing, is doubly poisonous, and exposes the unfortunate wearer to the risk of being poisoned by arsenic, and the risk of being poisoned by an irritant orange dye.

ST. LUKE'S HOSPITAL.

IT is satisfactory to know, from the public letters of the Treasurer and some members of the Committee of St. Luke's Hospital, that they have applied to the Lord Chancellor for an inquiry. No steps, however, have, we learn, up to the present time, been taken to put in motion the Charity Commissioners or Lunacy Commissioners who would conduct such inquiry. It is thought that some difficulty may be found in obtaining inquiry, except upon "an information" to the Chancellor. The most practical course would have been for the Committee to have addressed a letter to the Charity Commissioners or the Commissioners in Lunacy, who would at once, we believe, have been both able and willing to institute it. No one doubts that such an inquiry is most desirable. The results of the inquiries by Mr. F. O. Martin, one of the Inspectors of the Charity Commissioners, in 1836, and again a few years since, were most valuable from a public point of view. Meantime, we think that the Lunacy Commissioners might with advantage insist strenuously upon the carrying out of the rules as sanctioned by the Secretary of State, which they know to be neglected; and it would be most useful that the Lord Chancellor should authorise them to institute an inquiry on oath into the existing state of the hospital.

THE CORONERSHIP OF WEST MIDDLESEX.

DR. DIPLOCK, the Coroner for West Middlesex, in reply to a recent note which we gave of the contents of a letter from Dr. Hardwicke, writes positively to deny the accuracy of the statements. He writes: "As this, however, is not the first time by many that Mr. Hardwicke has used his influence with the press to vilify me personally, and to prejudge the case now before the Court of Queen's Bench, I am reluctantly compelled to say my say. As to the corruption charges, I am informed by my solicitor, this imputation was withdrawn in court in the first instance. The votes complained of as 'bogus votes' were sanctioned by Mr. Hardwicke until he found I had gained the election. He was the first to address the watermen, whose support I did not solicit until afterwards. As to non-residents, I know some voted for him, though living out of the district; and, I am assured, some others voted three times for him. The graveholders' votes he always upheld previous to the announcement of the result of the election, and this by circulars and by personal representation, as many of my friends can avouch; and numbers voted for him. His theory, indeed, appears to be founded on his belief in the old proverb, 'Throw mud enough, and some will stick.' I have hitherto desired, if I might, to treat him as a gentleman; but I must express my surprise that one who, at least of late years, has aspired to a high place in his profession, should, in the unfortunate and undignified position to which he has precipitated himself, unblushingly appeal to his medical brethren for pecuniary aid and assistance, and put forth such statements in support."

THE CONTAGIOUS DISEASES ACT.

WE are indebted for the following to Assistant-Surgeon Myers.—The Second Battalion Coldstream Guards having returned to London, after completing for the first time a six months' period of duty at Windsor since the Contagious Diseases Act has been in force there, I think it may interest many to know what has been the effect produced on the venereal returns of the battalion during that time, compared with the previous six months, when quartered in London. I beg, therefore, to forward you the following report, with the permission of Battalion-Surgeon Cay.

Windsor District.—September 1st, 1868, to February 28th, 1869. Admissions for gonorrhœa: 20 contracted in Windsor, 4 elsewhere; total, 24. Admissions for syphilis: 37 contracted in Windsor, 23 elsewhere; total, 60.

London.—March 1st to August 31st, 1868. Admissions for gonorrhœa, 20; for syphilis, 65.

It so happens, that the admissions during the first period were unusually small, and therefore scarcely any diminution appears to have taken place in the second; but, on separating the latter into two classes, as above, a fair estimate may be made of the good effect of the Act; and such also proves how much more may be done when it is extended to the whole civil population. The type of the disease is also certainly less virulent than what I remember it to have been a few years ago; and, as careful periodical examinations of the battalion have been regularly made, according to the custom of the regiment, the affected men have not had much chance of spreading the disease. In conclusion, I may state that I think it of the utmost importance at the present time that these inspections should be made throughout the army; for, although they may not, perhaps, diminish the amount of disease, they certainly tend to make men report themselves more regularly; and I do not believe that affected men will voluntarily place themselves under the restrictions attendant upon hospital life until personal inconvenience compels them to do so.

THE BIRMINGHAM UNION.

WE have received copies of a correspondence between Dr. Joseph Rogers of London and Mr. John Clay of Birmingham. Dr. Rogers had, as Chairman of the Poor-law Medical Officers' Association made a public communication respecting the discreditable action of the guardians in lately diminishing the number of the Poor-law medical officers, who have to attend an immense population for a very small remuneration. In the course of this letter, Dr. Rogers published the statements to which we last week referred, as to Mr. Clay's complicity in this result. Mr. Clay in the first letter denies that he urged the reduction of the number of officers, or that the resolution was carried through his influence. The facts are, he states, that he moved for the Committee with a view to obtaining for each of the medical officers salaries at the rate of £265 annually, and the drugs found on the Irish dispensary system. Dr. Rogers, in reply, after appealing to his first sources of information, repeats his statements, alleged by Mr. Clay to be untrue; whereupon Mr. Clay rejoins that they are "entirely false", and that he neither moved, seconded, nor supported the reduction in the staff; and asks for the names of Dr. Rogers's informants. Mr. Clay's letter is couched in terms of great indignation at these reiterated charges of "untruth and nepotism". He has, of course, a claim that they shall be either substantiated or withdrawn. But he has obviously been carried to excess by feelings of anger in attacking the Poor-law Medical Officers' Association as trades-unionism. At present, the matter stands in a very unsatisfactory position. Two things are obvious: the action of the guardians ought to be reversed, and Mr. Clay's share in the matter should not be left open to doubt. In the course of the correspondence, Dr. Rogers points out to Mr. Clay, from data furnished by himself, that at Liverpool the drugs are found to cost £1,380 for a population of 270,000; while in Birmingham it is proposed to pay £1,000 in all for drugs and medical service for a population of 220,000. At the meeting of the Birmingham Board of Guardians held March 3, 1869, the following gentlemen were re-elected parish medical officers: Mr. Frowd

Jones, Mr. Jackson, Mr. Darwen, Dr. Suckling, Dr. Suffield. The meeting was special for the election of the medical officers. We hear that a communication has been forwarded to the Board of Guardians from the Poor-law Board; no reference was, however, made to this, or to the memorial signed by many of the medical profession at the meeting.

SANITARY REPORTS FOR THE ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE following communication is from the Librarians of the Royal Medical and Chirurgical Society, Dr. Stewart and Mr. Brooke. We have already briefly called attention to this subject, and need hardly point out to medical officers of health and others throughout the country, how desirable it is that their publications on sanitary matters should be at hand for reference in the library of this society.

We are sure we shall not request in vain your aid in furtherance of an important public object. Two years ago, a paragraph in the annual Report of the Royal Medical and Chirurgical Society invited the attention of its fellows, and of the medical profession generally, to the propriety of preserving for future reference those sanitary Reports, of which many are now published annually throughout the kingdom. In consequence of that appeal, some valuable additions have been made to the Society's collection of sanitary documents. We refer especially to the entire series of Reports on the sanitary condition of Leicester, sent by Dr. John Barclay; the complete collection of the Reports and tabular returns published by the Manchester and Salford Sanitary Association, presented, on behalf of that most useful and public-spirited body, by Dr. John Edward Morgan and Mr. Arthur Ransome; the collection, likewise complete, of the Northumberland and Durham Society's Reports on the health and meteorology of Newcastle and Gateshead, presented by Dr. George H. Philipson; and Dr. Buchanan Washbourn's Reports, so far as they have appeared, on the sanitary condition of Gloucester and its neighbourhood. We may also mention that Mr. George J. Symons, the eminent meteorological observer, has furnished to the Society, from the commencement, his elaborate and comprehensive annual digest of the returns, from many hundred stations, of the rainfall in the British Isles. Dr. Gairdner has also presented some interesting and important documents relating to the health of Glasgow; and Mr. George Rigden has sent reports and documents of various kinds regarding the sanitary condition of Canterbury between the years 1854 and 1867. But with this list we have nearly exhausted our acquisitions in this department of medical literature. With the exception of the collected Reports of Mr. Simon, and those of his successor Dr. Letheby, on the City of London, and of the series of Reports from the parishes of St. George, Hanover Square, St. James, and St. Marylebone, contributed by Dr. Druitt, Dr. Lankester, Dr. Dundas Thomson, and Dr. Whitmore, the Society does not possess one complete set of the Reports of the Metropolitan Medical Officers of Health, or even a single Report from the great majority of them. In like manner, with the exception of the three reports for 1865, 1866, and 1867, presented by Dr. Druitt, the library contains none of the justly celebrated series of Reports on the sanitary condition of Liverpool, commenced twenty-one years ago by Dr. Duncan, and now so ably continued by Dr. Trench. We are aware that the whole of Dr. Duncan's, and some of the earlier of Dr. Trench's, Reports are out of print; but if these lines should meet the eye of any one who may happen to have a duplicate series, or who, like Dr. Barclay, of Leicester, feels that his one series would be of greater service to the community, and have a better chance of preservation in the Medico-Chirurgical Library than in his own possession, this great gap in our list of official hygienic documents may be speedily filled up. But, whether by gift or by purchase, at least one complete set of the Liverpool Reports, from 1848 to the present time, including the Reports of the Mortality Sub-Committee in 1866, should by all means be secured and carefully preserved for general reference in our great medical library. The same remarks apply to the model Reports of Dr. Littlejohn, on the health of Edinburgh and the condition of its poor; and to those of Mr. Dyke, on the state, past and present, of Merthyr Tydfil. Our appeal, in short, is to all medical officers of health and others throughout the kingdom, for complete sets of Sanitary Reports, and a regular continuance, as they appear from time to time, of those publications, which, if addressed to the Honorary Librarians of the Royal Medical and Chirurgical Society, 53, Berners Street, W., will be preserved with the care which their value and importance, as historical documents, demand.

(Signed) A. P. STEWART.
February 24th, 1869. CHARLES BROOKE.

ST. GEORGE'S AND MIDDLESEX HOSPITALS.

MR. GRAVES of Pall Mall has, with his usual liberality, presented fifty engravings each to the Middlesex and St. George's Hospitals. Mr. Gambart of St. James's Street has also given nine engravings, handsomely framed, to one of the medical wards of the Middlesex Hospital.

NAVAL HOSPITALS.

THE Naval Estimates, issued on Saturday, show a diminution of £10,000 for medical establishments at home and abroad. It was not, however, expected that the report of the Civil Commission on Naval Hospitals would be in the hands of the First Lord till the end of the present week. "Medicines and medical stores" is one of the very few items which show a slight increase in the estimates—amounting, however, only to £1,000.

THE MEDICAL OFFICER OF ST. LUKE'S.

ON the occasion of the retirement of Dr. Ellis, under circumstances of which he has publicly complained as indicating hostility by the Committee, he has received the following communication from the attendants, with a large silver tankard.

"*To Dr. James Ellis.*—St. Luke's Hospital, February 26th, 1869.—Sir,—We, the undersigned, attendants of St. Luke's Hospital, beg your acceptance of this small token of our respect, gratitude, and heartfelt sorrow at losing you as our superintendent. We feel it will be an irreparable loss. We thank you for your kindness at all times, but especially in illness; and for your noble example of patience, perseverance, and gentle forbearance, which has ever been a help to us in our often trying duties. We heartily wish you long life, health, and happiness; and that success may attend all your future endeavours.—We are, sir, your humble servants." [Here follow the names of the attendants.]

THE EASTER MONDAY REVIEW.

As the Easter Monday Review is near at hand, it is highly desirable that the Volunteer Medical Officers should bestir themselves to obtain some efficient medical arrangements for the occasion. At Portsmouth the arrangements, so far as hospital accommodation was concerned, were in every way satisfactory, but this was mainly due to the courtesy of Deputy Inspector-General Gordon, C.B., and Mr. Jenner, the Principal Medical Officer and Principal Purveyor of the district, and to the energy of Volunteer Surgeons Garrington and Raper. There was, however, no army or volunteer medical officer appointed to give instructions to surgeons in charge of regiments. The War Office, we understand, merely sent last year an order appointing Surgeon Garrington and Assistant-Surgeon Osborne to undertake the medical arrangements for the day, but gave no further intimation whatever. If the local Volunteer Medical Officers apply for complete instructions, we believe the War Office, after the strong opinion of dissatisfaction expressed by the Volunteer Medical Association last year, will be more ready than formerly to comply with their request.

MEDICAL BENEVOLENT FUND.

TWENTY-ONE applications for assistance were received at the February meeting of the Committee, most of the cases being of a very distressing character; and £135 was dispensed in grants for their relief. One poor woman (the widow of a L.R.C.S.) applied for help to get a sewing-machine. She has been left with two young children, and can earn but little at her needle, having lost the top of the forefinger of her right hand from whitlow. Her only means is the little she thus earns, with a scanty dole from the parish. She was granted £10. Two orphan sisters applied. They are the daughters of a M.R.C.S. and L.S.A., a very respectable country practitioner. The mother, a most industrious woman, obtained an appointment, and has supported herself and family for ten years since his death. She is now dead; and one sister has to leave her situation as a governess to nurse the other, who is a great invalid. They were voted £10. The Treasurer (Dr. Hare) announced a legacy of £300, duty free, from the late Mr. Bairstow of Preston;

and Mr. Bush handed in a donation of £5 : 5 from the Clapham Medical Book Society, for which the Committee desire to express their thanks.

SCOTLAND.

THE Lord Justice General will be installed as Chancellor of the University of Edinburgh on Wednesday, April 21st.

THE LEITH HOSPITAL.

AT the annual general meeting of subscribers to the Leith Hospital, held on Monday, it was stated that during the past year the income of the hospital had not been sufficient to cover the expenditure, and that the subscriptions from the churches and from the working classes, besides the donations received by the treasurer, had all fallen off. That such should be the case in the present depressed state of trade is not to be wondered at; but we think that an effort should be made by those able to assist an institution which, from its valuable Humane Society and Dispensary, and its Fever Hospital (unfortunately but too much required), does much real benefit to the crowded and increasing population of Leith.

MEDICAL GRADUATES OF ABERDEEN AND GLASGOW AND THE LORD ADVOCATE OF SCOTLAND.

AS we intimated last week, the Lord Advocate had expressed a wish to meet and consult those members of his medical constituency resident in London on matters of medico-parliamentary interest, and had appointed Wednesday, March 3rd, to receive the deputation. Before waiting on his lordship, it was thought desirable to meet, and consider what matters should be brought before his notice. Accordingly, a preliminary meeting was held in the board-room of the Middlesex Hospital, Dr. A. P. Stewart in the chair, when various matters of importance were discussed, and resolutions agreed upon. On Wednesday, an influential body of graduates waited upon his lordship at his chambers, New Street, Spring Gardens. The deputation consisted of the following graduates: Dr. Bryson, Director-General Royal Navy, Dr. A. P. Stewart, Dr. E. Headlam Greenhow, Dr. Forbes Winslow, Dr. Webster (Dulwich), Dr. Alexander Silver, Dr. John Murray, Dr. Muric, Mr. John Couper, Dr. Winn, Dr. Ramsay, Dr. John Ford Anderson, Dr. Maclean, Dr. O'Bryen, Dr. William Sutherland (Croydon), Dr. Archibald Simpson, Dr. Jephson, Dr. Caskie, and Dr. E. Hart Vinen. The Lord Advocate first thanked those gentlemen present who had supported him in the recent election for the Universities of Aberdeen and Glasgow. He then proceeded to state that the subjects which interested the medical profession lay somewhat out of his sphere; but that now he represented a constituency composed largely of members of the medical profession, and, as many of these were resident in London, he thought it might be useful to them and to him to meet not only now, but on other occasions, to talk over topics of interest in the profession. He did not refer, of course, to those alone who had supported him. He would be glad to hear any remarks which were made; but any remarks which he might offer would not, he trusted, be looked upon as conclusive. Dr. A. P. Stewart said that in the Medical Act no power was given to the Medical Council to enforce its decision, and hoped that a penal clause might be introduced to prevent unqualified persons assuming medical titles. This was supported by Dr. Greenhow and Dr. O'Bryen. Dr. Forbes Winslow and Dr. Webster were of opinion that the Act should go one step further, and that illegal practice should be put down. Dr. Stewart spoke in favour of direct representation of the profession in the Medical Council, and was supported by Dr. Greenhow, Dr. Forbes Winslow, and Dr. O'Bryen. Dr. Stewart also pointed out the injustice of dismissing Poor-law medical officers in Scotland without power of appeal to the central board as in England. He referred to the present unsatisfactory Registration Act in Scotland, compelling the medical man to fill up death-certificates on pain of a penalty, without any remuneration. He also asked his lordship to use his influence in getting the Sanitary Commission which was appointed last year pushed forward, and urged the great importance of its being made to include not only England, but the whole kingdom. Dr. Ramsay and Dr. Sutherland expressed the strong feeling which existed that Dr. Stewart's name be added to the Commission. Dr. Alexander Silver said it would be desirable to appoint a central board, and examine those who had obtained foreign degrees before they were registered. He was of opinion that the members of the Medical Council should not be elected as at present, but by the general body of graduates, or members, as the case might be. Dr. Winn spoke against the system of encouraging the sale of quack medicines by a Government stamp. Dr. Simpson and others referred to several further matters of less importance. The Lord Advocate saw the injustice to Poor-law medical officers in being refused appeal to the general board, and said that the matter was already under consideration, and would, he believed, be rectified. He admitted that the compulsory registration in Scotland was a great hardship on medical men, but he believed it was advisable to enforce it by a penalty if at all. He thought, however, an allowance should be made; this, however, was a matter to be settled by the Chancellor of the Exchequer. He again expressed the pleasure he had in meeting so many influential medical members of his constituency, and promised to attend to the matters brought before his notice. He hoped to have further opportunities of discussing medical matters with them. A vote of thanks was moved by Dr. Webster, and seconded by Dr. Stewart, to the Lord Advocate for the courteous manner in which he had received the deputation.

IRELAND.

THE DUBLIN ELECTION.

AS yet no opposition to Sir D. Corrigan is announced, although his address appeared ten days since.

MIDDLE-CLASS FEES.

IN an advertisement for a physician to a dispensary district, it is stated that whoever is appointed must undertake to attend farmers whose property is valued at less than £20 a year, for five shillings a visit.

ZOOLOGICAL AND GEOLOGICAL SOCIETIES.

THE first of a series of conjoint meetings of these bodies is to be held in the new building Trinity College, on Wednesday evening next. Sir D. Corrigan and the Rev. Professor Haughton are expected to make communications.

DISEASED MEAT.

THE attempts to sell the flesh of animals which have died of pleuro-pneumonia and other zymotic diseases are so numerous, that an application will be made to Parliament to extend the 26 and 27 Vic. Cap. 117 to Ireland.

PHARMACY IN IRELAND.

THE *Pharmaceutical Journal* states the Irish Apothecaries' Hall is promoting a bill for the qualification of pharmaceutical chemists in Ireland.

THE CARMICHAEL BEQUEST.

THE Master of the Rolls has refused to allow the periods for the award of the Carmichael Prizes to be altered, and will not sanction the payment of the adjudicators.

THE PREMIER AND IRISH PHYSICIANS.

ACCORDING to the proposals of Mr. Gladstone, for the distribution of Church property, the various medical institutions of the country are to derive great benefits. Of Irish physicians he spoke as follows: "In Ireland skilled medical men—indeed, I may say medical men, for Irish medical men are known for their skill—are scattered over the country far more thinly than in England. The districts are large; the public medical officer cannot be in two places at once." The appointment of public physicians for districts would be, therefore, desirable, and should be pressed on the Government.

REPORT
ON THE
MALT LIQUORS SOLD IN THE UNITED KINGDOM:
WITH ANALYSES AND COMMENTS.

II.—BAVARIAN BEER.

THE sample of this beer was much of the same general character as the Austrian beer, of which analyses were given in the previous report. It was darker coloured, rather thinner, and dryer than the Austrian beer, and was also less sparkling and fresh tasted than it; probably, in consequence of less attention being paid to keeping it at a low temperature, which is one of the chief causes of that condition which renders the Austrian beer, as drunk in Vienna and Pesth, so agreeable. The analysis of this beer gave the following results in 100 parts by weight.

	BAVARIAN BEER, bought at the Royal Bavarian Restaurant, 30, Oxford St.
Specific Gravity	1019
Alcohol	4.09
Acetic acid	.12
Extract	6.55
Original gravity	1057.84

According to these results, the proportion of malt used in brewing would be 2.14 bushels per barrel of 36 gallons.

This beer has somewhat less alcoholic strength than the Austrian beer; containing about .4 per cent. less alcohol. It also contains less extract; and, according to the original gravity, a smaller amount of malt had been used in brewing it. The price, however, was the same as the Vienna beer, and in this respect it contrasts unfavourably with British beer, which is at once stronger and cheaper. In regard to this point of price, Mr. Vidéky, of the Vienna Beer Saloon in the Strand, has fallen into an error in his comments on the report upon Vienna beer. In his letter to the *Daily News* of the 30th ult., he gives the price of Dreher's Märzen beer as 10 or 12 kreutzers the seidel; and he represents that sum as being equivalent to two-pence halfpenny or three-pence, which is not the case, for that is the price paid in paper money, and, according to the present and now usual rate of exchange, it is equivalent to only two-pence. or at most two-pence farthing. Of course, the import duty* paid on Austrian or Bavarian beer has something to do with the price charged for it here; but that has nothing to do with the comparison intended to be instituted between its intrinsic value and that of British beer, which is sold at two-thirds and even one-third the price charged here for the Austrian and Bavarian beer. As regards the latter, that sold at the Royal Bavarian Restaurant is certainly inferior in strength to the best kinds of Bavarian beer, the composition of which is as follows, according to Kaiser and Leo.

	Lager beer from Schneider in Munich.	"Salvator" from Zacherl in Munich.	"Bock" beer from the Hofbräu-haus in Munich.	Heiliger Vater.
Specific gravity	1015	1022		1030
Alcohol	3.90	4.50	4.70	4.94
Extract	5.19	7.97	7.48	13.03
Original gravity	1049.6	1065.7	1065.4	1090.6
Amount of malt used in brewing, bushs. per barrel	1.84	2.43	2.42	3.35

For the purpose of conveniently comparing the qualities and cost of Austrian and Bavarian beer, the contents of a pint of each sample are given in the following table, together with the contents of a pint of British ale of similar character taken at random.

One Imperial Pint of		Alcohol.	Extract.	Price.	Amount of malt used in brewing.
Dreher's beer	contains	1.13	1.43	6*d.*	2.30
Liesing beer		1.14	1.39	6*d.*	2.28
Bavarian beer		1.05	1.31	6*d.*	2.14
Crowley's Alton ale		1.59	1.97	4*d.*	3.20

In the next report will be given the results of analyses of a large number of samples of British ale, which will afford a better opportunity of comparing its general characters with those of Austrian and Bavarian beer.

THE MEDICAL REGISTER, 1869.

THE Medical Register for 1869 is published this week. Since the year 1867 we have commenced the practice of giving complete analyses of the single qualifications registered. This has produced results so important, but, as yet so incomplete, that we feel it a duty to continue this toilsome task, and append an analysis of the Register just issued, with a comparison of the figures for 1868 and 1867.

ANALYSIS OF THE GENERAL MEDICAL REGISTER FOR GREAT BRITAIN, 1869.

NUMBER OF PERSONS ON THE MEDICAL REGISTER FOR 1869, 20,407—1868, 20,014—1867, 19,765.

NUMBER OF PERSONS ON THE MEDICAL REGISTER FOR 1869, 1868, AND 1867, PRACTISING WITH ONLY ONE QUALIFICATION.

Surgery.	1869.	1868.	1867.
Roy. Col. of Surgeons of Eng.	2127	2140	2156
Roy. Col. of Surg. of Edinburgh	591	600	616
Fac. of Phys. and Surg., Glasgow	472	474	470
Univ. of Glasgow (Mast. Surg.)	52	52	53
Roy. Coll. of Surg. in Ireland	426	434	444
Univ. of Dublin (Mast. Surg.)	2–3670	2–3702	2–3741
Medicine.			
Royal Coll. of Phys., London	46	47	45
Apothecaries' Hall, London	527	550	577
University of Oxford	6	9	10
University of Cambridge	37	33	31
University of London	18	15	13
Roy. Coll. of Phys., Edinburgh	12	11	9
University of Aberdeen	30	29	30
University of Edinburgh	290	301	304
University of Glasgow	145	148	145
University of St. Andrew's	23	24	24
King & Queen's Coll. Phys. Irel.	2	2	4
Apothecaries' Hall, Ireland	237	235	234
University of Dublin	19	21	22
Queen's University, Ireland	18–1410	15–1440	11–1459
Foreign Diplomas.			
United States, Michigan	1	1	1
New York Metropolitan Coll.	3	3	3
New York Medical College	3	3	3
New York, University of	3	3	3
New York, M.D. Coll. of Phys. and Surgeons	1	1	1
United States, Geneva	1	1	1
Ohio, Willoughby College	1	1	1
Maryland	2	2	2
United States, George Town	1	1	1
Groningen	1	1	1
Berlin	9	9	10
Leipsig	2	2	2
Palermo	1	1	1
Montreal, McGill College	1	1	1
Pennsylvania	5	5	5
Erlangen	0	0	1
Giessen	5	4	4
Paris	3	4	4
Spain, Grenada	1	1	1
Montpellier	2	2	3
Louvain	1	1	1
Würzburg	3	3	3
Rostock, Prussia	1	1	1
Zurich	1	1	1
Heidelberg	1	1	2
Tübingen	3	3	3
Hanover (Lic. Surg.)	1	1	1
Dreuthe, Holland (Lic. Surg.)	1	1	1
Jena	1	1	1
Pavia	3	3	3
Genoa	1	1	1
Strasbourg	1	1	1
Medical Coll. Pittsfield, Mass.	1	0	0
Carracas, Venezuela	2– 67	0– 64	0– 68
Total	5147	5206	5268

Thus there are 493 more Practitioners in the Register for 1869 than there were in 1868, and 642 more than the year 1867: whilst the single qualifications have decreased 59 during the past year.

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* We are informed that an alteration of the import duty on beer will shortly be made; by which, foreign beer will, in that respect, stand on nearly the same footing as British beer.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

The Anniversary Meeting of this Society took place on Monday the 1st inst., at 8 P.M.

The *Abstract of Income and Expenditure* was first read. It showed receipts from various sources amounting to £1636:19:4, and an expenditure of £1566:13:4; leaving a balance in hand of £70:6:8. The expenditure included the purchase of £400 Stock.—Dr. John Webster moved that the abstract be received, adopted, and circulated among the Fellows. He regarded the statement as favourable. There was one point to which he would specially call attention: the sum of £165 had been expended in foreign journals and books, Now, in no other country in Europe was there a medical library possessing the same advantages as regarded foreign journals.—Mr. Charles Hawkins seconded the resolution. He joined with Dr. Webster in expressing satisfaction as to the state of the funds. But he would prefer to see more money spent in the purchase of English books. Too much dependence was placed on presentations from authors. There were also many books on subjects outside the profession which the Society ought to possess. The prosperity of the Society did not depend merely on the balance in hand at the end of the year. The Fellows ought to find in the library every book that they could want.—Dr. Stewart said that, when he took office as Librarian some years ago, the Council was very critical of the books recommended for purchase; but since that time the Council had given larger powers to the Library Committee, and had rather encouraged the purchase of books. It would be an advantage to the Society if such men as Mr. Charles Hawkins would volunteer their services to the Library Committee, and give hints which otherwise might be lost. It must be remembered, however, that there was a limit to the capacity of the shelves of the Society. On the whole, he thought that the Committee had gone to the limit of their discretion. Fellows of the Society should signify to the Council, through the recommendation book, the titles of works which they wished to be added to the library.—Mr. Curling and Mr. Partridge also made some remarks; and the motion for the adoption of the report was carried.

The Report of Council was then read. The number of members was stated to be 667; being an increase of 26 over the previous year. The expenditure was £200 less than in 1867; which was in part due to the volume of *Transactions* being smaller. The Council had purchased £400 Stock, and had printed the new bye-laws and the Charter. There had been some fear, in consequence of alterations in the adjoining premises, lest the light of the library should be interfered with, but this has been arranged. The subject of amalgamation of the Medical Societies had been considered by a select Committee, whose report would probably be laid before the Society a future meeting. Dr. Stewart, one of the librarians, had been engaged in preparing an index of the *Transactions* for a long series of years. During 1868, 519 books had been added to the library; of these 220 were gifts (including a number of duplicate copies from the Royal College of Surgeons), and 299 were purchased; there were 249 English and 270 foreign works. The illness and death of Dr. Henry Wright had deprived them of his care of the collection of pathological photographs; but Dr. Arthur Farre had taken charge of this department.—Dr. Headlam Greenhow moved, and Dr. Broadbent seconded, the adoption of the report; which, after a few remarks from Mr. Charles Hawkins, Dr. Webster, the President, and Mr. De Méric, was agreed to.

The President then addressed the meeting. He thanked the Society for the kindness and courtesy which he had received, and for the support given him by the attendance at the meetings. All the papers had been well discussed; and, on one occasion—the only one within his memory—an important practical discussion had lasted through two entire meetings. The discussions were not only beneficial to the Fellows who attended them, but, by being published, to the profession in general. He thanked the other officers and the Council, and also Mr. Wheatley, the Assistant-Librarian, whose assistance had been of great use. He confessed that he was not sorry, notwithstanding the support which he had received, that his two years of office had come to an end. The President's mantle would fall on the shoulders of one well able to carry out the objects which the Society had in view. Dr. Burrows did not owe his high standing in the profession merely to his position as the President of the Medical Council, but had long ago laid the foundation of a professional reputation by his successful prosecution of physiological inquiries, especially that in reference to the supply of blood within the skull. There was reason to believe that a meeting of the Council would be called to consider the report of the Committee on the amalgamation of the Medical Societies. This Committee had worked hard and steadily; and, with the deputies of other societies, by mutual yielding and striving, had agreed on a scheme which, he hoped, would be approved. With reference to the library, he said that every Fellow who required a work and could not find it, ought to enter it down in the recommendation book. The President then gave sketches of the lives of the Fellows who had died during the year, viz., Mr. Joseph Hodgson, F.R.S.; Dr. Henry Wright; Dr. E. Phillips of Coventry; Mr. William Colborne of Chippenham; Dr. F. N. B. Bowen; Professor Carlo Matteucci; Dr. Mackenzie of Glasgow; Dr. H. Brown of Windsor; Dr. Thomas Hillier; Dr. I. Pidduck; and Mr. J. Wardrop. He concluded with a few remarks on Dr. Elliotson, once a Fellow and President of the Society, an able physician and teacher, and whose fall in the profession from his connection with mesmerism was to be regretted.

The Scrutineers, Dr. Begley and Mr. Croft, having examined the balloting list, the following *Office-bearers* were declared to be elected for the ensuing year. *President*—George Burrows, M.D., F.R.S. *Vice-Presidents*—H. W. Fuller, M.D.; E. Meryon, M.D.: H. Hancock; Henry Lee. *Treasurers*—P. Black, M.D.; C. H. Moore. *Secretaries*—William Ogle, M.D.; G. G. Gascoyen. *Librarians*—T. K. Chambers, M.D.; C. Brooke, F.R.S. *Other Members of Council*—J. Hall Davis, M.D.; S. O. Habershon, M.D.; T. B. Peacock, M.D.; H. Hyde Salter, M.D., F.R.S.; J. Burdon Sanderson, M.D., F.R.S.; B. E. Brodhurst; J. G. Forbes; J. C. Forster; T. Holmes; Sir H. Thompson.

Dr. Robert Lee proposed a vote of thanks to the President; and in so doing, compared the present state of the Society with its condition when he became Secretary, in 1830. The attendances then were very small; there were no discussions—and there were no papers. The Society must stand or fall by the *Transactions*, and not by the number of members on the roll.—Mr. Spencer Wells seconded the motion, which was carried with acclamation, and acknowledged by Mr. Solly.

Mr. Dixon moved, and Mr. Callender seconded, a vote of thanks to Dr. Pitman, the retiring Treasurer, Dr. Stewart, retiring Librarian, and the other members of Council; especially mentioning Dr. Stewart's labours in preparing an index of the volumes of *Transactions*. This resolution having been unanimously carried, the meeting adjourned.

THE NEW NOMENCLATURE OF DISEASES.

The following is the full text of Sir Thomas Watson's speech in addressing the Right Hon. R. Lowe on behalf of the deputation of the College of Physicians, on Monday week last. Under pressure of time and space, we gave last week a full abstract of it. Our readers will, we think, be interested in having before them the *ipsissima verba*.

Sir,—We have the honour to approach you to prefer a petition for a boon which, if it be granted, will indeed be esteemed as a great favour done to us, your petitioners; but, what is much more to the purpose, which will also be a very considerable benefit to the community. In deference to the value of your time, sir, I will state our case and our object in words as few as I can contrive to make them.

For several years past, a committee of the College of Physicians have been engaged in revising and settling a Nomenclature of Diseases. For this purpose, the College invited and obtained the sanction and cooperation of various competent judges of that matter, without and beyond their own body;—of the Heads of the Medical Department of the Army, of the Navy, and of the India Board; of the representatives of the Registrar-generals of England, of Scotland, and of Ireland; of the Medical Officer of the Privy Council; of two of the Commissioners in Lunacy; of the Presidents, for the time being, of the College of Surgeons; or the Masters, for the time being, of the Society of Apothecaries; and of other experts. At length, after many inevitable interruptions, and after pains and labour almost incredible, on the part of some of us, the work has been completed.

I need not weary you, sir, by saying much about the objects and the uses of such a work. An uniform Nomenclature of Diseases, in which the same name shall always signify the same thing, and no other, is plainly indispensable for the gathering in of trustworthy statistical information and knowledge respecting disease. And it is to trustworthy statistics that we most of all look for learning what are the causes—sporadic, endemic, or epidemic—of diseases in general; and for our best hope of discovering how to prevent, remove, or mitigate them. In our Nomenclature, we have not restricted ourselves to the wants of this kingdom. Alongside of our own vernacular text, we have placed a list of synonyms in the Latin language, which is the ancient language of science, and in the three principal languages of modern Europe—the French, the German, and the Italian; hoping that the Nomenclature, which we have thus taken pains to make correct and uniform, may by degrees, and at length, come into general use, and conduce to the improvement of medical science throughout the civilised world. It is superfluous almost to say that, if the same disease bear different names, or different diseases bear the same name, in different places, all statistical returns from such places to a common store must, *pro tanto*, be not only worthless, but misleading. What we ask, sir, is aid from the Government towards making this instrument of good really effective, to put it in action, to enable it to execute its purpose. We ask the Government to put it into the hands of every registered practiser of medicine in England, Scotland, and Ireland. Without such aid, it certainly will not reach beyond a small fraction of these persons; and the returns which are made to the Registrar-general of deaths, and the statistics of disease generally, will be proportionately defective, faulty, conflicting, and unusable; and our main purpose in constructing this Nomenclature will be defeated.

Sir, the medical profession in this country, taken altogether, is a very needy profession. Most or many of the men who labour in it in the provinces have nothing whatever to spare—live a painful hand-to-mouth life; of very many of them it may be said, as was said of Robert Levet in the last century—

> "The modest wants of every day
> The toil of every day supplies."

These men are nevertheless called upon for gratuitous service to the State. They furnish to the Registrars-general, at the behest of the Government, certificates of death, which is ubiquitous as they themselves are; and they thus acquire, as we think and urge, something like a claim for the small boon which we are asking—not for ourselves personally or corporately, but for them, and through them for the nation. It is hard, sir, in our opinion, that these men, having no special interest in the matter, should be expected not merely to supply, at some expense of time and trouble to themselves, the requisite certificates, but to purchase at their own cost the means whereby alone they can make their returns complete or useful. It is an expense to which we, sir, the joint producers of the work, are not equal. We ask you to give this little boon to the civil servants of the Crown in the medical profession throughout these realms, as it has already been given to the servants of the Crown—other than civil. For, sir, the Secretary of State for War, the Board of Admiralty, the Secretary of State for India, have all and severally adopted our book, and distributed it, or are about to distribute it, to the medical officers in their respective departments; after prefixing to it a fresh title-page of their own, and expressly stamping it as being issued by authority, and thereby enforcing and insuring its use. The Registrar-General for Scotland has petitioned for its circulation in that part of the kingdom; and the Registrar-General for England, though I fear he does not lend his countenance to our present application, approves of the book, and is introducing, within his own domain, its terminology

Sir, I am quite aware that no argument of ours would commend itself to your acceptance by the slightest admixture, by any the most delicate flavour, of personal flattery. It is not in any spirit of compliment to you, sir, but as a ground for encouragement among ourselves, that I venture to say why we feel more confident hope of obtaining what we ask from yourself, than we might from almost any other person who happened to occupy your high office. We all know, sir, from public and conspicuous acts and measures of yours, how deep an interest you take, and have long taken, in the education of the nation. We infer that you must take, at least, no less interest in its health. The two things are closely akin. The blessings of education want half their worth and zest, if they be not accompanied by good health. The blessing of good health, great as it is, is but a limited and vulgar blessing, if it be not gilded and refined and elevated by education. We are sure that you would willingly promote them both. We remember, sir, with admiration and gratitude, the active part you took, and the sagacity you displayed, as a member of the Cattle-Plague Commission; and we feel persuaded that the interest you then manifested on behalf of the *corpora vilia* of bullocks, may be taken as a pledge of the still greater interest which you must necessarily take in promoting the freedom from disease of the nobler human carcase.

We believe that to you, sir, the profession is indebted for the great advantage which it and the nation have reaped, and are reaping, from the appointment of the present Officer of Health of the Privy Council, who, though not present in person among your suppliants to-day, is with us in spirit. We call to mind, moreover, the constituency which you represent—which, if I may be permitted to say so, you so fitly represent—in the House of Commons. Of that constituency, a very large proportion consists of medical graduates; and among them are many of the most esteemed and distinguished of our brethren.

Upon these various grounds, sir, we are emboldened to count, without presumption I trust, upon your friendly sympathy with us, and to hope for your favourable consideration of our humble petition.

Permit me to urge upon you, sir, in conclusion, the important fact, that the boon we solicit is a very small one—small in comparison with the general good which it is calculated to purchase—homœopathically small, when compared with the enormous revenues and expenditure of this great country, which it is your peculiar province to administer. This is a plea, sir, which, no doubt, you must often have to encounter; but *we*, in particular, can advance it with the more assurance, because, though what we ask for is *money*, our petition is not open to the imputation, nor debased by the minutest alloy, of selfishness. When we seek to stem and limit the progress of disease among our people—and that is our true and ultimate object—we seek what, in a pecuniary point of view, must be detrimental to our profession; we are asking you to help us to kill—if, indeed, she be mortal—our goose with the golden eggs. The smallness of the sum we beg for will, we trust, assist in winning your favour; and of this we are fully convinced, that its concession on your part—while it may most truly, and perhaps by ignorant persons sneeringly, be regarded as an act of penny wisdom—can by no risk or possibility ever become chargeable with pound foolishness.

[In our report of the meeting last week, we omitted to mention that Dr. Sibson pointed out to the Chancellor of the Exchequer that an abstract of the work would not be sufficient; and that it was stated by several of the speakers that the new Nomenclature was being introduced into the London hospitals.]

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.

At the ordinary monthly meeting on Monday last—H. J. Barrett, Esq., President, in the Chair—an instructive paper was read by Mr. Turner, on "Chlorætherine as an Anæsthetic in Dental Surgery". The paper gave rise to a discussion, in which the President, Messrs. Brain, Sercombe, Ibbetson, Coleman, Vasey, Sewell, Browne, Turner, and Coles, took part. The general sense expressed was, that the anæsthetic in question was a very useful one in cases in which total insensibility was unnecessary, and any risk of life not warranted by the nature of the operation to be performed. Mr. Sercombe and Mr. Browne both aspired to the honour of inventors. A number of donations were received, and new members enrolled.

SPECIAL CORRESPONDENCE.

BIRMINGHAM.

[FROM A SPECIAL CORRESPONDENT.]

The Poor-law Medical Officers.—The Queen's Hospital Extension.—The Dispensary Staff.—The Nursing Institution.—The Pathological Society.

The chief subject of importance in medical matters is the proposal on the part of the guardians to reduce the number of medical officers to the parish from eight to five. Boards of Guardians are not noted for their foresight, and it is very possible that this change may be carried. Should it be so, the injustice to the poor and the unfairness to the medical officers, will justify the refusal of the sanction of the Poor-law Board, to whom a resolution on the subject, passed at a special council meeting of the Branch, has been sent. Rumour, ever rife to fix the odium of an unpopular measure on some special individual, has on the present occasion thrown the blame on one of our associates. He, however, in the public press, indignantly denies the charge; and until the matter has further developed, I am unwilling to do other than credit his denial. Still the fact remains, that, of several medical guardians, no one is reported to have advocated the claims of his medical brethren, or those of the poor to the best attendance and medicines. The correlation of pauperism and defective medical attendance on the poor is hardly yet thoroughly appreciated—perhaps not thoroughly understood; but while, personally, everyone has learnt that the cheapest things are usually the worst, Boards of Guardians still pursue a cheeseparing system of economy, which is costly, vexatious, and mischievous.

The Working Men's Committee for the Extension of the Queen's Hospital progresses, though, perhaps, hardly as rapidly or successfully as its friends could desire. I fear the plan of the alteration proposed is too extensive, including as it does the erection of classified out-patient rooms, to lessen the dangers of contagion; the erection of a conservatory; the formation of a fund for providing the best artificial limbs after amputation; and the providing of carriages for the conveyance of contagious cases. Any how, the friends of the charity should feel much indebted to Mr. Gamgee for his exertions in the matter. It strikes me that they would have done better to have got what help they could from the rich, before going to the poorer classes; as one of our papers says, "Working men are willing, but weak;" and I am somewhat afraid that the officials of the hospital will find that they are a little impeded by working men, who will consider that they have a claim upon the hospital other than that afforded by the requirements of their case.

You will remember the resignation of the staff of our Dispensary on the refusal of the committee of this wealthy charity to recognise their services by an annual honorarium. The committee, at their annual meeting a few days back, sang "Io triumphe" at being able so well to do without their honorary staff. They would seem to have but little upon which to congratulate themselves. The number of patients has kept up, but I am informed that this is, to a great extent, due to the largely increased attendance at the beginning of the year, when it became known that the honorary staff were shortly about to resign. The expense of each patient is 5s. 10d., which seems as if some supervision might be an advantage; and had it not been for an exceptional addition to their income from a share in the periodical collection, the financial condition of the charity would have presented an aspect unparalleled in the history of the dispensary for many years past.

The Nursery Institution is quietly, but steadily and surely, establishing itself. The managers have arranged for the education of the probationers at the General, Queen's, and Children's Hospitals. Wisely, in my opinion, the committee have decided not to sink their capital in a building, or in forming an *institution*. If well worked, the Nursing Training School will prove of great benefit to the public and to the hospital.

The first meeting of the Pathological Section in connection with the Branch here was held on Friday, the 26th of February. It was a great success, whether the numbers attending or the interest of the cases presented be considered: but this it was expected to be, from the active and energetic chairman and secretaries connected with the section. The students attend in considerable numbers both the monthly Branch meetings and those of the Pathological Section, and seem to take great interest in the proceedings.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

An ordinary meeting of the above Branch will be held on March 11th, at 3 P.M., at the Midland Institute, Birmingham.

T. H. Bartleet, *Hon. Sec.*

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

The next meeting of this Branch will be held at the Crystal Palace Hotel, Norwood, on Thursday, March 18th. The Chair will be taken at 4 P.M., by Dr. Corbould of Sydenham.

Papers, etc., are promised by Dr. J. M. Bright, Dr. Horace Jeaffreson, the Honorary Secretary, etc. Dinner will be provided at 6 P.M.

Henry T. Lanchester, M.D., *Hon. Secretary.*

Croydon, March 3rd, 1869.

WEST SOMERSET BRANCH.

The spring meeting of the above Branch will be held at the Clarence Hotel, Bridgewater, on Thursday, April 1st, at 5 P.M.; W. L. Winterbotham, M.B., President.

Gentlemen intending to be present at the dinner (which will be served at 5.15), or to read papers after, are requested to give notice to the Honorary Secretary.

Taunton, March 1st, 1869. W. M. Kelly, M.D., *Hon. Sec.*

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

Council Meeting, February 11th, 1869.

C. A. Newnham, Esq., President, in the Chair.

The following gentlemen, duly proposed, were elected members of the Association:—J. C. P. Macdonald, Esq., Wolverhampton; E. G. Gilbert, Esq., Bilston; Jacob Picket, Esq., Wolverhampton; J. Harmer, Esq., Birmingham; J. P. Oates, Esq., Erdington; E. Roberts Smith, Esq., Dudley; J. Williams Davis, Esq., Oldbury; J. N. Buck, Esq., Inkberrow-in-Redditch. These make a total of thirty members added during the present session.

Mr. Alfred Baker and Mr. Clayton were appointed auditors of the Branch for the present year.

METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

An ordinary meeting of the Metropolitan Counties Branch was holden at 32A, George Street, Hanover Square, on Thursday, February 25th, at 8 P.M.; John E. Erichsen, Esq., President, in the chair. About one hundred and forty members were present. The room was filled in every part, and many who arrived late were unable to obtain admission.

New Members.—The President announced that the Council had just elected sixty members of Association as members of the Branch. The names of the gentlemen elected were read by Dr. Henry, one of the honorary secretaries.

DISCUSSION ON HOSPITAL ADMINISTRATION.

Mr. Ernest Hart introduced this subject for discussion. He said that he thought the object in view would be best furthered by his opening the discussion in the briefest and plainest manner. He did not propose to lay before the meeting any well-rounded solution of the questions proposed; and apprehended that no solution could be at once immediate, satisfactory, and complete. The subject of hospital administration was not a new one. During more years than he could remember, and probably by more men than he knew, the question had been laid before the Association, the profession, and the public. Among those who were in his mind especially identified with it were Dr. Markham, Dr. Rumsey of Cheltenham, Dr. Heslop of Birmingham, Dr. Nankivell, and Mr. Beck. So much had already been said, that there were many elementary propositions which might be taken as granted; but on some fundamental points there was considerable difference of opinion, which it was desirable to discuss, and if possible, to reconcile. It was necessary to ascertain how far the profession were agreed as to the existence of defects in hospital administration, and as to the remedies required. It seemed that there was not an unanimous opinion in the profession as to who were improper subjects for hospital aid; for, when it was lately proposed at one of the hospitals that the reception of voluntary payment from out-patients should be arranged, the proposal was opposed by the medical officers. The matter at issue might, he suggested, be conveniently debated under the following heads.

"1. Whether any and what steps can be taken to diminish the abuse of medical charities, and to arrest the evils of gratuitous medical service in hospitals.

"2. Whether any and what steps can be taken to abolish the privileged system of admission of patients by governors' letters.

"3. Whether any and what steps can be taken to complete the special departments in the hospitals with schools, and to discourage the multiplication of small and special hospitals.

"4. Whether any and what steps can be taken to promote an uniform system and publication of hospital accounts, and of the records of mortality and sickness in hospitals."

With regard to the first question, Mr. Hart said that the first points to be ascertained were, how far there was an agreement in the profession as to the existence of abuse of medical charities, and how far it was desirable to arrest the system of gratuitous medical service. The opinions of those who objected to the imposition of any pecuniary tax on those who claimed medical aid in the name of charity, demanded respect and sympathy. It had always been the privilege and boast of the medical profession to bestow gratuitously on the poor some part of that skill for the exercise of which they were paid by the rich. But medical relief, as now afforded in hospitals, was not an unmixed good. It had been publicly stated that 1,800,000 persons (not including the pauper sick) received relief during a year in the hospitals of London. This statemen was, as he had shown elsewhere, undoubtedly exaggerated; but still it might, he thought, be accepted as a basis for argument. The medical profession was in this matter responsible, not only to itself, but also to the nation and the public; for, in the matter of founding and subscribing to hospitals, the public for the most part followed the lead of medical men. The rich and charitable were loath to withhold their support, when medical men claimed it for the poor in the name of charity, and offered on their part to give time and labour. Was it, then, possible that these 1,800,000 persons could be all of such a class as demanded public charity and gratuitous medical aid? There were two classes of recipients of hospital relief who ought, speaking generally, to be excluded—the pauper sick, for whom relief was elsewhere provided; and those who could afford to pay something for medical aid. How was it that so many flocked to hospitals for gratuitous medical assistance, who would feel ashamed to accept alms of any other kind? Because the profession had accustomed persons of limited means to think that, while honest men not paupers must pay for all other necessaries, there was one thing for which they need not pay—medical relief; and one person whom they need not pay—the doctor. They must pay for marriage and for burial, for food, clothing, and shelter; they must pay the clergyman and the lawyer. But the hospital door was always open; and, as they were presumed to get there a high class of advice, a sort of premium was held out for not paying the doctor. No one must but feel that, if any means could be devised for putting a check on the indiscriminate giving of hospital relief, a duty would be fulfilled towards the profession, and also towards the public, from whom it would become unnecessary to ask such large contributions as are at present required for the support of hospitals. It might be said, that persons of limited means were likely to be especially crippled in their resources at the very time when they required hospital relief, and so then became fair subjects for charity. But let it be known that it was a part of their duty and of the ordinary social arrangements, and they would provide for this, by exercising the same habits of providence as in regard to the other necessaries of life. Thus provident infirmaries and dispensaries would be encouraged. The remedy which he (Mr. Hart) would suggest for consideration at the hospitals was, to exclude altogether persons of sufficient ordinary income to pay for medical advice, and to encourage payments more or less, and probably varying, from those whose incomes were below the scale of exclusion. This system would lead to the payment of the medical officers of hospitals, and to the cultivation of habits of providence among artisans and other persons of that class, and the multiplication of provident dispensaries outside the hospitals.—The second question was closely connected with the preceding one. If it were admitted as a principle, that hospital relief should be confined to those most worthy of it, it followed that the system of allowing persons to exercise special privileges with regard to one or two persons within their own circle was an interference with the general good, and with the greatest efficiency of the charity. At every hospital, each applicant ought to be attended to with reference to all the persons applying at the same time. Even though a privileged person made the best use in his power of his privilege, still those who were at the centre, and had the opportunity of comparing the conditions of all the applicants, would be the best judges as to who were the most fitting objects of aid. The privilege system existed only in consequence of the isolation of the hospitals from each other: it would be doomed as soon as there was combined action. That it was not necessary, was proved by the examples of the Royal Infirmary of Edinburgh, and by some of the hospitals in London. It was right to say that the privilege system was not so much abused in London as was supposed by some. In the best managed hospitals, where this system existed, a great mass—nay, the majority—of cases were admitted without governors' letters; while a large proportion of such letters were rejected because the cases were not urgent. But this afforded only another argument for the rejection of a system which was so bad as to be constantly vitiated in practice, even where it existed in theory.—The third question was a difficult and delicate one, as to the special departments of hospitals; and it would be necessary to discuss it in as impartial and good-humoured a manner as possible. The question could not be decided off-hand. It was one of which it was difficult to approach the consideration without some bias. The appeal, however, from both sides, would be to the profession and the public; and, as most of the profession were not connected with hospitals, either general or special, they would be quick to perceive and powerful to correct any such bias. He would only say that the special departments in general hospitals were now much more complete than they were a few years ago; and this improvement was due to a general disapprobation of the establishment of small special hospitals, and to the desire to include within the hospitals, for purposes of instruction, specialties which had previously been most successfully followed outside. In whatever was done, regard must be paid to existing interests. Any proposal to abolish the special hospitals already established must fall to the ground: if they were to be suppressed, this result could only be arrived at by moral force and by the force of public opinion. The public were much concerned in the matter; for not only was the separation of patients into the special hospitals injurious to medical instruction, but the multiplication of hospitals led to multiplied expenditure, and consequently to increased demands on the public purse for support. Again, the multiplication of institutions beyond the pale of the general hospitals was not conducive to a good tone of medical ethics.—As to the fourth point, the Association might also do much good. At present, it was impossible to ascertain the relative expenditure of hospitals. In concert with the Secretary of St. Mary's Hospital, he had lately attempted to compare the expenditure of the various hospitals; but had found that great differences existed, especially in the matters of drugs and of dietary. It was for all purposes desirable to have an uniform system of publication of accounts, and of records of sickness and mortality; and it was now probable that the question could be discussed in such a manner as to lead to a good result.—He did not expect that any resolutions could be passed off-hand to give a practical solution of the questions brought forward; but he would move for the appointment of a Committee to collect information, and to report. That report might be laid before the lay heads of hospitals. If, after such a conference, a satisfactory course of action could be determined on, the object would be gained; but he doubted whether the matter could be thus satisfactorily adjusted. He believed that, to effect something like order, it would ultimately be necessary to ask the Government for an official inquiry by Royal Commission into the whole subject of hospital administration and government; and his main object had been to ascertain how far that opinion would be accepted by the Association, and whether it could be acted on. If the Association could do this, it would have done a work which would well repay much labour. He believed that the Government would not be indisposed to grant such an inquiry, out of which might arise, in future, order and unanimity, where there was now much confusion and difference. The interference with voluntary hospitals was not beyond the province of Government; for it had a right to interfere in all cases—such as public schools, asylums, etc.—where donations were applied for purposes of public good. He concluded by moving—

"That a Committee be appointed to consider the subjects proposed for discussion to this meeting in relation to hospital administration, to obtain information thereon, and to report to this Branch what measures they would advise to be taken."

The PRESIDENT said that they were indebted to Mr. Hart for bringing forward a very important subject in a very able and temperate manner. He suggested that, in the discussion, the order of the subjects should be followed as closely as possible; and decided that no speaker should exceed seven minutes in his observations.

Dr. HAWKSLEY expressed obligation for the manner in which the subject had been treated, and said that the first topic was connected with a large question, which had lately much occupied his thoughts. The first difficulty was, to determine who were the proper objects of charity. This it was purposed to arrive at by the appointment of district officers, to be assisted by visitors. Any one applying for hospital relief should be referred to the district officer, who should make the necessary inquiries into the circumstances of the applicant; and on his report an order would be given for such aid as might be appropriate. The plan seemed to be easy to work. With regard to persons who could to some extent pay for medical aid, the plan recommended by Dr. Dobell would be useful—that such persons should be admitted to hospitals only on presenting a recommendation from their medical attendants, stating that they were unable to pay for advice.

Mr. FRENCH doubted the right of the Society to enter into such a conflict, and to interfere with the privileges of the benefactors of hospitals. He regarded the question as one of strike among the doctors.

Mr. J. F. CLARKE differed altogether from Mr. French. He thought that the interests of the public had been duly considered: for the benefactors of hospitals were at present giving money to be spent, under the appearance of charity, on persons who could pay for medical aid, so that the benefactors were robbed. The question had been discussed with due regard to the interest of every one concerned.

Mr. HOLMES warmly approved, and seconded the proposal for the appointment of a committee, with a view to obtaining Government inquiry. Before arriving at a conclusion on the first question, it was, however, necessary to decide what was meant by the term hospital. He had been surprised at finding that some of the metropolitan workhouse hospitals were, in nearly all respects, like other hospitals, and were not confined to paupers, but admitted persons of other classes. This had a vast bearing on the question of admission, if there were to be large institutions into which the poor could have entrance—indeed, admission. He did not see how Dr. Hawksley's plan would work. A volunteer district officer could not by any possibility investigate the circumstances of all persons who might think that they ought to have medicine for nothing. He could not find any argument in favour of making hospital patients pay. The medical officers of hospitals had no concern with the circumstances of those who applied to them. It was absurd to class together all kinds of hospitals, the varieties of which formed a reason for claiming an inquiry. He thought it incredible that 1,800,000 persons—four-sevenths of the population of London—should be receiving hospital relief in a year; but still the general fact remained, that there was an immense number, and he would support the appointment of a Committee of Inquiry, and endorse the conclusion at which it arrived.

Mr. HECKSTALL SMITH was much surprised by Mr. Holmes's remarks about the workhouse hospitals. There must of necessity be, up to the present, the principle, that no one could be admitted to a pauper hospital unless he were destitute. Whether or not this was abused in London, he could not say; but unless the London workhouse hospitals differed remarkably from those to which he had been accustomed in Kent, there must be a marked difference between them and the general hospitals. Those general hospitals were for a class of persons in circumstances just above those who were admissible to pauper hospitals. He had repeatedly met with patients just above pauperism, and had sent them into the general hospitals. But there was also great abuse, chiefly through the influence of governors; and it was to this point that the inquiry should be chiefly directed. He believed that permission might be given to persons of the class described by him either to apply in *formâ pauperis*, or to pay a moderate sum for advice. There was another class above these, who could in general afford to pay their medical advisers, but who, on special occasions, required the advantage of experience and skill beyond their means; and these would be proper subjects for admission to hospitals at a reduced charge. He was sorry to hear the remark of Mr. French, that the matter was one of strike among the doctors.

Dr. Oppert said there could be no doubt that hospital relief was abused, especially in the out-patient department. It would not, however, be desirable to turn all public hospitals into private provident institutions. He would rather have them enlarged as public institutions; and this might be done without making the patients pay. There might be a remedy, though he feared that it would offend the feelings of some if proposed; that persons applying to hospitals should not only have governors' letters, but also a certificate of inability to pay for medical aid. This plan had been followed in the hospital at Lyons, with good results.

Mr. Maunder advised that a notice should be affixed to the gates of hospitals, and printed on the letters of recommendation, that improper persons would not be admitted; and that any person discovered after admission not to be a proper object of relief would be dismissed. There should also be inspectors to investigate the circumstances of applicants. He objected to a sliding scale of payments, as likely to take thereby out of the pockets of practitioners.

Mr. J. Z. Laurence said that the plan recommended by Mr. Maunder was in force at St. Bartholomew's Hospital in Chatham; but it placed the medical officers in an awkward position. The only ground on which they could act was the general appearance of a patient; and it was not likely that improper applicants applying to hospitals would dress themselves in their best. The plan also excited the suspicion that the medical men excluded patients with a view to their own private interest. He was surprised at Mr. Holmes's remark that it was no one's business to inquire whether a patient was a proper object for relief; since not only the medical officers, but the governors, were defrauded by the admission of improper persons. He would suggest that the Committee should be composed both of hospital medical officers and of general practitioners.

Dr. Waller Lewis said that there was one point on which there could be no difference of opinion—that there was a great abuse of medical charity in London. The hospitals were not for the lowest of the low and the poorest of the poor, but for the class above these, to whom the expense of private medical attendance would be utter ruin. It had been said that, by looking at the question in a professional point of view, the interests of the governors of hospitals were neglected. This argument was scarcely worth consideration. He believed that governors would be glad to be relieved from the duty of determining whether applicants were proper objects of charity.

Mr. Curgenven said that the question was one which concerned the general practitioner. No doubt many persons applied to hospitals who ought not to do so; and this entailed loss on the general practitioners both in town and country. There were many persons who could not afford to pay both a medical man for advice and a druggist for medicines, and who were compelled to go to one only of these or to a hospital. He saw no other way of preventing improper application than the appointment of an officer to visit applicants and ascertain their circumstances. This would deter many from applying who ought not to do so.

Dr. Stewart said that the profession were responsible to the public in this matter, which was very far from being merely professional. Twenty years ago, in a pamphlet on *Medical Charities as they Are and as they Ought to be*, he had pointed out that these institutions were great breeders of pauperism. That was one of the grounds on which the question should be discussed. Some plan was required for ascertaining the means of patients before they came under medical care; and it was absurd to expect the hospital physicians and surgeons to do this. The late Dr. James Miller had told him that one day, while he was on duty at his hospital, a governor presented himself with a letter of recommendation. Dr. Miller refused his application, and was censured by the hospital Board for doing so. At the Middlesex Hospital, some years ago, one lady had an unlimited right of admission, the management of which she entrusted to her butler; and Dr. Stewart found that 912 of her tickets had been presented to him at the hospital during one year. There was, no doubt, a fallacy in the statement about 1,800,000 hospital patients. Thus, many patients came from the country; and a patient, if he re-entered the hospital after being discharged, was counted as a fresh case. Some hospitals, too, were said to put down every single patient who came back as a fresh case. If it were known what institutions did this, it would be right to hold them up to the scorn of the profession. Again, patients obtaining renewed letters were put down as fresh cases; but this fallacy was probably not very great, for, in a year, with 3,000 patients, he had found only about 140 or 150 renewed letters. He used to notice, in dispensary practice especially, that patients at their first application would say "that they did not like to come to get relief for nothing, but had at last been compelled to do so." At their next application, there was no such compunction; the next time, if there were any pinch of circumstances, the patient went to the workhouse, of which not a few became habitual frequenters when any difficulty occurred. Thus, in many instances, the free dispensary was the first downward step to pauperism. The late Dr. Chalmers said that medical charities could not be too much multiplied, for persons would not become ill to obtain medical relief; but the case was very different now. Dr. Guy had found that the whole population around King's College Hospital was obtaining medical relief from it. It was right that patients should be expected to pay something; but it was difficult to determine how.

Dr. Langdon Down believed with Dr. Stewart that the statement as to the number of persons receiving hospital relief was fallacious. He thought that there was not much abuse at the London Hospital. The hospital physician had nothing to do with the status of the patient applying to him. The discussion was not likely to lead to unmixed good. Some hospitals would probably suffer; and it was important that the whole matter should be investigated by a Royal Commission. He thought that much was done towards eliminating improper applicants, by the process of natural selection to which they were subjected in the waiting-room.

Dr. Wynn Williams said that, in the Samaritan Hospital, letters of recommendation had been given up; and the name, age, residence, number of children, and rent, were entered on the patients' letters.

Dr. Gibbon thought that the system of gratuitous medical service lay at the root of the evils complained of. He regarded the out-patient department of hospitals as a great deception, and considered that patients did not there get that advice and care which was professed to be offered them. He had known a dislocated humerus to be treated for weeks as rheumatism. He advised that the number of out-patients should be limited.

Dr. Forbes Winslow differed from Dr. Gibbon in his estimate of the out-patient department. A more elevated and self-denying body of men than hospital medical officers, who stood preeminent for scientific skill and humanity, existed nowhere. The hospital charities were without doubt abused. He was aware of a case in which the wife of a barrister in good practice used to dress poorly and go to a hospital with her children to get gratuitous advice.

Mr. C. Heath said that, at University College Hospital, under the will of a benefactor, there was a power of giving relief in kind in a few carefully selected cases. He did not advocate a lowering of consultation fees; but there were cases in which persons requiring further medical opinion might be allowed to have it at a reduced fee. He had for some years sent away applicants from his hospital if they were not proper cases. Patients came to the London hospitals from the country; and these would probably pay something if the matter were put before them in a proper way.

Mr. Rivington said that there were three chief evils. There were too many applicants: this should be remedied by some kind of scrutiny. Secondly, there were too many patients to be seen: to meet this, the medical staff of hospitals should be increased. Thirdly, the medical officers of hospitals, who ought to be paid, get nothing.

Mr. Walter Coulson moved, and Dr. Andrew Clark seconded. the adjournment of the discussion. This was carried, and it was left to the President and Secretaries to arrange the time and place for the adjourned meeting.

[The adjourned meeting on the subject of Hospital Administration, will be held on Wednesday, March 17th, at 7.30 P.M., at the rooms of the Medical Society of London, 32A, George Street, Hanover Square. It was not found practicable, having regard to the numerous public medical appointments during the week, to select an earlier day.]

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, FEBRUARY 23RD, 1869.

S. SOLLY, Esq., F.R.S., President, in the Chair.

CASE OF SEVERE WOUND OF THE KNEE-JOINT, TREATED SUCCESSFULLY, AND WITHOUT SUPPURATION, BY EARLY, EXTENSIVE, AND REPEATED COUNTER-IRRITATION OF THIGH AND LEG; AN ILLUSTRATION OF A NEW MODE OF TREATING INFLAMMATION. BY FURNEAUX JORDAN, F.R.C.S.

A YOUNG man was admitted into the Queen's Hospital, Birmingham, with an incised gaping wound at the front of the right knee-joint, two inches and a half in length. The wound was closed with silver stitches, the joint compressed with cotton-wool and bandages, and a splint applied. Inflammatory symptoms occurred on the second day, and blistering over the femoral and anterior tibial arteries was immediately resorted to, and counterirritation was kept up by the use of iodine. After counterirritation was established, not a single unfavourable symptom occurred. Mr. JORDAN observed that inflammation is everywhere the same, but the remedies are numberless. We ought to use the best remedies in all inflammations. The best remedies are those which suspend the conditions which permit inflammation to exist. Those conditions he considered to be, briefly, these:—Extended space,—no part can inflame if restrained within its physiological space; increased quantity of blood,—no part can inflame with the blood of health. Other and less essential conditions are that there should be no other prosperous inflammation; that there should be unrest; and that there should be a cause. These conditions should be removed in every inflammation by pressure on the inflamed part, counterirritation over the next vascular territory, rest, elevated position, and—where practicable—removal of the cause. It is in our power to make any given inflammation be the less prosperous of two inflammations. We may do much to prevent probable and expected inflammations by counterirritation. We might prevent cardiac inflammation in acute rheumatism, peritonitis in wounds and operations opening the abdomen, suppurative synovitis in wounds of joints, etc.

Mr. MOORE asked why the counterirritation was applied in the course of the arteries.

Mr. BARWELL said that in some cases inflammation does not come on as in others. He had seen in hospital practice cases of injury of the knee without inflammation. This probably occurred in patients who were not very irritable and not of inflammatory habit. The statement that pain in the affected part was diminished after blistering the sound limb was remarkable, and was a subject which required careful consideration. He regarded the case described as an exceptional one.

Dr. ANSTIE asked why two such essentially different remedies as nitrate of silver and cantharides were both called counterirritants. Their action was not the same. Another instance of confusion, was the statement that the action of the hot iron is analogous to blistering. A blister determines a special kind of inflammation; while a hot iron produces another and a milder form. The term counterirritant itself was invented under the wrong idea that something was laid hold of and drawn out; and the retention of the term was mischievous. He questioned the ground on which Mr. Jordan determined on applying counterirritation in the course of the large arteries. There was no evidence that the sympathetic nerve transmitted an influence from one part to another.

Mr. SAVORY thought it not very uncommon for an injury of the kind described to end successfully. Many cases in which the cartilage of the joint had been removed had done very well; and it was not necessary that even a large wound in the part should suppurate. Pressure seemed to him the most hazardous of all remedies for inflammation: for inflammation was most mischievous where great pressure existed. It might be said that the pressure was not complete; but where could it be greater than in inflammation of bone? If pressure by surgical means could be made to exceed the internal pressure, then it might be a question whether the natural process or the artificial means would ultimately triumph.

Mr. BIRKETT had seen in his practice at Guy's Hospital only two cases of incised wound, and one of contused wound of the knee. In one of the incised wounds, synovia escaped, but the cartilage could not be seen; the wound healed perfectly under rest and attention to the constitution, with a splint at the back of the joint. In another case, a patient had his knee wounded by a kick from a horse. The joint was found to contain much blood and air, which could be pressed out. Pressure, rest, and a splint behind the joint, were the only treatment: and the patient went out quite well. The paper was very interesting; but the great difficulty was to know where pressure should be applied.

The PRESIDENT had not unfrequently seen wounds of the knee-joint go on to cure without counterirritation. He attached great importance to attention to the bowels in the first instance; as their contents were liable to cause irritation.

A MEMBER alluded to a severe case of wound of the knee in the Belfast Hospital, attended with division of the patella, which had been treated with carbolic acid dressing. Recovery took place, apparently with bony union of the patella.

Mr. THOMAS SMITH asked Mr. Jordan if he would give his opinion as to the treatment of such disease as boil or carbuncle by counterirritation?

Mr. WEEDEN COOKE had had a case under his care, where it was necessary to cut down an abscess in the periosteum. This gave relief; but the patient came back in a year with much pain by swelling, which diminished on the application of a blister to the back of the thigh.

Mr. JORDAN having replied, the Society adjourned.

DESCRIPTION OF A DISLOCATION OF THE HEAD OF THE FEMUR, COMPLICATED WITH ITS FRACTURE: WITH REMARKS. BY JOHN BIRKETT, F.R.C.S.

THE injury occurred to a female, thirty-five years old, and was produced by a fall from a height. The indications of displacement of the head of the femur on to the dorsum ilii were apparent. The woman was killed by injuries inflicted on the brain; and, after death, the head of the left femur was found resting on the dorsum ilii, a little above the acetabulum. A piece of the head of the bone was broken off, and lay in the acetabulum, retained there by the ligamentum teres, which was very slightly torn. The author alluded to the rarity of the injury, the mechanism of its production, and its clinical importance.

CLINICAL SOCIETY OF LONDON.

FRIDAY, FEBRUARY 26TH, 1869.

EDWARD H. GREENHOW, M.D., in the Chair.

MR. HOLTHOUSE related two cases of Traumatic Tetanus in which the Calabar bean extract was given in larger doses than had hitherto been considered compatible with safety, viz., three grains every two hours, and on one occasion as much as four grains and a half in a single dose. The first case, in which the large doses were given, recovered. The second, which was of a more acute character, died on the fourth day of the seizure, notwithstanding the physostigma had been given from the very first accession of the symptoms in grain and a half doses every hour, and the patient was for the greater part of the time fully under its influence. He remarked that, with our present knowledge of the pathology of tetanus, a successful issue could scarcely be looked for in those cases in which the peripheral nerves were deeply implicated, unless they could be acted on simultaneously with the cord. The Calabar Bean diminished the excitability of the latter and of the motor nerves, but did not affect the sensory nerves; we wanted a remedy which would act similarly on these, and possibly opium, from its known paralysing effect on the nerves, might do this. The chief points of interest in the fatal case, in which the knee-joint was laid open by a large lacerated wound, were the almost entire absence of constitutional symptoms till the accession of the tetanus, and the absolute immunity from painful cramps which constitute so striking a feature of the disease.—Mr. BRYANT referred to a case in which he thought that the fatal result was due to the influence of the Calabar bean. He thought very ill of treatment in acute tetanus, but drew attention to the possible utility of tracheotomy as preventable of the risk of death from spasm of the glottis.—Mr. MAUNDER in two cases failed to gain anything from the use of the Calabar bean; he had found more help from opium. Tetanus did not, he considered, especially attack the larynx, and he doubted if much good would come from tracheotomy, although it was an operation he thought deserving of a trial.—In reply, Mr. HOLTHOUSE observed that in tetanus patients either died suffocated during a paroxysm, or they died of exhaustion. If this suffocation was from spasm of the glottis, then opening the trachea would undoubtedly prevent death from that cause, but it was equally probable that death during the paroxysm arose from spasm of the diaphragm, and possibly of all the respiratory muscles. The symptoms which Mr. Bryant had detailed as occurring in his case were those which always precede death from exhaustion. Mr. Holthouse did not believe that the Calabar bean had anything to do with the death.—Mr. CALLENDER referred to cases of Tetanus treated by Mr. Wormald by active aperients, and to the good results which were thus obtained in many instances.

Dr. DAY read an account of a remarkable Enlargement of the Right

Leg, associated with a Discharge of Chylous Fluid. The case will be reported with the discussion, after the report of a committee appointed to examine it has been brought before the Society.

Dr. THOROWGOOD related a fatal case of Obstruction of the Right Ureter, an inch from its vesical orifice, which gave rise to dilatation of the ureter itself, and of the right kidney, the latter organ being enormously distended with purulent fluid. About a year before his death, the patient, a previously healthy man of thirty-nine, had two attacks of hæmaturia at intervals of a few weeks, neither of which were attended with symptoms of importance; after these he remained well for ten months, at the end of which time the hæmaturia returned and became constant, the urine being albuminous and containing an abundant corpuscular sediment, among which blood-discs could be distinguished. Renal abscess was suspected, but no tumour could be detected.—After some further details had been communicated by Mr. BRYANT, who had seen the patient in consultation, Mr. CALLENDER drew attention to the importance of well-timed surgical interference in similar cases, in illustration of which Dr. LANGDON DOWN related a case of spontaneous cure of renal abscess by pointing.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, FEBRUARY 16, 1869.

WILLIAM ADAMS, Esq., Vice-President, in the Chair.

REPORTS were read from the Committee on Mr. Claremount's Tumour of the Abdomen, and Mr. Pick's case of Syphilitic Tumour.

Dr. ROBINSON, Scots Fusileer Guards, showed a specimen of Syphilitic Disease of the Brain from a soldier, aged 26, who had contracted syphilis in 1865 or 1866; he was also intemperate. He had periostitis and paralysis of the facial nerve, and of the right side of the tongue and the palate, and deafness, besides other symptoms. He died sixteen weeks after his nervous symptoms began. After death, small patches of lymph were found here and there, and around the optic commissures. There were also here and there extravasations in the hemispheres.—Mr. BRUCE asked if taste was affected, and observed that there appeared to be a tumour at the origin of the fifth nerve.—Mr. HULKE, who had seen the man in life, recollected that he had a taste as of salt in his mouth.—Dr. MOXON was not aware that syphilis is likely to produce acute inflammation of the brain, like tubercle. Referred to Committee.

Dr. KELLY showed a specimen of Ruptured Aorta from a female, aged 64, who had died suddenly in King's College Hospital. There was a rent in the aorta, the middle and inner coats being ruptured almost the whole way round. There were calcareous degeneration of the artery, hypertrophied ventricle, and fatty kidneys.

Dr. LANGDON DOWN showed the Suprarenal Capsules from a case of Addison's Disease in a man, aged 20, who, from being apparently in fair health, became delirious, and died in thirty-six hours. The changes were typical, and there was tubercle in the lung.

Dr. DOUGLAS POWELL also showed Capsules from a case of Addison's Disease in a man, aged 42, who died rather suddenly. The apices were both puckered, and the liver fatty. The right capsule showed the typical change in these cases.—Dr. GREENHOW moved that these cases be referred to a select committee, composed of Dr. Moxon and Dr. Wilks. Dr. Greenhow was requested also to act.

Dr. HICKMAN showed a living specimen with a Persistent Vitelline Duct.—Dr. FAGGE stated that these cases were more common in males than in females.—Mr. HULKE had seen four or five, all in males.—Mr. C. FORSTER stated that they were not very uncommon.

Dr. HICKMAN also brought forward a Congenital Tumour of the Tongue, of the size of half a walnut. It was like a large epiglottis, and fitted the larynx almost like a cork. Referred to Committee.

Dr. HICKMAN then brought forward a remarkable case of Malformation of the Heart with Cyanosis, from a male child, six weeks old.

Dr. MOXON showed Enlarged Cervical Glands simulating Malignant Disease from a child, twelve years old. The disease extended from the upper and left side to the root of the neck, and pushed the larynx over. The skin was found hypertrophied, and the tumour of gland and fine connective tissue was adherent to the skin and spine. The jugular vein had become transformed into a firm fibrous cord; in its interior was an old and firm fibrinous clot. This case corresponded greatly with Virchow's hard lympho-sarcoma. The child died from tubercular pleurisy; it presented a condition between tumour growth and a scrofulous condition of the neck. Referred to Committee.—In answer to Dr. SCHULHOF, Dr. MOXON said he did not think the pleurisy had any relation to the disease.

Dr. FAGGE brought forward a case of Cirrhosis of the Right Lung with displacement of the part to the right side, that side of the chest being contracted. The bronchial tubes were dilated. The patient died of acute pleurisy of the opposite side. The left lung projected an inch and a half over the middle line. The bronchial glands were enlarged, and the right kidney wasted from a calculus.—In answer to Dr. CHARLES T. WILLIAMS, it was stated that no previous pleurisy had existed.—Dr. MOXON doubted if ever the apex beats at the left side.—Dr. C. J. B. WILLIAMS could recall several cases where the apex beat to the right side of the sternum, with the axis reversed. Was there a general dilatation of the tubes in these cases of cirrhosed lung?

Dr. FAGGE also brought forward a case of Acute Yellow Atrophy of the Liver from a child who died after three days' illness with jaundice. The liver-cells were entirely destroyed. There was a fibroid material in the liver. The gall-bladder was quite empty.—In answer to Dr. CHOLMELEY, Dr. FAGGE stated that the urine had not been examined for leucine or tyrosine.

CORRESPONDENCE.

ON HOSPITALISM.

SIR,—As I have, perhaps, performed as many amputations as most of my compeers in country practice, perhaps you will allow me to offer one or two remarks on Mr. Holmes's observation regarding the rule for amputation, contained in the BRITISH MEDICAL JOURNAL of 4th February.

Sir James Simpson states, that amputations of the limbs, or of the thigh, leg, and forearm, are fatal in country practice, in the proportion of one in nine operations; and in large metropolitan hospitals, the same operations are three times as fatal, or they die in the proportion of one in three, after such operations.

Mr. Holmes says: "If Sir James Simpson be right in his facts (*i. e.*, if the difference he states do really exist between similar operations in town hospitals and country private practice), I would agree in a similar conclusion. But the great difficulty is in proving any similarity in the cases operated on. We know that in public practice, especially in the larger hospitals, and in the presence of the members of a medical school, every case is treated according to strict rules of surgery, *i. e.*, amputation is performed whenever recovery does not seem absolutely impossible, and when the patient cannot otherwise recover." Mr. Holmes goes on to say: "No one, I think, follows this rule in private practice, nor would he be allowed to do so if he wished; and I repeat that promising cases do well in town. It will take more than a bare enumeration of figures to show whether unpromising cases do well in the practice of country surgeons, or whether their greater success (if real) is due to their rejecting such cases."

In above sixty amputations of the limbs, on which I have operated in private country practice, I acted in one and all on the rule in surgery just quoted. No other rule guided me, or is used in Scotland, I believe, in country practice by others; certainly not one rule for hospital patients, and another for private patients. The poor in hospitals are not treated on one surgical principle, the rich on another. The very idea is wrong. The operations in the country are as serious and difficult as in the town, and the number of primaries as *large or larger*. Arms and legs are saved in the country that would have been amputated in town. The joints, etc., heal in the country, aided by uncontaminated air and proper treatment. I am, etc.,

Bedford Place, Alloa. PETER BROTHERSTON, F.R.C.S.E.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

THE BIRMINGHAM UNION.

AT a Special Council Meeting of the Birmingham and Midland Counties Branch, held February 26th, 1869, it was resolved—"That, in the opinion of the Council of this Branch, the proposed reduction of the Parish Medical Officers of Birmingham from eight to five, is contrary to the interests of the poor and of the medical profession." It was also resolved—"That the Honorary Secretary be requested to forward the resolution to the President of the Poor-law Board."

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Thursday, February 25th.

Contagious Diseases.—Mr. Mitford asked if Her Majesty's Government would propose to Parliament any extension of the "Contagious Diseases Act, 1866," to places not mentioned in the first schedule of that Act.—Mr. Gladstone said that the Government had under their consideration the course to be taken with respect to that Act, and would in a short time state the conclusion at which they had arrived.

Medical and Educational Charges (Ireland).—Mr. Gregory asked the Secretary to the Treasury whether, in accordance with the pledge given, that the Irish unions should be relieved of half the medical and the whole of their educational charges, it was the intention of Her Majesty's Government to add the deficiency of the sum voted last year for that purpose to the estimate of the present year.—Mr. Ayrton said the arrangements adopted, as far as he understood, were that an estimate should be made at the beginning of the year of the sum that would be required to meet the charges in each of the unions, and if at the end of the year that estimate was exceeded, the Treasury should not pay the excess; but, if the expenditure was less than the estimate, then the actual charge only should be paid by the Treasury. In accordance with that arrangement, no application has been made to the Treasury for any further claim, and the subject has not been brought under consideration.

Friday, February 26th.

Rating of Hospitals and other Charities.—Mr. Wheelhouse asked the President of the Poor-law Board whether it was the intention of Her Majesty's Government to take any step during the present session, fully to exempt public hospitals, infirmaries, dispensaries for the sick, and endowed almshouses, from liability to rating to the relief of the poor.—Mr. Goschen replied that it would be very difficult to confine any such exemptions to public hospitals, infirmaries, dispensaries for the sick, and endowed almshouses. If they were to exempt endowed almshouses, the question would arise, whether endowed schools should not be admitted to a similar privilege. Then they came to the public buildings, municipal buildings, and county buildings. The question was, in fact, exceedingly large and complicated; and it was not the intention of Her Majesty's Government to take any steps in the matter this session.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

Burdett-Coutts Scholarship.—This Scholarship, founded for the promotion of the study of Geology, and of Natural Science as bearing on Geology, has been awarded, after examination, to Mr. Edwin Ray Lankester, B.A., Junior Student of Christ Church. Mr. Edmund Jermyn, of Christ Church, was also honourably mentioned. Mr. Lankester is the son of Dr. Lankester, Coroner for Central Middlesex, and was placed in the first class in Natural Science, at Easter, 1868.

UNIVERSITY COLLEGE, DUBLIN.

The Court of Examiners for Degrees in Surgery, consists of the following. Dr. Robert Adams, Regius Professor of Surgery; Dr. Robert W. Smith, Professor of Surgery; Dr. Richard G. Butcher, University Lecturer in Operative Surgery; Dr. Benjamin G. McDowel, Professor of Anatomy and Surgery; Dr. Edward H. Bennett, University Anatomist; Dr. John K. Barton (1869-70), Surgeon to the Adelaide Hospital.

The Degree of Master in Surgery confers upon its holder the right to have his name registered as an elector of the representatives of the University in Parliament. By Section 33 of the Acts 31 and 32 Vic., ch. 112, this right is conferred upon the holders of the "higher degrees." In the case of Law, Medicine, and Divinity, the higher degrees are LL.D., M.D., and D.D.; but, in the case of Surgery, as only one degeee is conferred, it must be regarded as the higher degree, and hence it has been interpreted that Masters in Surgery and Masters in Engineering have the right to vote at the borough elections in Trinity College.

MEDICAL NEWS.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

At the next meeting of the Council of the College of Surgeons, an important motion of Mr. Curling will be discussed. It proposes to include Midwifery in the ordinary subjects of examination for the diploma. The proposal has everything to recommend it except financial considerations. This does not ensure its being passed. The separate licence in midwifery of the College has, however, been much less sought after since this subject was included in the licence of the College of Surgeons.—Mr. Erasmus Wilson's proposition of endowing a Professorship of Dermatology at the College with a sum of £5,000, and presenting a fine collection which he has of drawings, models, etc., on condition that he be appointed permanently the first incumbent of the Chair, will also be considered. These conditions are obviously inadmissible; but it is thought possible that, if the matter pass into committee, the conditions may be modified.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, February 25th, 1869.

Cæsar, Arthur, Tower Hamlets Dispensary
Drury, Charles Dennis Hill, Newcastle-upon-Tyne
Hugo, Edward Henry, Brompton, Kent
Smith, James Freeman, Martin, near Sleaford

At the same Court, the following passed the first examination.

Button, Horace Gooch, Guy's Hospital
Kingsford, Percival, Guy's Hospital
Warner, Francis, King's College

Indian Medical Service.—The Military Secretary, India Office, presents his compliments to the Editor of the British Medical Journal, and begs to enclose a list of the candidates for Her Majesty's Indian Medical Service, who were successful at the competitive examination at Chelsea in August 1868, and who have undergone a course of instruction at the Army Medical School, together with the total number of marks obtained at the examinations at Chelsea and at Netley.—Maximum number of marks, 6,900.

Order of Merit and Name.		Studied at.	No. Marks.
1.	Downie, K. M.	Edinburgh	5745*
2.	Mackenzie, F. M.	London	5183
3.	Lupton, A. W.	Edinburgh	4930
4.	MacGregor, J.	Edinburgh	4768
5.	Hutcheson, G.	Edinburgh	4735
6.	Johnson, E. R.	London and Edinburgh	4676
7.	Wright, W. E.	London	4535
8.	Robb, J.	Aberdeen	4388
9.	Kiernander, W. C.	London	4278
10.	Blenkinsop, F. H.	London	4018

* Obtained the Herbert Prize.

MEDICAL VACANCIES.

The following vacancies are declared:—

BANGOR AND BEAUMARIS UNION—Medical Officer for the Anglesey No. 2 District (£75 per annum).
BRADFORD (Yorkshire) INFIRMARY and DISPENSARY—Two Physicians; Two Resident Medical Officer (each £110 per annum, with board and residence in the Infirmary).
BURY (Lancashire) DISPENSARY—Resident Medical Officer.
CARMARTHENSHIRE INFIRMARY, Carmarthen—Physician.
CHORLTON UNION, Lancashire—Assistant Resident Medical Officer at the Workhouse, Withington (£120 per annum, with residence in the Workhouse, but not rations).
EXETER DISPENSARY—Surgeon.
GENERAL HOSPITAL, Birmingham—Dispenser.
GREENOCK INFIRMARY—Resident House-Surgeon (£60 per annum).
HOLBEACH UNION, Lincolnshire—Medical Officer for the Gedney Hill District. (£50 per annum and extra fees, which latter have averaged £45:1:1 per annum for the last three years.)
HOLYHEAD UNION—Medical Officer for the Holyhead District (£60 per ann.)
ISLINGTON DISPENSARY—Surgeon.
KELLS UNION, co. Meath—Medical Officer for the Moynalty Dispensary District (£100 per annum, exclusive of Registration and Vaccination Fees).
KENT AND CANTERBURY HOSPITAL—Physician
MANORHAMILTON UNION, co. Leitrim—Medical Officer for the Dromahair Dispensary District (£90 per annum, exclusive of Registration and Vaccination Fees).
PETERSFIELD UNION—Medical Officer to the Workhouse (£31:10 per annum); Medical Officer for District No. 2 (£44:2 per annum).
ROYAL SOUTH HANTS INFIRMARY, Southampton—Dispenser (£30 per annum, with board, lodging, and washing).
ST. LUKE'S HOSPITAL FOR LUNATICS—Resident Medical Superintendent (£200 per annum, with apartments and board in the Hospital).
SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—House-Surgeon.

LIBRARY OF THE UNIVERSITY OF ILLINOIS

SOUTHEND, Kintyre—Medical Officer and Public Vaccinator for Parish of.

STAFFORDSHIRE GENERAL INFIRMARY, Stafford — Assistant to the House-Surgeon.

STAPENHILL, Burton-on-Trent—Certifying Factory Surgeon.

SUNDERLAND INFIRMARY AND DISPENSARY—House-Surgeon (£100 per annum, with board and residence).

TOWCESTER UNION, Northamptonshire—Medical Officer for the Towcester District (£80 per annum).

WALLASEY DISPENSARY—House-Surgeon. (£100 per annum, with furnished residence, coal, and gas.)

WIGAN UNION, Lancashire—Medical Officer for the Wigan No. 1 or Scholes District (£100 per annum).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

Burman, J. Wilkie, M.B.Edin., L.R.C.S.E., late Resident Clinical Clerk in the West Riding Asylum, Wakefield, appointed Assistant Medical Officer to the Devon County Lunatic Asylum, Exminster.

Campbell, Robert Lyons, M.D., F.R.C.S., appointed Honorary Surgeon to the Stourbridge Dispensary.

*Clarke, E. G., L.R.C.P.Ed., appointed Medical Officer and Public Vaccinator to the Putney District of the Wandsworth and Clapham Union, *vice* Dr. J. C. Pritchard, resigned.

*Duckworth, Dyce, M.D., appointed Assistant-Physician to St. Bartholomew's Hospital.

Pollard, F., Esq., appointed Resident Accoucheur to St. Thomas's Hospital.

*Pollard, James, Esq., appointed Honorary Surgeon to the Torbay Infirmary.

*Smith, C. Swaby, L.R.C.P.Ed., appointed, by the Postmaster General, District Medical Officer to the General Post Office, Liverpool.

MARRIAGES.

*Parkinson, Jno. Taylor, Esq., Surgeon, Brotton, Yorkshire, to Margaret, younger daughter of Thomas Smith, Esq., Newcastle-upon-Tyne.

Wraith, John Hargreave, Esq., eldest son of the late Samuel Hope Wraith, Esq., Surgeon, J.P., Over Darwen, to Margaret Anne, only child of Wm. Daine, Esq., of Newhaven, Derbyshire, at Biggin, Derbyshire, on February 25th. No cards.

*Wolfe, J. R., M.D., Glasgow, to Mary Jane, second daughter of George Hall, Esq.. merchant, formerly Provost of Montrose, at Montrose, on March 2nd.

The Man James Wood, who was admitted into Guy's Hospital last week, frightfully mutilated by his wife, is doing well. The skin of the pubes and perinæum, and part of the penis, is shaved off, and one testicle completely gone. Both eyes were rather severely gouged by the woman's fingers; but the left eye has almost recovered.

OPERATION DAYS AT THE HOSPITALS.

MONDAY	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY	Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY	St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Medical Society of London, 5 P.M. Anniversary at the Albion Tavern. Oration by Sir Duncan Gibb, Bart.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Sansom, "On some New Double Salts of Carbolic Acid as Agents in the Treatment of Disease"; Dr. Kelly, "On Hydatid Cysts", or Dr. Hillier, "On Congenital Hydronephrosis."

WEDNESDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Hunterian Society. 7.30 P.M., Council Meeting. 8 P.M., Dr. Moxon, "On a Case of Tetany"; Mr. Bryant, "On some points in the Treatment of Diseases of the Joints"; and other communications.—Royal Microscopical Society, 8 P.M. Mr. G. Gulliver, F.R.S., "On the Fibres of the Crystalline Lens"; Mr. Alfred Sanders, F.L.S., "On the Zoospores of Crustacea."—Epidemiological Society, 8 P.M. Inspector-General Lawson, "On the Influence of Febrile Epidemics in limiting the Spread of Cholera."—Geological Society.

THURSDAY.—Royal Society.—Moorfields Ophthalmic Hospital, 8.30 P.M. Mr. Hutchinson, "On Malignant Diseases of the Eyelids and Eye."

FRIDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Royal Astronomical Society.—Clinical Society. Report on Dr. Day's case; Pyæmia fatal by Coma, Mr. Barwell; Typhoid Fever—Treatment by Blistering, Dr. Julius Pollock; and other papers.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the Journal, *to be addressed to the* Editor, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

We cannot undertake to return Manuscripts not used.

Correspondents not answered are requested to look to the Notices to Correspondents of the following week.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Authors of Papers, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

Cases for Binding the Volumes of the Journal may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each; by post, 1s. 8d.

Naval Medical Commission.—We have great pleasure in stating, at the request of the members of the Naval Hospital Commission, that the information afforded by the paragraph in the last number of the Journal was not furnished by either of those gentlemen.

Life Assurance Offices and Medical Fees.

Sir,—Allow me a brief space to reply to Dr. Simms' letter in our Journal of January 20th, as it is calculated to encourage Life Insurance offices in their unjust treatment of medical men. Dr. Simms, in effect, says, that proprietary offices should pay the fee for examination but, mutual offices should not. I feel sure that a little consideration will convince Dr. Simms that, if the principle which leads him to claim the fee from the proprietary office be good, it applies with equal force to mutual offices. In a proprietary office, as Dr. Simms puts it, the shareholders obtain their profits by admitting only fair lives, and excluding bad and indifferent ones; they should, therefore, pay for such valuable assistance as the medical referee affords them in securing this end. Now, in a mutual office, at any given moment, the whole of the assured are in the position of the shareholders in a proprietary office. Like them, their profits depend upon their admitting only other good lives, and excluding bad and indifferent ones. The assistance they seek from medical referees to enable them to exclude such persons as would, if admitted, lessen their profits, must be for their benefit, and exactly upon the same principle that Dr. Simms admits should be paid for by them. I insure in one of the largest and most successful mutual offices, the "National Provident." My annual premiums have been reduced from twenty-two pounds per thousand to less than eight pounds, thanks to the profits made by this office; but, I am well aware that, if we were to admit now a number of bad lives, my premiums must be increased. Is it not, therefore, plainly my interest to exclude such lives, and my duty to pay for the valuable assistance the medical referee affords me in doing so? I am, etc.,

The Chantry, B. Stortford. Charles F. Hodson.

R. H. C.—It would be absurd to suppose that a physician attending a case of relaxed uvula may not himself apply nitrate of silver, but is bound to call in a surgeon to do it for him. The simple answer to such a pretension is, that a large proportion of throat-diseases of this kind fall to the charge of the physicians, and are treated by them, both in hospital and private practice. The diseases of the throat are a neutral ground.

Chloroform: Best Mode of Administration.

Sir,—The Journal at present is so fair and accurate in discussion of clinical or practical facts, is so esteemed by general practitioners in the country, for its universality and usefulness, that I hope I may be excused as regards the safety of chloroform inhalation lately discussed in your columns, where it was suggested that "Clover's Apparatus" is invariably safe; for drawing attention to at least two deaths that have been notified where this apparatus was the one in use at the time. I need scarcely say that practical surgery and medicine, at present, are overrun with coincidences, the *post hoc* taken for the *propter hoc*; thus, pneumonia is cured or cures itself when large bleedings are adopted, but not on account of the bleedings Hernia operations succeed where the sac is not opened, but not on account of not opening it, and so of Clover's apparatus, ten thousand cases may do very well with it (or with any ordinary apparatus ?). I fear it is only a coincidence, for the next case may fail. It is only fair to men who have watched and studied chloroform with considerable attention in the London Hospitals, to let this statement appear; it is only fair, as regards country practitioners, who are too often afraid of the danger of chloroform, its apparatuses, with their conflex valves, etc., to assure them that, in midwifery practice to wit, they need not be at all afraid of the old napkin pinned in the shape of a cone, the respiration of the patient is the great thing to watch rather than the pulse.

Many patients at present, especially in the country, are denied the advantage of chloroform, in strangulated hernia, in dislocations, tetanus, etc.; the complications and reported dangers of chloroform inhalation are so great and alarming to men far away in the country.

I have found ether and chloroform administered alternately, in *separate* inhalers, very valuable, not mixed, as sometimes recommended; indeed, these "mixtures" have disappointed all the best judges in Austria, France, America, etc. Let the rural practitioner also take heart of grace and not be afraid of chloroform complications, when he remembers that all over Europe and America chloroform is now administered without "apparatus" of any kind, and, as far as we can judge from foreign journals, much more safely than in London. I am, etc.,

Sackville Street, February, 1869. Charles Kidd, M.D.

Scotch Graduates and Licentiates.

Sir,—Your correspondent, "An Englishman who has Graduated in Scotland," says that I have committed an error in my letter on the demand and supply of assistants in England, because I did not make some distinction between the class to which he belongs and the "mere licentiates," etc. I was not writing upon the social status secured, or the intellectual acquirements indicated by any particular diploma. I was treating on a wholly different topic, or I should have indicated the M.D. of the University of London as even a higher qualification than any which can be obtained in Scotland or elsewhere. My argument was: 1. That good English assistants are very scarce even at very high salaries; 2. That Irish and Scotch are not so scarce and are willing to accept lower salaries; 3. That, nevertheless, the system of practice in Ireland and Scotland being different from that common in England, the assistants from Scotland (graduates and licentiates) or Ireland were not well fitted to act as assistants in England. I am, etc., J. Baxter Langley.

Society for Relief of Widows and Orphans of Medical Men.

Sir,—By desire of the President of the Society for Relief of Widows and Orphans of Medical Men, I beg to forward you the following particulars, thinking the information may be acceptable to the members of the profession. During the last year, the total amount distributed in relief was £2,504 : 10, the number of recipients being fifty-four widows and twenty-six children. Additional relief was granted to two widows and two children from the Copeland Fund. This fund, the directors were enabled, through the great liberality of the late Thomas Copeland, Esq., to form for giving additional assistance to widows and orphans already in receipt of ordinary relief, under special circumstances of unusual distress from great bodily or mental infirmity. The society, although at present able to meet the demands made upon its funds, cannot continue to do so unless well supported by the richer members of the profession. The number of applicants is yearly increasing, and likely to do so, as a reference to the list of members will clearly prove. Trusting you will kindly accord a prominent notice in your Journal of the foregoing statement.

I am, etc., Jos. B. Blackett, Secretary.

53, Berners Street, February, 1869.

Coloured Socks.—The following advertisement lately appeared in the *Times*. "*Sock and Shirt Poisoning.*—A committee having been formed for the purpose of fully investigating the above subject, all persons who have suffered from wearing coloured socks or other coloured surface clothing, are requested to send statements of their cases, with a portion of the garments from wearing which they have so suffered, to the Honorary Secretary, Emil Pohl, Esq., No. 15, Fenchurch Street, London, E.C. Medical gentlemen will also greatly oblige the committee by the particulars of cases that have come under their observation, with any comment they may have to offer."

Dr. Christian König on the Non-Mercurial Treatment of Syphilis.

Sir,—Will you favour me with a few lines of your valuable space to say how glad I am to see that the admirable faculty of Christiania is opposed, for the most part, to the use of that pernicious drug, mercury, in the treatment of syphilis. Since the debate of the other evening in the Royal Medical and Chirurgical Society, on the Natural History of Rheumatic Fever, I presume we may consider that a humble individual like any of us may assume that even John Hunter might not have been well aware of what was the natural history of syphilis. But perhaps not; for I had the honour to send in to the Council of that Society a short paper, in which my respected colleague Mr. R. W. Dunn and myself related the history of a few such cases of syphilis treated without mercury; and I regret to say that either the subject was considered of too little importance, or our method of treating it too superficial, for the Council to receive it. Hence, of course, we must suppose that to believe in the efficacy of mercury in the treatment of syphilis, is an article of medical faith to be believed in, not to be reasoned upon or debated. I, for one, however, repudiate such pretensions, knowing, as I do, how fallible the opinion of the even most instructed amongst our faculty must be on subjects which they do not often hear freely canvassed.

I am, etc.,

London, February 1869. Charles R. Drysdale, M.D.

Zinc Vessels for Milk or Cream.—Are they Safe?

Sir,—There is a practice in some parts of this country amongst farmers to set milk for cream in zinc "coolers", which certainly facilitates the gathering of the cream; but is it not attended with danger? Is there no injurious chemical action producing a poisonous substance?

I am, etc.,

Glasgow, February 1869. A. B. C.

*** Such practice is decidedly improper. The zinc dissolves and accumulates in the liver. Mr. Wanklyn tells us that he has made quantitative determination of zinc from the human liver where it had been taken medicinally in very small quantities. Very little is known about zinc-poisoning.

Notice to Advertisers.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

A Collector.—There is a painting of Cruikshank in the possession of the College of Surgeons.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, March 3rd; The Aberdeen Free Press, Feb. 26th; The Oldham Chronicle, Feb. 20th; The Brighton Times, Feb. 27th; The Melbourne Evening Star, Dec. 16th, 1868; The Parochial Critic, Feb. 24th; The Cambria Daily Leader, Feb. 25th; The Birmingham Daily Post, March 1st; The Cambridge Express, Feb. 20th.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. J. B. Sanderson, London; Dr. T. M. Edwards, Glastonbury; Dr. Colthurst, Bristol; Dr. J. Hartley, Beverley; Mr. J. H. Boughton, Tewkesbury; Dr. A. T. H. Waters, Liverpool; Mr. W. Tyrrell, Great Malvern; Mr. D. Thompson, Launceston; A. B., Yarm; Messrs. Powlson, Manchester; Dr. R. H. Clay, Plymouth; Mr. T. Holmes, London; Mr. R. Ellis, London; Dr. J. Martin, Cork; Messrs. W. and J. Burrow, Great Malvern; Dr. T. Wallace, Liverpool; Mr. C. F. Hodson, Bishop Stortford; Dr. S. B. Farr, Hemel Hempstead; Dr. Murchison, London; Amicus, Taibach; Mr. Greaves, Manchester; Mr. R. Dunn, London; Mr. T. Jones, Newquay; Dr. Hewitt, Dublin; Dr. Leared, London; Dr. Aitken, Edinburgh; Mr. Myers, Coldstream Guards; Dr. Goodridge, Bath; Mr. Watkin Williams, Birmingham; Mr. H. Johnson Smith, London; Mr. Frederick White, Chepstow; Mr. L. R. Close, London.

LETTERS, etc. (with enclosures) from:—

Sir William Jenner, Bart., London; Dr. Rumsey, Cheltenham: Dr. Eade, Norwich; Dr. E. Williams, Wrexham; Dr. J. Braxton Hicks, London; Dr. H. Blanc, Brussels; Mr. Wraith, Over Darwen; Dr. Edwards, Llandudno; Mr. St. George Mivart, London; Dr. Barr Meadows, London; The Military Secretary of the Indian Medical Service; Dr. Mapother, Dublin; Mr. E. Chapman, Oxford; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. J. Hughlings Jackson, London; The Secretary of the Medical Society of London; Sir James Y. Simpson, Bart., Edinburgh; Dr. Elliston, Ipswich; Dr. J. Ellis, London; Dr. C. Morehead, Edinburgh; Dr. H. Kennedy, Dublin; Dr. J. Hardie, Harpurhey, Manchester; The Honorary Secretary of the West Somerset Branch; The Assistant Secretary of the Royal Microscopical Society; Dr. Bryan, Northampton; Dr. Phillips, London; Dr. Joyce, Rolvenden; The Honorary Secretary of the Epidemiological Society; Mr. Harry Leach, London; The Honorary Secretary of the Royal Medical and Chirurgical Society; Dr. Stewart, London; Mr. Brookes, London; Dr. Sibson, London; and Sir Thomas Watson, London.

Results of Meteorological Observations, for the week ending Saturday, February 27th, 1869.

NAMES OF STATIONS AND OBSERVERS.	Barometer. Reduced to 32 deg. F. & mean sea lev.		Mean Temperature.			Mean degree of Humidity (sat. -100)	Self-Registering Thermometers.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	Wind.										Rain.	
																Number of days it blew in certain directions.									Mean Force 0-12.		
	Mean.	Range.	Of Air in Shade.	Of Evaporation	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.		Number of days it fell.	Amount in inches.
Bath Dr. Barter, F.M.S.	30.103	0.547	43.5	40.8	37.6	79.3	53.4	29.6	23.8	48.2	38.0	85.2	..	7.0	4.2	0	0.5	1.5	0	0	0	4	0.5	0.5	4	4	0.35
Bournemouth Dr. Compton, F.M.S.	30.154	0.420	44.1	41.2	37.8	77.8	51.3	29.0	22.3	48.8	38.2	112.0	24.0	5.2	4.1	0.7	1	1	0	0	1	2	1	0.3	3.3	4	0.38
Kew Dr. Treutler, F.L.S., etc.	30.115	0.498	43.6	40.2	36.2	75.0	51.4	30.8	20.6	47.3	36.1	104.1	24.0	6.6	4.0	1	1	0.7	0	0	1	1.7	1.6	0	3.0	3	0.46
Llandudno Drs. Nicol and Dalton.	30.014	0.574	45.4	42.5	39.2	79	52.0	39.7	12.3	50.1	40.8	..	..	6.8	..	0	0	0.5	1.5	0	0	3.5	1.5	0	2.4	(?)	0.73
Malvern Messrs. W. and J. Burrow	30.103	0.466	43.0	40.2	36.9	79	52.8	30.1	22.7	47.9	37.1	83.0	27.3	6.7	4.6	0	1	0	1	0	1.3	0.6	3.0	0	1	4	0.32
Scarborough Dr. Fox, M.R.C.P., etc.	29.971	0.693	41.5	38.6	35.0	78.7	52.0	34.6	17.4	46.1	37.4	..	..	7	..	0.3	0	1	1	0	1.3	0.7	2.7	0	5.4	3	0.26
Sidmouth Dr. Mackenzie, F.M.S., etc.	30.164	0.336	45.1	42.1	38.6	78.0	54.0	32.7	21.3	50.4	36.8	..	..	3.4	5.0	0	2	0	1	0	0	2	2	0	1.2	4	0.38
Worthing W. J. Harris, Esq., M.R.C.S.E.	30.118	0.442	43.4	40.8	37.7	80	54.2	32.2	22.0	48.1	37 6	..	24.5	6.8	4.0	1.3	0.7	0.7	0	0	0.7	2	1.3	0.3	2.5	7	0.58

REMARKS.—There has been a general and considerable increase in atmospheric pressure during the week, while the range has been generally less. Temperature has continued to diminish at all stations, and has been considerably below the average of the previous week; its range has been varied, having been greatest at Bath and least at Llandudno. The highest temperature of the week was recorded at Worthing, and the lowest at Bournemouth. Winds have been variable, blowing from all quarters except the south, and with a generally moderate force, except at Scarborough, where they have been fresh and strong. The amount of cloud has varied but little, while the amount of ozone has been somewhat on the increase. Rain has fallen at all stations, and the amount has been on an average greater than last week; the largest amount fell at Llandudno and the least at Scarborough. Sleet and snow fell at Kew and Worthing on the 22nd, and at Sidmouth on the 23rd. A gale from S.W. blew at Worthing on the 24th, and another from N.W. at Scarborough on the 27th. Lunar coronæ were observed at Bath on the 24th, and at Bath and Kew on the 27th. The general health is reported as good.

Chief Plants first observed in flower during the week at Kew—Adoxa moschatellina; Saxifraga appositifolia.

N.B.—In the last Table the degree of humidity at Scarborough should have been given as 84, instead of 78; also the greatest rainfall was at Sidmouth, instead of Bournemouth. The number of days of S.W. wind at Malvern was misprinted 1.3; it should have been 4.3.

Kew, W., March 3rd, 1869. W. J. Treutler.

A LECTURE

ON THE

SIAMESE AND OTHER VIABLE UNITED TWINS.*

By SIR JAMES Y. SIMPSON, Bart., M.D., D.C.L.,
Professor of Medicine and Midwifery in the University of Edinburgh.

PART II.

A LATER case in which twins, united like the Siamese brothers, from the ensiform cartilage to the common umbilicus, were successfully separated shortly after birth, was recorded last year by Dr. Boehm. The twins were females, small, but well developed. The band connecting them felt soft and fleshy, with interspersed hard and knotty cords, formed by the structures of the ensiform cartilage. Before dividing with the knife the band through its middle, Dr. Boehm first dissected up, isolated, and tied the several vessels of the united umbilical cords. The two flaps, or stumps of the divided band, were nearly two inches in length; and their edges were brought together with three points of suture. Union took place by the first intention; but one of the girls, who from birth had appeared weaker than the other, died on the fifth day afterwards. The other is still alive, five or six years of age, and perfectly healthy. Underneath the skin there is felt, at the site of the cicatrix left by the division, a separation of two inches in length in the longitudinal course of the linea alba.

THE SURGICAL SEPARATION OF UNITED TWINS.

In the two preceding cases related by Koenig and Boehm, the separation of united twins was successfully accomplished by the art of the surgeon. I am not aware that any case of success, except these two, has ever occurred. In medical literature, however, some instances are mentioned in which the attempted surgical disjunction of fully-developed but united twins has proved fatal. Thus, Freyling has described a case of living and healthy female twins united together back to back by the region of the coccyx. When they were four months old, a surgeon endeavoured to divide them from each other; using the cautery instead of the knife. Convulsions and death followed.

Few instances are on record of the attempted surgical disjunction of twins after the death of one of them. Lebeau, in his *History of the Lower Empire*, refers to a case in which it is averred that two children, united together in the region of the abdomen, survived for several years, and, one of them at last dying, the living was cut away from the dead twin, but he only outlived his brother for three days. It is quite possible that such an operation may, if required, be yet performed in the case of the Siamese twins; and not, perhaps, without success.

The Excision of a Parasitic Twin.—Sometimes in double monstrosities one of the individuals is, as I have already stated, very imperfectly developed, forming a kind of rudimentary parasite attached to the person of a viable brother. The parasitical twin is occasionally attached to some of the internal abdominal structures of the more perfect brother, forming a so-called "double monstrosity by inclusion." In other instances, the twin-parasite is so affixed as to appear externally as a kind of subcutaneous double monstrosity. One of the most common positions for these affixed or subcutaneous twin-parasites is the region of the perinæum, or the sacrum and pelvis. The parasite itself is very variable in its structures. In some cases, it consists of little besides a congeries of serous cysts and nuclei of imperfect cranial, vertebral, or other bones. Occasionally it contains small portions of an intestinal canal, and fragments of other viscera; the whole mass usually fed by the middle sacral artery of the developed twin. Such sacral or perinæal twin-parasites have been occasionally removed successfully by surgical operations, by Sir William Blizard, Mr. Wormald, and others. In a case which I described, and published several years ago, my friend Dr. Richardson, of Stockton, removed a large parasitic twin from the coccygeal region of an active and living child. The case was described in the newspapers of the day as that of a child "born with a tail." On dissecting the mass, I found running across it a bone resembling a tibia. Many years ago, I saw and watched, from birth, with Dr. Paterson, of Leith, a sacral tumour of this kind, made up, apparently, chiefly of cysts and condensed intervening walls. It did not grow proportionally with the individual to whom it was attached; and for years the latter has worked as a clerk, sitting upon, and supported by, his rudimentary twin-brother.

These imperfect parasitic twins have appeared in other positions, as within the scrotum, in the anterior mediastinum, and, it is averred, even within the orbits; and they have been seen attached to the epigastric and umbilical regions, to the neck, to the palate, and to the cheek and jaw.

Last year, when the distinguished American surgeon, Professor Pancoast, of Philadelphia, visited this country, he kindly presented me with various photographs of a twin-parasitic monstrosity, which he had successfully removed from the face of a living child. The accompanying wood-cut represents the external appearance of the heteradelphic growth in this very rare and remarkable case. (Fig. 1.) After the mass was excised, it was found to contain, among a mass of fatty matters, a small stomach, a portion of intestine eighteen inches in length; a pelvic ring of bone, etc.

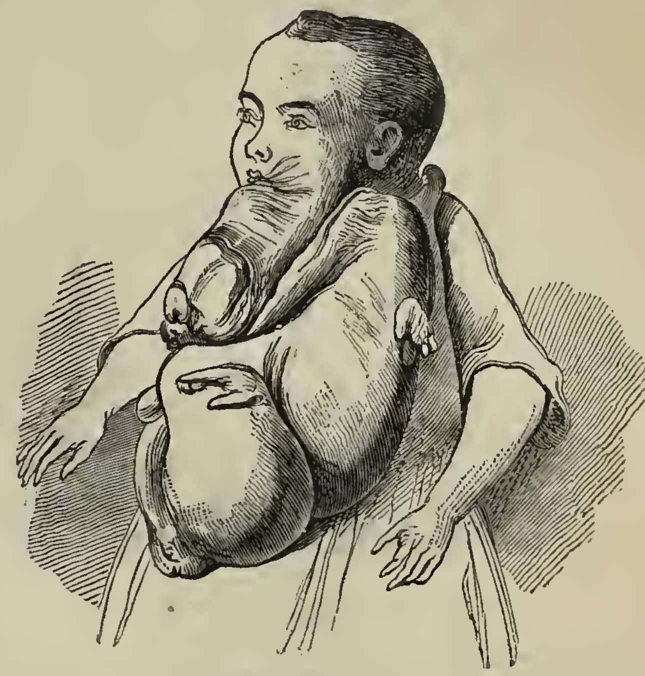

Fig. 1.

Survival of Twins united at the Epigastrum, like the Siamese Brothers.

Double monsters, consisting of two twins fully and equally developed, and united from the sternum to the umbilicus, are not of very rare occurrence. The late Professor Otto, of Breslaw, has described some fifteen specimens of this type of double monstrosity, belonging to his own collection. But it is seldom that these or other types of double monstrosity are born viable. Exceptional cases, in which double monstrosities have survived, or been reared, are not without physiological interest.

Some years ago, I published a case which occurred in the practice of Dr. Lyell, of Dundee, where the two united children were of the natural size, conjoined in front from the upper part of the chest to the umbilicus; and one of them survived for eighteen hours after death, the other being still-born. On dissection, I found the fusion between the chests and abdomens of the two foetuses to be such that they had a common pericardium, containing two distinct and perfect hearts; a single or united diaphragm; and a large liver, common to both. The other viscera were all double. In a similar case, described by Beaussier, one of the fœtuses was, as in Dr. Lyell's case, born dead; but the other lived sufficiently long to be carried to church for baptism.

In the second volume of the *Edinburgh Medico-Chirurgical Transactions*, Dr. Berry has described and figured a case of female twins, united anteriorly (Fig. 2), who survived for seven years after birth. They were natives of the East Indies. In their third year of life, when Dr. Berry obtained a sketch and description of them, they possessed, he states, a strong mutual resemblance; the heads of each were rather long, and the sides much flattened. They were unable to sleep in any position except that of face to face. They appeared, to Dr. Berry, to be connected from their sterna above, down, according to his sketch, to the region of the umbilicus. A ligament could be felt surrounding the band of junction. When the children were separated as far as possible from each other, the distance between the tops of the two sterna measured six and a-half inches, and between the pubic regions, eight and a-half inches. They had only one umbilicus; and were healthy and well developed. Their evacuations were regular, but at different times. They had suffered from small-pox at the same time. They were daughters of a woman of the Treaver caste. The mother did not suffer particularly in the birth, and afterwards bore twins, which are living. When the united sisters walked, it was sidewise, and something in the form of a circle. "If," says Dr. Berry, "one only was pinched, the other did not feel it; but if the part uniting their bodies together was pinched, both felt the pain. If medicine was given to one, it affected both. One sometimes awoke, while the other was asleep; but both generally slept at the same time. One was much more lively, and rather stouter than the other. They crossed their heads and arms, to act or look different ways, with ease. They could walk up a stair, and were active when playing with other children." "One of the children," Dr. Berry continues, "was entirely nourished, for some months after birth, by what it received from the stomach, or other part of the alimentary canal, of its sister, and still continues to eat rather less: it is still, however, as healthy, and nearly of as large a size as the other." "The drawing," he adds, "gives a very good idea of the manner in which they are connected, but does not express the compressed or elongated form of the heads."

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* For Part I, see JOURNAL of February 13th, p. 147.

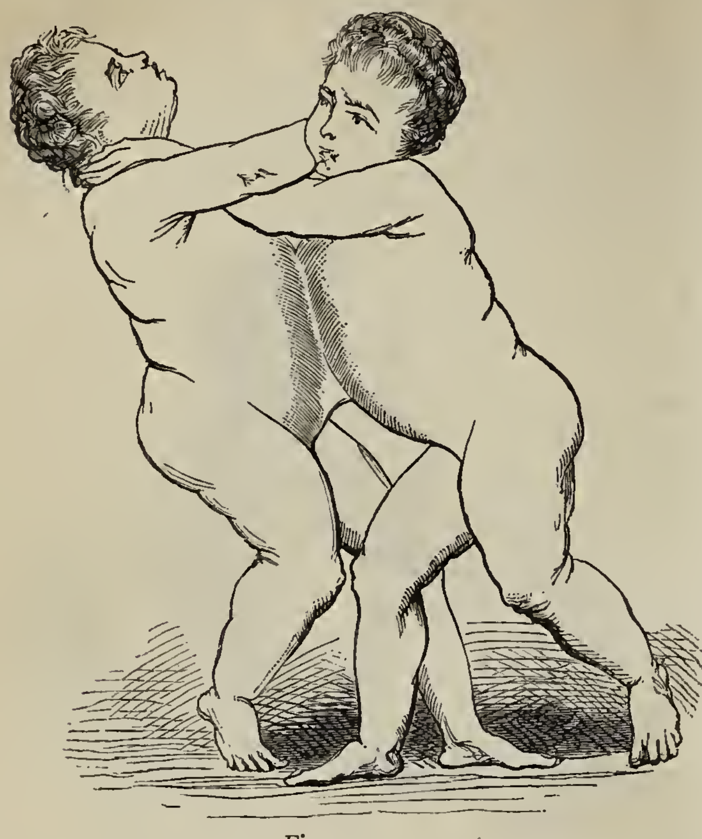

Fig. 2.

Instances of Viability among other Types of Double Monsters.

Many examples of the survival, for various lengths of time, of other forms of double monstrosity, are to be found on record. As some of them are not without physiological interest, let me adduce a few of the more remarkable instances among them.

Twins, united together back to back by the sacral region, have sometimes lived. We have a well-known illustration of this remark in the case of the Hungarian sisters, Helen and Judith, who were born in 1701, and died in the convent of Presburg, in 1723, or twenty-two years afterwards. They were connected together, as found after death, by the sacra and coccyges, the fusion beginning at the second sacral vertebra. The pelvic viscera were conjoined to the extent that the vulva was single, but opened above into two vaginal canals. The anal orifice was single, and divided above into two recta. There were two urethræ, opening separately. The two aortæ of the two bodies united below, before their division into the two iliacs, as did the two inferior venæ cavæ; and thus established a free vascular communication between the two sisters. Mentally, they differed from each other in character and temperament. Judith became hemiplegic at six years of age, and grew up smaller and feebler than Helen. The two sisters usually menstruated at different times—proving that this discharge is not the result of mere plethora, as some of the old physiologists taught, for then it should always have occurred simultaneously to both. The call to defæcation, but not to urination, usually occurred simultaneously. One sister was sometimes awake while the other was asleep. They were both attacked at the same time with small-pox and measles; but had other disorders, as catarrh and colic, separately. Judith was repeatedly convulsed, while Helen remained free from indisposition. Judith at last sank under chronic disease of the head and chest. Helen, who had been suffering for some days previously, under slight feverish symptoms, felt, as her sister's end drew near, her own strength suddenly fail, though her mind and speech remained entire; and, after a brief death-struggle, she expired with her.

In 1856, I saw here, and had an opportunity of shewing to the Edinburgh Obstetric Society, two female children, Amelia and Christina, then about five years of age, who were united together exactly in the same situation as Helen and Judith. They were dark-coloured, and born in Columbo County, South Carolina. One sister was somewhat larger than the other; but they were both strong and well. The coccyges and lower sacral vertebræ were fused together; but placed somewhat sideways, or obliquely. As in Helen and Judith, there was one anal orifice. It opened above into a single large cavity; but the origin of the two intestinal tubes could not be reached. The single coccyx was felt projecting into this rectal cavity. The call to empty the bowels was by no means cotemporaneous in each; and so with the act of micturition. There was an appearance of only a single elongated vulva; but within it were two vaginal and two urethral orifices, and two clitorides. The two sisters did not stand exactly back to back, but slightly sideways. They walked, and even ran—the one backwards, and the other forwards—with wonderful facility. These two sisters, physiologically two separate individuals, are in every sense somewhat different in dispositions and temperaments. Occasionally, when they quarrelled more bitterly than usual, they struck back at each other with their elbows, and knocked with their sinciputs. Their minds and mental acts were so separate and distinct, that one sometimes ate while the other was asleep. These two united sisters are, I am told, still alive in the Southern States.

Survival of Double Monsters; Single below, and Duplex above.

We come next to cases where the fusion between the component twins is so great, that some of the extremities, or some portions of the bodies of each, disappear, and yet the dual being is capable of surviving.

There are several instances, for example, of viability among monsters who were double above and single below; or who, possessing two lower extremities only, were provided with one abdomen externally, two chests, four arms, and two heads.

Between thirty and forty years ago, a case of this kind, described in an elaborate memoir by M. Serres, attracted deeply the attention of the medical profession in Paris. The subject of the monstrosity—a native of Sardinia—survived for eight months; belonged to the female sex; and was baptised under the double name of Rita-Christina. The drawing (Fig. 3) shews its external configuration better than any elaborate description. On dissection, it was found that the duplicity was perfect above, down to the two hearts, which were placed in a common pericardium. The two livers were united and fused together, each with its own gall-bladder. There was a stomach, duodenum, and jejunum to each child; but towards the commencement of the ileum, the two intestines united together, and henceforth formed a single tube. The urinary bladder was single. The physiological phenomena shewn by each child were carefully watched

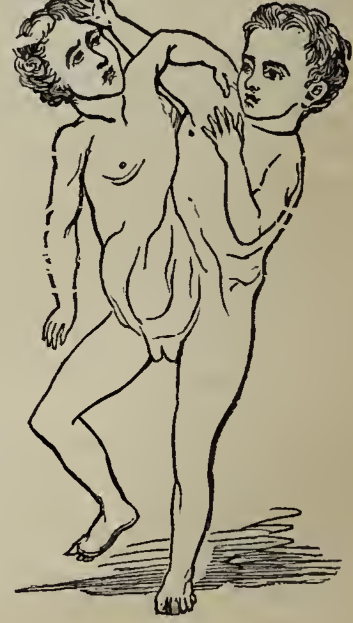

Fig. 3.

during life. They were distinctly dual in mind, though partially single in body. Often one head slept soundly, while the other head was awake, and sucked. Sometimes, one cried while the other smiled. When they slept, tickling the right foot awoke the right head; tickling the left awoke the left head. Each head, when fixed to the mother's nipple, moved and kicked out its appropriate leg. They were hungry at separate times. Christina, the stronger of the two, was much more greedy than Rita, and seemed, in fact, to sustain her weaker sister by the overplus of nourishment which she swallowed. The circulation and respiration were generally synchronous in the two; but not always so. There was a slight degree of cyanosis about Rita, which the imperfect development of her heart and large blood-vessels—as ascertained after death—sufficiently accounted for. At last, Rita was attacked with acute bronchitis, which, in the course of three days, ran on to a fatal termination. Christina, up to the last moments of her sister's life, seemed full of health and vigour, except that her pulse and respiration were somewhat accelerated. She was busily suckling as Rita died, and immediately she let go the nipple, and expired also.

During the reign of James IV, of Scotland, a double monster, of the same type as Rita-Christina, was born; and several of our old Scottish historians, as George Buchanan, Lindsay of Pitscottie, and Drummond of Hawthornden, have described this double individual. Thus Drummond, in his *Lives and Reigns of the Five Jameses, Kings of Scotland*, after speaking of the marriage of James IV to the Princess Margaret of England, in 1502, observes:

"During the Treaty of this Marriage with England, a Monster of a new and strange Shape was born in Scotland, near the City of Glasgow, the Body of which under the Waste or Middle, varied nothing from the common Shape or Proportion of the Bodies of other Men; the Members above, both for Use and Comeliness, being Two, their Faces looking one way; sitting, they seemed Two Men to such who saw not the Parts beneath; and standing, it could not be discerned to which of the two Bulks above, the Thighs and Legs did appertain. They had differing Passions, and diverse Wills, often chiding others for Disorder in their Behaviour and Actions: After much Deliberation, embracing that unto which they both consented. By the King's Direction, they were carefully brought up, and instructed in Musick and Foreign Languages. This Monster lived Twenty and Eight Years, and dyed when John, Duke of Albany, Governed. Claud Gruget maketh mention of the like Monster, born in Paris before the Marriage of Henry IV, the French King, with Margaret of Valois, but the Birth and Death of it were near together."

John Lindsay, of Pitscottie, whose *Chroniklcs of Scotland*, written nearly three hundred years ago, were allowed to remain in manuscript till the present century, has described the same double monster in still more quaint terms. "In this meane tyme" (he observes), "was ane marvell seine in Scotland. Ane bairne was borne rekoned to be ane man chylde, who, from the waist vp, was tuo fair personages, with all memberis and portratours perteaning to tuo bodies; and the back of one was fast to the other, but fra the wast doun they war bot on persone. The King caused tak great cair vpoun the vpbringing of thir bodies in on personage, and caused learne thame to sing and play vpoun instrumentis, who within schort quhill became verie ingenious and cunning in the airt of musick, that they could play vpoun any instrument, the one the tenor, and the other the tryble, verie melodiouslie, quhilk moved the people to treat them verie weill. Also they could speak sundrie leadis; that is to say, Latine, French, Italianes, Spanisch, Duch, Dence, Inglish, and Irisch. Thir tuo bodies lived twentie aucht yeires, and," somewhat more dubiously and mythically, Pitscottie adds, "than the one of thame depairted, quhilk was verie dollorous to the vther, quhilk was the longest leiver; for the quhilk men bad him be merrie; he would answeir, 'How can I be merrie that has my brother as ane dead carcase vpoun my back, who was vont to sing and play with me; when I was sad he would comfort me, and I richt so to him: bot now I have nothing bot dollour in bearing so heavie a burtheine, dead cold, and dissolved on my back, thairfor I pray the Almightie God to delyver me out of this lyfe, that we may be laid in the earth togidder quhairfra we came.'"

In the account of this monster, which the learned George Buchanan gives in his *History of Scotland*, he offers similar details, and avers that "in their various inclinations the two bodies appeared to disagree between themselves, sometimes disputing, each preferring different objects, and sometimes consulting, as if for the common pleasure of both; and what was remarkable, when the lower limbs or loins were struck, both felt the blow in common; but when pricked, or otherwise hurt above, only one of the bodies was sensible of pain, which distinction was most conspicuous in death; for, when the one body had died several days before the other, that which remained, when the dead half became putrescent, wasted away by degrees. I write this" (Buchanan adds) "the more confidently, because there are many persons of undoubted veracity, still alive, who saw the prodigy."

Not long after this Scottish monster died, one of the same type was born in England. In the *Chronicle of the Grey Friars of London*, the event is entered, under the year 1552, in the following terms. "Item the iij day of Auguste, between x and xi at nyght was a woman in Oxfordshere, at a place callyd Midylton-Stone, at the syne of the Eggyle, viij myle from Oxforde, and the good man's name was John Kenner; and she was delyveryd of a chyld with too heddes, iiij hanndes, iiij fette, and but one body; and the mydwyfte kersende (christened) them at home, and was alowyed by the churche; and they lyffyd xv days; and ett, and one slept wylle the other did wake, and lokyd with a mery chere whann anny persons loked at theme." Henry Machyn, citizen and merchant-taylor of London, in his well-known *Diary*, gives an account of the same Oxfordshire monster; but, no doubt more correctly, states that, while two of the four alleged legs and feet were normal, the other two were rudimentary only, and consisted of "one leg with ii feet, havying but ix tooys;" or, in other words, the monstrosity had a third intermediate leg, as in cases described by Hartmann, Maclaurin, and others.

Survival of Double Monsters, with one Twin imperfectly developed.

Several remarkable instances of this description have been observed, the imperfect twin varying much in its own degree of development.

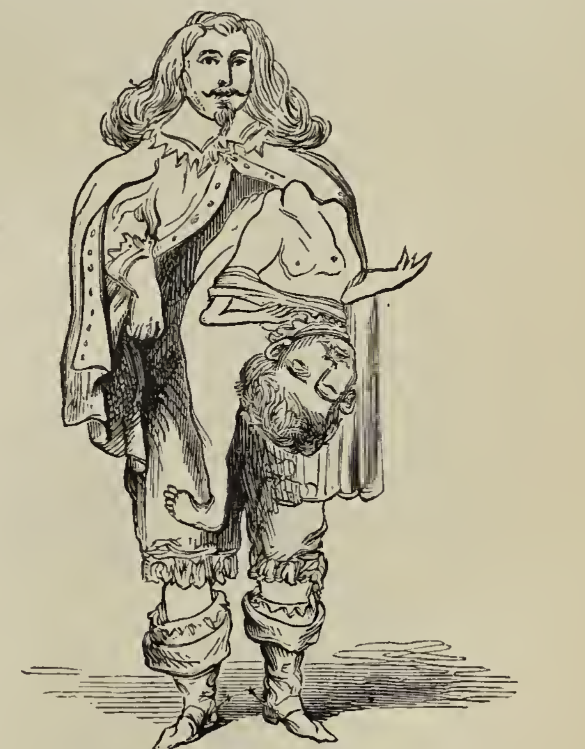

Fig. 4.

In the 17th century, a double monster of this description shewed himself in many of the chief cities of Europe. His conformation has been briefly described by Pincet, Licetus, Zacchias, and Bartholin, the last giving the figure of him copied in the woodcut. (Fig. 4.) This double monster was born at Genoa, in 1617, and he was twenty-eight years of age when last seen at Basle by Bartholin. The fully developed brother, Lazarus Colleredo, had a deformed and imperfect twin-brother suspended from the lower part of his chest, who had been baptised as John, though Zacchias strongly questions if he had a rational soul, and deserved that rite. John had two short, contorted arms, with three fingers only on each hand; one imperfect lower extremity; and the trunk somewhat imperfect also. His head was large, but deformed, and, when unsupported, hung low down; the eyes were generally closed; the mouth open, and yielding a constant flow of saliva. Respiration was scarcely perceptible; there was a pulsation in the chest; he appeared capable of moving the arms, ears, and lips; he did not eat or swallow, and was nourished entirely by the food taken by Lazarus; there was no evacuation from the bladder or intestines; and he seemed to sleep, perspire, and move independently of his developed brother. Bartholin thought that the ensiform cartilages of the two brothers were united together in the band of union between them. One of the most entertaining of our old Scottish diaries is the *Memorials of the Troubles in Scotland*, etc., A.D. 1624-1645, left by John Spalding, Clerk of the Consistorial Court of the Diocese of Aberdeen. Spalding describes the visit of Lazarus Colleredo and his brother to the City of Aberdeen, in 1642, in the following terms; his account of this monster being really, in some respects, one of the best on record.

"About a day or tuo befoir Pashe (he writes) thair cam to Abirdene ane Italian man monster, of about 24 yeires of aige, haueing from his birth growing fra the breist vpward, face to face, as it were, ane creature haueing heid and syd hair, lyk the cullor of the man's hair; the heid still drovping bakuardis and dounward. He had eies, bot cloissit, not opnit. He had eires, tuo armes, tuo handis, three fingeris on ilk hand, ane body, ane leg, ane fot with six taes; the vther leg within the flesch inclyning to the left syde. It had the penis of ane man, but no balcod. It had a kynd of lyf, and feilling, but void of all vther sences, fed by the mannis owne noorishment, and evacuet thot way as his wes. This gryte wark of God was admired of be many in Abirdene, and throw the countreis as he trauellit; yet such was the goodness of oure God that he wold go and walk quhair he listit, carying this birth without ony pane, yea, or on-espyit when his clothes wes on. When he cam to the toune he had tuo seruandis avaiting vpone him, who with himself were weill clad. He had his portraiture with the monster drawin, and hung out at his lodging, to the view of the people. The one seruand had ane trumpettour, who soundit at suche tyme as the people sould cum and sie this monster, who flocked aboundantlie into his lodging. The ather seruand receaved the moneyis fraith ilk persone, for his sight, sum less, sum mair. And efter there wes so muche collectit as culd be gottin, he with his seruandis, schortlie left the toun, and went southuard agane."

Occasionally only the lower or the upper part of the parasitic twin appears; as the body without the head, or the head without the body.

About forty years ago, Mr. Livingston described a curious case of double monstrosity in an adult Chinaman, A-ke, who had an imperfect twin brother hanging from his epigastric region. The imperfect twin consisted of a neck and trunk, with upper and lower extremities. (Fig. 5.) It was suspended by the neck, and looked as if its head were plunged into the thorax of the brother, who was in all other respects well formed, though feeble and breathless. The parasite seemed to have no voluntary motions; but it passed urine, and the penis was susceptible of a kind of partial erection. There was no anus. Weak pulsations could be felt in its carotid and radial arteries; and it was of the same temperature as its brother. Mr. Livingston gives, on A-ke's authority, the apocryphal allegation that, when any part of his brother's body was hurt, he felt as if the same part of his own body were injured: "even the slightest touch, which would be perceptible if applied to his own person, is equally perceptible if applied to his brother." This statement, Mr. Livingston avows, was most satisfactorily confirmed by an ingenious medical gentleman, who, observing A-ke's attention to be fully employed, and his head turned away in a contrary direction, pinched quickly the hip of the parasite. A-ke instantly struck the same part of his own person, just as if that had been the pinched place.

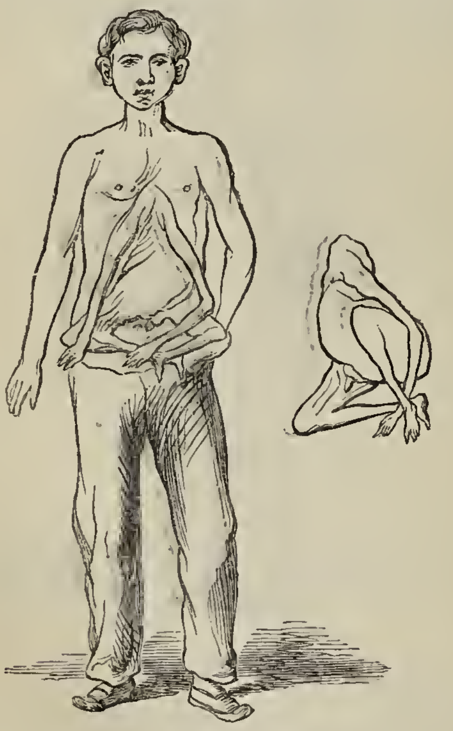

Fig. 5.

Ambrose Paré describes and figures a double monster of forty years of age, whom he saw in Paris in 1530, and in whom hung from the epigastrium, as in the case of A-ke, a small but perfect human body, with the exception of the head and shoulders. Palfyn gives another similar case; and in the sixty-ninth volume of the *Philosophical Transactions* is a description of a handsome Gentoo boy who has a little twin brother suspended by the pubes, and consisting of the pelvis and lower extremities. The boy felt, it is averred, like A-ke, what was done to the twin brother; but he could not move its legs or feet, which were cold.

A similar case was described by John Buxtorff. The parasite, attached to the epigastrium, consisted only of a pelvis and two lower extremities, which were of the ordinary temperature; and impressions made upon these rudimentary appendages were perceived, though faintly, by the perfect twin. This double monster, born at Cremona, reached adult life, married, and had several children.

Winslow was called to a girl twelve years of age, and well formed, who had the abdomen and lower extremities of a small twin sister hanging from the left side of the epigastric region. This second body had an anus, which discharged fæces; and it possessed a row of vertebræ connected to the sternum of the larger sister. Winslow was consulted as to whether the parasite should receive the last sacraments of the Roman Church. In the preceding instances, the additional twin was suspended, in the form of, and often with the imperfect structure of an acephalous fœtus, from the anterior part of the abdomen of the viable brother. Sometimes not the pelvic but the cephalic end of the parasite projects thus outwardly. If time and space permitted, we might add, for example, many other twin marvels and monstrosities of this kind: as Winslow's account of an adult Italian who had a parasitic, small, but well-developed head adherent to his chest below the cartilage of the third rib; the Javanese who had a small head, with an imperfect neck, protruding from the abdomen; Wirtensohn's case, where a head, neck, and chest stood out from the epigastrium of an otherwise perfect infant; Home's case of a parasitic head placed inverted over the skull of a child that lived till it was four years of age; etc. But the variety, in double and other monstrosities, is interminable: and truly the freaks and wonders of teratology are as odd as they are endless.

Postscript regarding the Siamese Twins.

At the time of the publication of the first part of this communication, I had not seen Mr. Bolton's interesting account of the Siamese twins in the *Philosophical Transactions* for 1830. He notices what I incidentally omitted to state: that, from the position assumed by Chang towards his brother, his spine is considerably curved laterally. He thinks the umbilical herniæ are only on coughing pushed forwards as far as the middle of the band. Now, however, they project on each side beyond the middle; though, possibly, an oblique dissepiment of peritoneum may divide them. He gives two or three figures of the band, one of which is copied in the woodcut. He states that, when the brothers were young, this band was much larger in proportion to the size of their bodies than it is now; it was also then larger in circumference, and the bodies of the twins were nearer in contact; but, from continued stretching, it has become elongated, and diminished in its circumference. The band is so insensible, when stretched longitudinally, that one twin could be lifted up and the other suspended by it without pain to either. Mr. Bolton gave asparagus to Chang one day; and, four hours afterwards, perceived its odour in the urine of Chang, but not in that of Eng. Next

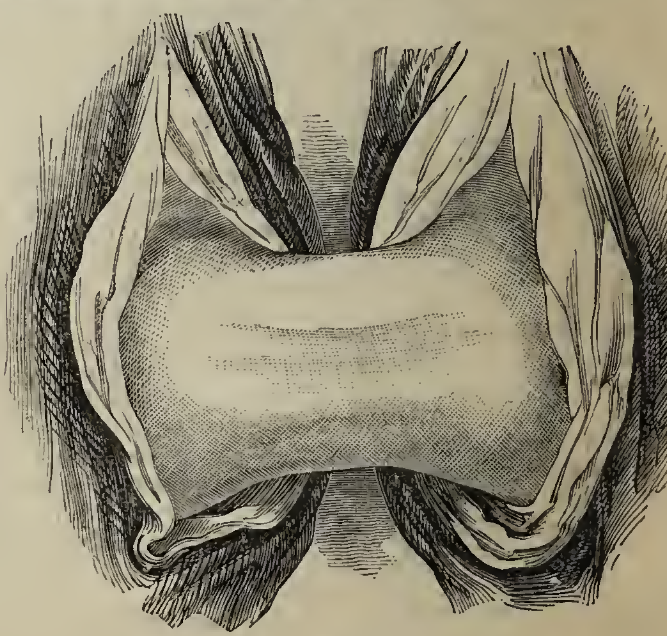

Fig. 6.

day, the same experiment with asparagus was tried on Eng, with similar results. They have not passed entirely through life without a quarrel. Their mother spoke of one occurring when they were eight years of age; and again, while on their first voyage from Siam to America, one of them wished to bathe, as was their custom, to which the other objected, as the day was cold. The difference was soon adjusted; those rare exceptions proving the rule rather than the reverse.

THE ETIOLOGY OF PHTHISIS.*

BY PETER EADE, M.D.Lond., M.R.C.P.,
Physician to the Norfolk and Norwich Hospital, etc.

THE subject of consumption and of tubercular disease in general has always attracted a very large amount of attention on the part of the profession; and this may well be the case, seeing how large a proportion of the human family is cut off by this intractable disease. Of late, the interest attaching to it has received a further sharp, and somewhat sudden stimulus from the views which have been advanced respecting it by Dr. W. Budd on the one hand, and on the other from the published experiments of Villemin, Simon, Clark, Burdon Sanderson, Wilson Fox, and others, showing that the disease, or a condition undistinguishable from it, is capable of being produced in some animals by the inoculation of tubercular or other matters, or in rodents merely by the irritative-inflammation set up by the presence of setons beneath the skin. The addition to our knowledge which we have thus gained is immense; and I think it is not going too far to say, of the minute anatomical investigations of Dr. Wilson Fox in particular, that they have thrown a bright stream of light upon this part of the subject.

But still, even if we could assume that the intrinsic element of tubercle and tubercular disease is an excessive development of lymph-cells and lymphatic products, and could take it for proved—which, however, is not proved—that this process of abnormal development may be set up in man as in rodents by the introduction into the system by inoculation of tubercular or allied matters, it is very clear, as is fully stated by Dr. Fox himself, and endorsed by Drs. Cotton, Wilks, Marston, and others, that the demonstration of these facts is not the whole of the case, and that, in a large majority of instances of tuberculosis, some other etiological element or condition is at work to cause or bring about the fully formed disease; for not only do we find that individuals develope phthisis or other forms of tuberculosis where no suspicion of inoculation or contagion can exist, and where ordinary causes have evidently produced the disease, but also that infants are born into the world with the tubercular diathesis so strongly stamped upon them from the very first, that there can be no doubt that this condition is one which has grown with their growth and development, and is, in fact, a congenital, hereditary, and intrinsic part of their animal formation.

Tubercle, according to present evidence, would appear to consist essentially of cells usually more or less degenerating, and of nuclei; these cell-elements being generally formed in small rounded masses or aggregations, or, in many of these, coalesced to form larger agglomerations. Further, the recent researches by means of inoculation have proved almost to a certainty that these or similar cells or nuclei once formed, are capable, under certain suitable conditions, of multiplying and reproducing themselves—*i.e.*, are endowed with a sort of independent vitality analogous to that seen in other forms of cell-life, and in this respect fairly comparable to the property of proliferation possessed by the cells of cancerous, recurrent fibroid, and other tumours. But the recent investigations of Waller, Cohnheim, and others, have shown that the cells of cancer, like those of all other animal tissue, are not abnormal developments or proliferations of other cells or corpuscles, and there is strong reason further to believe that they are in fact but vagaries of natural elements, unrestrained and unguided growths, as it were, of normal, glandular, epithelial, or connective tissue-cells or corpuscles.

In the *Lancet* for 1863, I called attention to the well-known fact that, in a very large number of instances, primary cancers follow closely upon some injury to the part from which the tumours spring; with a view to the expression of an opinion that the absence of controlling nervous force from the effused and organising lymph-elements was the main cause of their permanently stopping short at the lowest form of life—that of cells. I would venture, to-day, to give some reasons for thinking that a peculiar form of deficiency of nervous power may be an important element in the production of the superabundant cells which constitute the various forms of tubercular disease, and that this disease may, in fact, *be but an expression of a feeble vitality*—feeble especially, and primarily, as regards the constitution of the nervous system, and secondarily, as regards the tissues which, from want of due and vigorous innervation, have been either imperfectly and loosely constructed from the first, or have become disordered in their action at a later period.

Cells more or less simple are, there is no doubt, the original and lowest form in which animal life is presented, and the type under which it approximates most closely to the vegetable world. This form of life, too, is the one which is capable of the quickest and easiest multiplication. Higher forms of animal bodies are formed out of such cells, variously modified, elaborated, and combined, to form tissues endowed with properties fitting them for the respective functions they are required to perform.

Every increase in the elaboration of the animal tissues is accompanied by a proportionate increase in the quantity and complexity of the nervous system; and it is most noteworthy, in reference to my present hypothesis, that the development of the nervous centres (especially as seen in the highest animal, man) actually precedes the formation of any other part of the body. There is strong reason, therefore, to believe that those centres exercise a governing and controlling power over the development of the other tissues, all of which are of later formation than themselves. Any original defect, therefore, of this primal nervous governing centre, will permit the body to be less perfectly formed, or, in other words, will tend to allow its tissues to be created on a degenerated type, with a constant tendency to revert more or less to the elements of which they are composed—*i.e.*, cells. A body so created, and gradually growing and enlarging under such defective influences, is exactly the one which would eventuate in the soft, flabby, feebly constituted animal framework which we see in the typical rickety or scrofulous subject, the chief characteristics of whose structures are their general weakness and want of vigour, or rather power of endurance, and their proneness to the development of cells, as shown by *ulceration—i.e.*, a ready disintegration or separation of the cell-elements of the feebly formed tissues; by *glandular enlargement—i.e.*, distension of the lymphatic tubes by the hyper-development of lymph-cells and gland-cells; and by *purulent discharges—i.e.*, the excessive development of cells of pus from the mucous membranes.

This, then, would constitute an explanation of the *congenital* form of the tuberculous or strumous diathesis—a cachexia in which the body throughout is organised with a less perfect type of tissue, and with its nervous centres unequal to their proper work, either from original defect of formation, or from their being so feebly constituted as to be unable to appropriate to themselves the requisite nerve-force-developing pabulum. In the worst cases of strumous cachexia, the feeble nervous power secreted and available is insufficient from the first for the ordinary and daily demands of the parts which it should supply, and such subjects do rarely reach adult life. In somewhat better types, the nerve-power is equal to this work, but it is immediately used up by the slight extra demand made upon it by organs or tissues, with the result that some form of strumous disease immediately ensues, as is well illustrated in the proneness of the most worked parts of the developing body to degenerate first—*i. e.*, to develope cellular products.

But tubercular disease is not only hereditary and congenital; it may be also *acquired*, even by the strongest and most robust, when they are placed in suitable circumstances. But it is noticeable here, that these vigorously formed subjects rarely develope other ordinary forms of strumous disease, though they do frequently become the victims of pulmonary phthisis.

I have said that the necessary effect of partial removal of nerve-force is to allow the parts supplied by it to take on a lower form of vital action; and the degeneration will, of course, vary with the cause of the deprival, with its intensity and seat, as well as with the constitution of the individual. Ordinary complete removal of motor or sensitive nerve-influence of course produces ordinary paralysis; but removal of nutritive nerve-influence produces other and distinct effects, as shown by the experiments of Reid and others; whilst the diminution of the combined spinal and nutritive nerve-influence gives rise to what is called suppurative or destructive inflammation—*i. e.*, a process in which destruction pure and simple does not take place, but in which a rapid form of a *lower type of growth* or development—viz., that of cells, of pus-cells—is allowed to take place, at the expense of the more highly formed tissues. This effect is familiarly seen in the so-called catarrhal inflammation of the bladder which ensues upon spinal disease or injury, and in the suppurative disease which, as has been pointed out by Drs. G. Budd, Sims, and others, takes place in a lung whose nerves have been invaded or compressed by a cancerous tumour in the chest.

The *aspect* of the subjects of congenital and hereditary tuberculosis appears to me to favour this nerve-view of the disease; for such individuals are generally softly and delicately formed, confessedly weak in resisting power, and prone to have parts or organs take on tuberculous action whenever these are called upon for any large amount of exercise or exertion. This is well illustrated on a large scale by the fact pointed out by Dr. Barlow, and now well recognised, that the three great cavities of the body are most liable to take on this diseased action in the order of time in which they are respectively called upon for active exertion during the process of growth—viz., the head in infancy, the belly in early youth, and the lungs in later periods of life; the irregular and excessive development of the nervous centres being further shown by the frequently disproportionate strength of the mental powers in infancy, and their sudden failure under the exertion which they crave, and for which, indeed, they are temporarily fitted.

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* Read in the Medical Section at the Annual Meeting of the British Medical Association in Oxford, August 1868.

I have already alluded to the proneness of these individuals to ulcerations, to suppurations, and to diseases in which cell-growth, and that of an imperfect kind, is the prevailing type; and I would merely mention one other very familiar symptom of the tuberculous cachexia, viz., the tumid puffy upper lip—a condition which I believe to be very perfectly imitated, for the time being, by the prominent pouting of this part during a paroxysm of acute hysteria, in which it is well known that voluntary controlling nervous power is temporarily wanting.

Again, I think that the *phenomena of the invasion* of tubercular diseases in those originally strong and healthy agree with this view of its originating in depraved, or depressed, or irregular nervous power; and we must never forget that, whatever be the predisposing causes of disease, the nervous tissues, as the most highly and delicately organised, are nearly sure to be the first to suffer in nutrition, and consequently in integrity, and therefore are preeminently likely to be the starting-point of the disease. The predisposing causes are undoubtedly such as cause a depressed condition of system—such as mental anxiety; exhaustion from overwork or discipline; privation; poverty or neglect; intemperance; want of fresh air or exercise. It is during the operation of these that what is called the pretubercular state arises; and it is when to the depressed state of the general nervous power induced by them that local abstraction or exhaustion of nerve-force is superadded, as by over-exertion of the lungs, or the application of cold or wet to the skin, or by the continued irritation of dust or rough particles inhaled into the lungs, that the local tubercular disease springs up—*i. e.*, that erring local life, or local cell-growth of a defective character, is allowed to begin.

Again: it appears to me that the *results of the treatment* of this disease are all in favour of this view. I need only allude to the negative evidence afforded by the disastrous results of the treatment of phthisis by "coddling" and hot rooms, and to the far better results of the opposite mode of treatment by fresh air, exercise, and tonics with good food; but I would especially point to the fact that all the medicinal remedies of any acknowledged efficacy (with the single exception of cod-liver oil, whose *modus operandi* is unknown) belong to the tonic class, and nearly all to the mineral kingdom. It may be fanciful to suppose that their efficacy depends upon their furnishing fresh electrolytic food or the wanting positive or negative elements to the minute nerve-batteries or electro-voltaic arrangements aggregated in the nerve-cells of the great nerve-centres; but I cannot help thinking that, even if fanciful, it is very likely true.

Nerve-force and galvanic force are, as is well known, not identical, but closely allied forces. Again, heat and electricity are also nearly allied forces, and not only so correlated, as it is called, but actually convertible. It is almost certain, therefore, that heat and nerve-force are also both correlated and convertible terms; and we can thus understand the way in which not only wet, by rendering clothes better conductors, can abstract the nerve-force of the body as it would electricity, and so destroy its balance and make its working irregular, but also how the mere abstraction of heat from the body by the influence of currents of air can effect the same result.

Now, when a deprival of nerve-force is effected on a large scale in a healthy, *i.e*, a non-cachectic or non-predisposed, individual by the application of cold or wet to the surface of the body, and especially of the chest, ordinary acute inflammation of the lungs is probably the result. The exhaustion of the nervous twigs, spread out upon the skin, being conveyed along the afferent nerve-trunks to the nerve-centres, these themselves suffer, and then the exhaustion is propagated by a further reflex action along the efferent nerve-trunks to the internal mucous surface supplied by these nerves, and, this being thus deprived of nerve-force, a perverted vital action takes place; the mucous membrane, as a result of this, secretes gelatinous or plastic albuminous matter, and the ordinary condition of pneumonia is then established. But if the individual, instead of being healthy, be lowered in vital health, or cachectic, the secretion, as is well known, instead of being mainly composed of healthy plastic matter, is constituted of material formed on a lower type. Or, again, if the exhausting influence, instead of being exerted suddenly, is exercised partially or more gradually, then a different kind of action ensues. The nerve-centres are reflexly exhausted only partially or irregularly; their influence on the pulmonary membranes is cut off only in spots or localities; and then, where this takes place, the irregular vital action which results eventuates in the production or secretion of nodules or masses composed of imperfect cells and nuclei and other germinal lymph-matters, having the well-known tendency to degenerate and decay—in fact, of ordinary tubercles.

In cases of phthisis, originating in mechanical irritation of the lungs by flour, grinder's dust, etc., the exhaustion is probably of a somewhat different character. In this case, the peripheral extremities of the nerves of the pulmonary mucous membrane would be the parts primarily exhausted of their force, and the effect would be exerted either directly, or reflexly, or in both ways upon this surface, producing either partial consolidations (mixed *quasi*-cellular and albuminous deposits), or, where true tubercle is found, the small punctate masses of this substance known as miliary tubercle.

The necessity for making my paper as short as possible, and my unwillingness to take up the valuable time of the Association at any great length, have obliged me to omit many references to distinguished authors which I should otherwise have desired to make, and have only enabled me to bring before you the most meagre outline of the subject. Indeed, it is only the fact that this topic is now uppermost in the professional mind, and my conviction, which I have held increasingly for some time past, that the truth of the great problem of tuberculosis lies somewhat in this direction, that has induced me to bring before you to-day my views upon the subject.

The facts of the almost universality of the disease, the construction of a large class of individuals on the tubercular type, the acknowledged imperfection of structure of even the best formed of our bodies, the proneness of that part of the body to become tubercular which is being most used at the time of its development, all point to the insufficiency of any theory of mere lymphatic disorder adequately to account for all its phenomena, and to the necessity of some more intimate and vital cause to explain these. On the other hand, the close relationship of inflammatory and tubercular disease of the lungs (a relationship acknowledged by Dr. Williams, in his late most masterly account of this disease, in the *Lancet*); the acknowledged origin of the former in cold and other exhausting agencies applied to the surface—in other words, in the abstraction of vital heat or nerve-force; and the adequacy of this view of reflex nervous exhaustion to explain so very many of the phenomena of consumptive disease—justify me, I think, in endeavouring to refer them both to such a cause. I have, perhaps, to apologise not only for the imperfection of my views and arguments, but also for venturing to handle at all a subject which has engaged the thoughts and pens of many able observers. But I feel that, in spite of all that has been done, and although we seem to be becoming well acquainted with the histological characters of pulmonary and other tubercle, yet its intimate causation and origin, its meaning or relation to the basement membrane or germinal tissue which produces it, are still quite undetermined.

Although some vague expressions of belief in the possible origin of phthisis in defect of the nervous system have been used by some authors, yet, I believe, no definite attempt has hitherto been made to show *how* this might take place. To point out a way in which I believe its morbid conditions may be accounted for, through its agency, is the utmost that I have aimed at to-day; and I can only hope that these suggestions of mine, however crude, may, at least, bear some fruit, by turning thought in a new direction, and may so contribute, in however small a degree, to the elucidation of a disease which has hitherto foiled all our efforts either to unravel its nature, to cure its lesions, or, I might almost say, even to mitigate its ravages.

I will, in conclusion, thus briefly summarise what I have said.—1. The congenital tubercular diathesis, or cachexia, is essentially due to original defect or disease of the nervous system.—2. It consists in a development of the tissues of the body on an imperfect or lower type, owing to the absence of controlling nervous influence of a standard sufficiently high and perfect for the wants of the growing body.—3. The actual appearance of strumous disease is due to the exhaustion of the nerve-power of the part in which the disease commences.—4. In acquired tuberculosis, the cell-developement is the result of the removal of the nerve-power of the part affected, usually by reflex exhaustion, propagated from the part upon which the morbid causative influence is exerted.—5. There is a very close relationship between the causes of inflammatory and tubercular disease of the lungs; to which I would add—6. The possible inoculability of tubercle matter in man as well as animals does not militate against this theory, since, if true, it only proves that tubercular, like other cells, when once formed, are capable of proliferation and reproduction.

THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

VESICAL ABSORPTION.

By J. Braxton Hicks, M.D., F.R.S.,
Physician-Accoucheur to Guy's Hospital.

That absorption into the system of materials injected into the bladder does take place, was well seen in a case reported in my lectures on the subject, in the *Lancet*, where eight grains of morphia were injected by mistake at one time, with marked symptoms belonging to the drug, but wonderfully out of proportion to the quantity employed. But this does not in any way militate against the use of injections into the bladder; because these are intended to be applied directly to the mucous membrane to restore it to its functions. In case of over-sensitiveness, or of abrasion, etc., then the effect of morphia injections is well marked; but the quantity of fluid should be small, and the dose of morphia not less than one grain. If more than an ounce of solution be employed, the irritable bladder shortly expels it, and its effect is lost. Half an ounce is generally enough. In all injections of the bladder it is well to use a catheter with the opening at the end instead of the side. This should not, if possible, enter the bladder, but a little more force given to the syringe so as to pass the sphincter vesicæ. When the catheter touches the interior, particularly the back of the bladder, much pain is given generally. Want of care in this particular may do away with the soothing effects of opiates, particularly when used in small doses, which really, I think, are not worth the distress attending their employment; and this reason probably explains the diverse opinions held on the subject.

NOTE ON ARTIFICIAL RESPIRATION IN THE TREATMENT OF DISEASE.

By Percy Leslie, M.D., Birmingham.

The case mentioned by Dr. Dobell (January 30th), is most interesting and suggestive. All medical men must at times have felt their helplessness in the presence of impending carbonic acid asphyxia. Might I be allowed to suggest a plan whereby the patient himself could keep up this artificial respiration, and even a prolonged elevation of the shoulders, without fatigue.? Apparently, the mechanism is so simple, that any carpenter might construct it, and adapt it to every description of arm-chair, by means of a wooden vice such as is used by cabinet-makers. Pressure on the foot bar A would necessarily elevate the crutch B, and *vice versâ*.

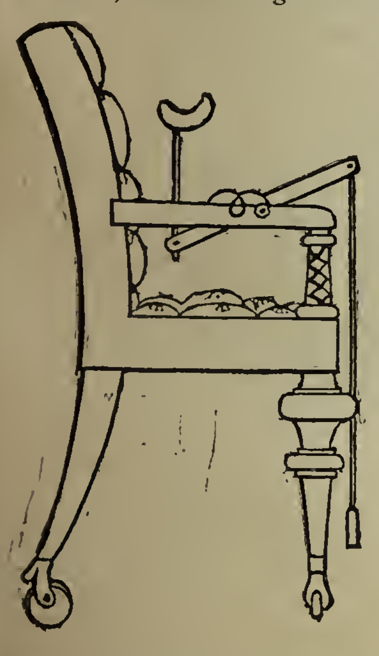

Fig. 1.—Side view of crank adapted to arm-chair.

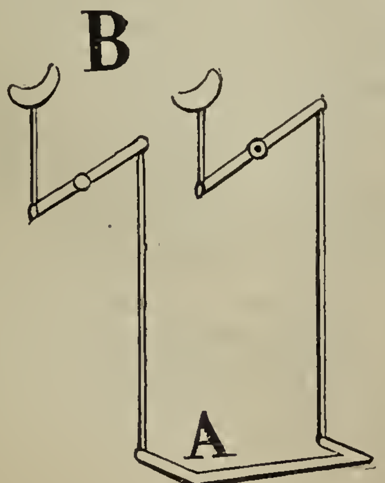

Fig. 2.—Front view of crank detached.

CARBOLIC ACID IN THE SICKNESS OF PREGNANCY.

By Edward Garraway, Esq., Faversham, Kent.

Allow me to add my mite of testimony to the report in the British Medical Journal of February 13.

Carbolic acid is the only remedy which I have ever found of any avail in pregnant sickness, and of its efficacy here I entertain no doubt whatever. Patients who have had it in one pregnancy, invariably ask for "that tar medicine" in the next. In other forms of sympathetic vomiting, it has proved no less valuable. I quote the two most noteworthy cases I have met with, premising that I am not given to exaggerate.

Miss ——, aged 19, a highly hysterical girl, the subject of pelvic abscess, had vomited every meal immediately after swallowing it for three years. Physic and physicians, of course, had been exhausted upon her. I gave a drop of carbolic acid three times a day. She retained this from the first. After ten doses had been taken—*i. e.*, on the fourth day—a meal was kept down; and from this time she retained alternate meals. In a fortnight, two meals out of three stayed; but the unwonted presence of so much food in the stomach occasioned such distress, that I was induced to partially withdraw the remedy, and allow two out of four meals to be rejected. The carbolic acid, however, was gradually persevered with; and, in the course of a year, the stomach was able to bear and retain four meals a day.

Mrs. ——, at the eighth month of gestation, engaged me to attend her, and complained that she had been sick throughout her pregnancy. I declined prescribing, assuring her that the vomiting would cease immediately after delivery. However, it persisted as before; and she then informed me that for nine years she had never passed a day without vomiting, sometimes several times. This condition resulted from an attack of fever. I waited a fortnight after her accouchement, and then put her upon carbolic acid. She never once vomited again. The remedy was continued a fortnight, then gradually withdrawn.

I give drop-doses of the crystal, liquefied by heat, and diffused in half an ounce of thin mucilage, three times a day.

TREATMENT OF PSORIASIS BY BALSAM OF COPAIBA.

By Frederick Simms, M.B., M.R.C.P.

The small but useful corner of this Journal encourages me to bring briefly before the profession a remedy which, although by no means new, is yet but half known, having been tried in this country, for all I know to the contrary, by myself only; but abroad, much more freely for the last eight or nine years, since when its utility, in this disorder, was accidentally discovered by M. Hardy, of St. Louis.

The use of copaiba in chronic bronchitis and catarrhal affections, and also in dropsies (Pereira, art. *Copaiba*, vol. ii), has been known to the profession almost ever since its discovery, which followed that of the American continent, but I can find no trace of its employment in lepra and psoriasis, although the connexion between these diseases and catarrhal affections was remarked upon by Heberden towards the close of the last century, and very much earlier by Paulus of Ægina (*Lib.* iii, cap. xxiii), who hinted at this relationship, and advised treatment by resinous and emulsive medicines, until M. Hardy, whilst treating a patient afflicted with both a blennorrhagia and a psoriasis, cured, most accidentally, the latter, together with the former, and has since treated lepra alone in the same way with, I believe, uniform success.

My plan is to give from ten to twenty minims of the drug with liquor potassæ and mucilage, and gradually to increase the dose; with young subjects, and especially with fresh cases, the copaiba rash soon appears, and, as it were, carries off the old disease with it. These patients mend rapidly, two or three weeks find them nearly well; but old subjects, and those with relapses, are harder to cure, the characteristic rash is slow in coming out, and sometimes they recover without having it at all. In one case only, that of a young girl at St. Louis, have I seen any trouble arise; in this case erysipelas complicated the affair, but was transitory, and without influence upon the case. It may be objected that this treatment is homœopathic, but no one having seen the copaiba eruption will compare it for a moment with psoriasis; it is rather that we

> "Take a fresh infection to one eye
> That the rank poison of the old may die."

Such has been the influence of Mr. W. Cooke's writings, that copaiba has been almost thrust out of use (a contemporary, whilst giving a notice of the hospital out-patient practice of this city, mentions only three places where it is used); but let us hope that Dr. Duffin's example will be followed, and that this valuable drug may not be lost simply because we find it nauseous and apt to be rejected. That the drug must be good, and the mixture well prepared, are points on which I need not insist.

GULSTONIAN LECTURES

ON

CERTAIN POINTS IN THE STUDY AND CLASSIFICATION OF DISEASES OF THE NERVOUS SYSTEM.

Delivered at the Royal College of Physicians.

By J. HUGHLINGS JACKSON, M.D., F.R.C.P.,
Physician to the Hospital for the Paralysed and Epileptic; Assistant-Physician to and Lecturer on Physiology the London Hospital.

Lecture III.—Abstract.

From the point of view of Tissue-changes, the Lecturer first considered the influence of the kind of lesion on the *condition* of muscles affected. Spasm, and even convulsion, are more liable to occur after or during recovery from hemiplegia, when the palsy has been caused by embolism, than when it has been caused by clot. Then the palsy in epileptic hemiplegia from syphilis, is often varied by fitful jerks, and by movements something like those of chorea. The affection of speech from clot, which usually destroys locally, is generally loss of power to talk; plugging of vessels, which may impair widely, often leads to a disorder of speech; tumour, which squeezes slowly, even when in "Broca's region," may lead to no defect of speech. The age of the patient—saying nothing of the greater "excitability" of the nervous system in early life (greater instability of nervous matter)—makes a difference in the *condition* of muscles affected. Thus contracture, chorea, and paralysis agitans, affect particular periods of life, whilst occasional spasm (convulsion) occurs at any period of life. The nervous organs, especially those governing muscles which have most varied uses, are, doubtless, in different physical conditions at different ages, from different degrees of "education." The less frequency of coarse disease of the brain in children, such as syphilitic disease, effusion of blood, and the absence of particular habits and vices at the earliest period of life, will account for some differences. The occurrence of "infantile palsy" in early life only leads the Lecturer to think that there is incomplete neurification, probably from imperfect arterial integration.

He next mentioned that certain changes seem, so to speak, to prefer particular localities. He had never seen hæmorrhage limited to the cord, to the cerebrum above the ventricles—to the cerebellum, or to the crus cerebri; once only limited to the medulla oblongata, often in the pons Varolii, very often in the corpus striatum and thalamus opticus. He had seen abscess in the cerebrum and cerebellum, but never in any part of the motor tract. The geographical limitation of abscess depends, however, on the fact, that disease of the cranial bones is usually of the vertex, or in the temporal bone. The occurrence, in chronic cases, of occasional vague seizures, often called "epileptic," in association with discharge from the ear, leads the Lecturer to think that minute changes are propagated in venous regions, as are the grosser changes of abscess. Syphilis follows the order of connective tissue, and thus we infer syphilis when we meet with disorderly groupings and disorderly successions of nervous symptoms, such as palsy of the third nerve with a convulsion, or with hemiplegia of the same side. Intracranial tumours grow almost anywhere, and produce symptoms in one or more of three ways. 1. They squeeze, and thus produce palsy of cranial nerves. Tumours of the cerebellum (case related) produce disordered gait by squeezing the pons, crus cerebri, and crus cerebelli. The rapidity of pressure is the important matter. If very slow pressure be exerted, there may be no obvious symptoms when parts are much deformed; and in rapid pressure, as occurs in cases of meningeal hæmorrhage, from bursting of a cerebral aneurism, death will happen very quickly—even in five minutes. He thinks the slightnesss, or even entire absence of, symptoms in some cases of extensive disease *in* the cerebral hemisphere, especially such as abscess, may be in part accounted for by the very gradual increase of the pressure. 2. Tumours cause secondary changes, *e.g.*, optic neuritis, and those changes on which convulsion, "brain-fever," etc., depend. 3. Vascular tumours occasionally kill by hæmorrhage. The Lecturer related several cases of this kind. Sometimes, no recognisable symptoms are produced by intracranial tumour. A case of tumour of both cerebellar lobes was related, in which there had been no motor symptoms referable to the cerebellum. The middle cerebral artery is said to be more often plugged than any other cerebral artery. But symptoms of plugging of the other cerebral vessels—excepting the arteria centralis retinæ—are not yet known. Symptoms implying *loss* of function, *e.g.*, uniocular amaurosis, hemiplegia, and loss of speech, are often ascribed to plugging, whilst *disorders* of function, *e.g.*, convulsion, chorea, and mania, are mostly considered to negative plugging of vessels, even when in the latter, as in the former class of cases, the condition for embolism is equally present, and even when the disorder of function is followed by loss of function, as when hemi-chorea becomes hemiplegia. Since plugging of small arteries may cause hyperæmia, the Lecturer thinks it is not unreasonable to expect "increased expenditure" of force to occur when the arteries plugged are small, and have free anastomoses.

Plugging of arteries occurs from syphilitic nodes of arteries (Wilks), and thus, syphilitic hemiplegia so arising, is only indirectly syphilitic. For the *real* change on which the palsy hangs in such cases is not the syphilitic disease of the vessel, but softening of the corpus striatum, consequent on blocking of that vessel's channel. Two other kinds of syphilitic hemiplegia—the second from growth of a nodule in the motor tract, the third "epileptic" occurring with disease of the surface of the hemisphere—were considered, as also syphilitic palsies of cranial nerves and "syphilitic epilepsy," in order to shew that the therapeutics of syphilitic affections of the nervous system are markedly successful only in *recent* cases of "effusion of lymph," *e.g*; recent palsies of cranial nerves, and rarely in the several varieties of hemiplegia and of convulsion. He instanced a case of recovery, without drugs, from hemiplegia, due to blocking of the middle cerebral artery at a point where the vessel was narrowed by an encircling node. Recovery from convulsions, or from epileptic hemiplegia caused by syphilis, is, he thinks, doubtfully due to the iodide of potassium administered He thinks the bromide of potassium keeps off the fits better than the iodide in "syphilitic epilepsy:" yet iodide of potassium should be given for at least six months whenever a patient suffers from any kind of syphilitic nervous affections, in order to stop any new changes which may be, for instance, slowly damaging the vessels without at first causing any obvious symptoms.

He instanced cases of recovery from hemiplegia, presumably owing to embolism from heart-disease, and to clot. He thinks that rapid recovery from, and frequent variation in, symptoms occur with limited organic disease of the motor tract, and very often with extensive organic disease of the cerebral hemisphere.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

Lecture III.

The two distinct layers (serous and mucous), together with the intervening so-called "intermediate layer", having thus come in the place of the cicatricula within twelve hours of incubation, the next process is the formation of what is called the "axis-band." This appears at about fourteen or fifteen hours after incubation has begun, and is produced by a coalescence or fusion of the several layers along a line traversing the oval space or lamina, in a direction at right angles to the long axis of the egg. From the serous layer are undoubtedly formed the epidermic structures and the cerebro-spinal nervous centres. From the mucous layer is formed the epithelium of the alimentary canal, and of all the glands directly connected with it. From the intermediate substance (termed vascular layer by Baer) are formed the muscles, the structures formed of connective tissue, and the vessels.

The first obvious indication of the future embryo is a faintly marked longitudinal groove traversing the outer surface of the oval lamina, in the direction of the axis-band. This primitive groove is, moreover, the first sign of the future embryo in every vertebrate animal, without exception.

While this longitudinal depression is being formed, its margins are simultaneously elevated; and the elevation not only of the serous, but also of the intermediate layer, on each side of the groove, continues until the two rising folds (dorsal laminæ) meet above in the middle line, and thus gradually convert what was a groove into a closed canal. As the serous layer extends continuously over these elevating folds or laminæ, it comes to pass that, when the latter coalesce, that part of the serous layer which was on the inner side of each fold comes to form a lining membrane to the canal produced in the way just mentioned. This lining membrane thickens, and here is produced the cerebro-spinal axis; the cavity still left within such thickened lining of the longitudinal canal being, in fact, the canalis centralis of the cerebro-spinal nervous axis. While these ascending folds (dorsal laminæ) thus rise and form the superior cylinder of the vertebrate structure, the other folds (ventral laminæ) descend to enclose more or less of the yelk, and to form the corresponding inferior cylinder. In certain lower vertebrata, as has been mentioned, this takes place so as to surround the whole yelk. In the immense majority of forms, however, a constriction takes place; the part of the yelk furthest from the primitive groove being pinched off as it were, and suspended as an umbilical vesicle, whether it is ultimately absorbed into the alimentary canal or not. Within each descending ventral lamina is a continuation of the intermediate layer between the superficially placed prolongation of the serous layer and the mucous layer; the last mentioned layer being the foundation of the alimentary canal. Now, this so enclosed portion of intermediate substance in each ventral lamina bifurcates. The external sheet of the bifurcation unites with the contiguous serous layer, and thence the external body-wall is formed. The internal sheet of the bifurcation applies itself closely to the incipient alimentary canal; and, as the latter becomes removed downwards, it serves to suspend it, and thus becomes the mesentery, etc.; while the space between the inner and outer sheets of the bifurcating intermediate layer becomes the pleuro-peritoneal cavity.

The dorsal laminæ do not unite together along their whole length at the same time, but the coalescence first takes place at that point which corresponds to the junction of the head and spinal column in the adult. If the embryo be viewed from above at the time of this first coalescence, the primitive groove will be seen to be much more widely open in front of the point of junction than it is behind that point. This more widely open anterior part is the place of origin of the brain.

In all Vertebrates above the Ichthyopsida, certain upgrowths arise from the ventral laminæ long before the latter have enclosed the body of the embryo. These upgrowths consist of the intermediate layer—invested, of course, with its serous covering. These upgrowths ascend till they meet above the body of the embryo, and form a double layer, the outer one of which is thrown off, and serves no particular office in the chick. Inferiorly, the internal layer follows the ventral laminæ in their descent, and coats the yelk-pedicle; while superiorly it forms, above the embryo, the amniotic sac. The allantois is formed very differently from the amnion, and begins, as either a double or single bud, from the hinder part of the ventral aspect of the embryo. It springs from the intermediate layer, and is at first solid, but soon becomes a hollow vesicle filled with fluid. It is doubtful whether an allantois is ever developed in the Ichthyopsida; but, if the presence of an urinary bladder in some forms is an indication of its having existed in such, it can only have done so rudimentarily.

As has been already said, in the Lamprey and others, no umbilical sac is separated off from the body of the embryo; but, in all the osseous and cartilaginous fishes, it is developed; and, in one genus of the latter (Mustelus), it even forms a placental connexion with the wall of the oviduct.

In all Fishes and Sauropsida, the umbilical sac is eventually enclosed within the cavity of the abdomen. In all Mammals, on the other hand, it is cast off; but its form is different in different groups of Mammalia. In Man, and in most deciduate Mammals, it is very small and pyriform, and is furnished with a very long duct. In Rabbits, however, and in some other Rodents, it is very large. It is also large in the Kangaroos and Marsupials, and perhaps in them it is placental. In carnivorous Mammals, in Ruminants, and in the Pig, the umbilical vesicle is drawn out into two long cornua.

In all Sauropsida, the allantois is very large, and almost always directly respiratory. It is, however, doubtful whether it is so in ovoviviparous forms; and, if not, this would be an approximation towards its mammalian condition. In Monotremes, the conditions are unknown; but in the Didelphia the allantois is very small, and seems to have no notable function. In all the other Mammals, it performs a double function, both respiratory and nutritive; and there are two ways in which it connects itself with the maternal organisation—viz., 1, the deciduate; 2, the non-deciduate. That part of the allantois which lies within the body-wall becomes the urinary bladder.

The amnion presents no great modifications.

Popliteal Aneurisms treated by Forced Flexion.—M. Sistach has related a case of left popliteal aneurism treated by Mr. Ernest Hart's method of forced flexion, at the Paris Society of Surgery (Dec. 2, 1868). In the first case, a prompt cure was effected in three days. Subsequently, the same patient presented himself with a popliteal aneurism of the right side. The same treatment was resorted to ineffectually, then digital compression, and finally ligature. The aneurism ruptured, and gangrene and death followed. The arteries were found to be fattily degenerated.—M. Verneuil has lately presented to the Academy of Medicine, Paris, a very interesting case of popliteal aneurism successfully treated by this method, the patient suffering severely from constitutional diabetes, and other means having failed.

REVIEWS AND NOTICES.

On Syphilis and Local Contagious Disorders. By Berkeley Hill, M.B.Lond., F.R.C.S., Assistant-Surgeon to University College Hospital, Teacher of the Use of Surgical Apparatus in University College, and Surgeon to Out-patients at the Lock Hospital. 8vo. Pp. 505. London: James Walton. 1868.

We are glad to welcome a work on the above subjects from Mr. Berkeley Hill, who has for some time been favourably known to the profession as a diligent and observant inquirer in this particular branch of surgical pathology, and whose field of observation has been lately enlarged by his appointment to the London Lock Hospital.

Mr. Hill's book treats of the whole class of venereal disorders, including gonorrhœa and its complications. It evinces throughout, not only a thorough practical knowledge, but an extended acquaintance with the voluminous literature on the subject, both ancient and modern. In his first introductory chapter, he gives a very succinct and, at the same time, complete account of the early history of the disease, as obtained from Chinese, Hindoo, Greek, and Latin records; and discusses the question of its supposed introduction into Europe by the followers of Columbus, favouring the view, now generally entertained, that it has existed in all its forms amongst civilised nations from remote antiquity. We do not know where the reader will find so good an epitome in so short a compass, of the early history of the venereal disease.

We cannot speak in quite the same terms of the second introductory chapter, which professes to give an outline of the "doctrines of recent date," and which relates to the unity or duality of the syphilitic poison. This is, we think, the least satisfactory in the book, for to this branch of the subject only five pages are allotted, a space quite inadequate to its importance, and insufficient to afford anything like an intelligible outline of the present unsettled state of professional opinion on this controverted question. Mr. Hill adopts, in their fullest extent, the modern French views as to duality; viz., that "the principle producing the local contagious ulcer is distinct from that producing true syphilis," and his treatment of the opposite school is somewhat contemptuous, and withal not so correct as could be desired. For instance, we are surprised to find him saying that the unicist theory is "the one holding syphilis to commence by a chancre, or an urethral discharge (gonorrhœa), or a bubo, or as a constitutional affection without any local or so-called primary manifestation. According to those who hold this doctrine, between the moment of infection and the outbreak of the disease, whatever form that may take, an incubation of the poison, of varying length, occurs. Every chancre, therefore, appears after infection is incurred, and its cauterisation is useless to prevent future disease."—P. 20.

The unicist theory may be right or may be wrong, but, at all events, it deserves to be fairly stated. The fact is, that Hunter's notion of the identity of the gonorrhœal and syphilitic poisons had been completely disproved long before the duality theory was thought of. There is no question now-a-days of the identity of gonorrhœa and syphilis; the real question is whether the soft, or so-called non-infecting, and the hard, or so-called infecting, sores, are caused by the same or by two separate and distinct contagious principles. Neither is it correct to say that those who believe in the unity of the virus hold that there is any incubation between the moment of infection and the outbreak of the disease. The incubation theory, is, on the contrary, a peculiar feature of the dualist school; and certainly most of the unicists hold that the poison begins to operate from the moment of its implantation, and believe that cauterisation, if practised effectually and at an early period, will usually be successful in preventing both present and future disease. Neither do we think that the unicist theory can fairly be said to be "fast falling into oblivion;" for, if we may judge from the evidence taken by Mr. Skey's Committee, it is still held by the great majority of English hospital surgeons, and amongst them by several of Mr. Hill's own colleagues at the Lock Hospital.

The second division of the book, occupying three hundred pages, relates to Syphilis; that term being understood to signify the constitutional disease, the indurated sore or "initial lesion" being included among the constitutional manifestations. The soft or non-indurated contagious sore is treated of in the third division, separately from Syphilis, under the name of Chancre. Those who do not believe in the distinctness of these two forms of venereal affection, will of course take exception to such an arrangement; but, making allowance for legitimate differences of opinion on theoretical points, every reader will find in Mr. Hill's book an excellent description of both varieties of what we will still venture to term *primary* syphilis; and a still better account of the secondary manifestations, especially the cutaneous eruptions, or "syphilides" as it is becoming the fashion to call them, in imitation of our French confreres; though we think the plain English is to be preferred. He will also find, besides the long recognised symptoms of the constitutional disease, secondary and tertiary, a systematic and intelligible account of the researches of modern pathologists on the effects of syphilis on internal organs—a most important branch of the subject, the study of which is still in its infancy, but which, happily, is engaging the attention of some of our most able and ardent investigators.

The chapters on the Treatment of Syphilis are well arranged and sound in principle. Mr. Hill is in favour of mercury, carefully and judiciously administered, in all the earlier stages of constitutional affection, and also for the indurated primary sore, or, as he calls it, the initial lesion, believing that, "if given early, it promotes the dispersion of the induration at the point of contagion and the enlargement of the glands, and that it lessens the severity of the cutaneous eruptions, and of the symptoms which accompany them."—P. 286. We are disposed to go a little further than this, and to believe that, in a considerable proportion of cases, it will not only postpone or lessen the severity of subsequent symptoms, but will be successful in preventing their appearance altogether.

With reference to the alleged injurious effects of mercury when given for the cure of syphilis, of which so much has been again heard lately, Mr. Hill says: "mercury is injurious to syphilitic persons just and only as it is injurious to non-syphilitic persons, namely, by causing the undoubted effects of mercury upon the human system. These can be almost wholly avoided, while its useful influence over syphilis is secured, if the drug is administered with due precautions."—P. 286.

Mr. Hill believes, and we entirely agree with him, that the compounds of iodine are of no value whatever for the dispersion of the original induration, or of the early skin-eruptions, but that it is especially appropriate for the tertiary class of affections, such as gummy swellings of the cellular tissue, rupia, and affections of the bones. He thinks, however, that it may sometimes be of use in the earlier stages; through its property of dissolving mercury that has been absorbed into the tissues and become inert, instancing the fact shown by Melsens, that, after mercury has ceased to be excreted, it reappears in the urine and other excretions if iodide of potash (why not call it iodide of potassium?) be given to the patient; and, also, that salivation sometimes occurs in persons who take the iodide after a mercurial course. (P. 304.) May not the beneficial effect observed in such cases be rather due to the elimination of mercury which has been given in excess, or persevered in too long? We have long been led to look upon the two remedies as antagonistic in their action, and have refrained, as a rule, from using them in combination, although the practice is, we know, very common. If, as has been pretty clearly proved, iodide of potassium promotes the elimination of mercury, it will interfere with the beneficial influence of the latter in cases where it is required; though, perhaps, the mercury may not interfere so much with the beneficial influence of the iodide of potassium, because this is always administered largely in excess. In the treatment of "chancre," *i.e.*, the unindurated or soft sore, Mr. Hill, as may be supposed, discards mercury altogether, depending upon local treatment chiefly, and employing cauterisation in the early stage when the sore is small, with a view to its complete destruction.

Mr. Hill gives a description of the treatment by repeated inoculation or "Syphilisation," especially as now practised by Boeck and the Norwegian school. He is opposed altogether to the system, not only in practice, in which point most English surgeons would agree with him, but also as to the theory of its action, on which there would perhaps be more difference of opinion among those who have paid attention to the subject. Mr. Hill has not alluded in any way to the experiments in syphilisation made, in 1865, by the surgeons of the Lock Hospital, under the supervision of Dr. Boeck. The results of these experiments, and the conclusions founded upon them, are recorded in the *Transactions* of the Royal Medical and Chirurgical Society for 1867. They were conducted in a thoroughly impartial spirit by Mr. James Lane and Mr. Gascoyen, and excited a good deal of attention, and were certainly deserving of notice in any English treatise on the subject. The omission is the more striking, as they were carried on at the Hospital with which Mr. Hill is himself connected.

The chapters on Gonorrhœa and its complications, which form the fourth division of the book, are excellent. The directions for the management of these conditions in the male are very judicious and practical. Mr. Hill describes the "abortive" treatment, which aims at cutting short the disorder in its early stage by strong caustic injections, but without recommending it for adoption. He speaks of it as rarely successful and not free from danger. We believe it to be a most pernicious practice, and deserving of emphatic condemnation. The account given of gonorrhœa in the female, and of uterine and vaginal discharges, is especially deserving of perusal. Mr. Hill has paid great attention to this part of the subject, and the practitioner will find a variety of useful practical suggestions for the management of these disorders, often so obstinate under the ordinary routine treatment. We would not, however, advise him to adopt the suggestion, in chronic leucorrhœa, "to pass a stick of nitrate of silver into the cervix, and keep it there *one or two minutes*". (P. 484). Surely Mr. Hill must have meant *seconds*. Injections of caustic solutions into the body and cervix uteri should be used with great gentleness and caution; for, though they are most useful applications to the disordered secreting surface, they are very apt to be followed by severe pain in the hypogastric region, and may even induce peritonitis. Mr. Hill very properly suggests that the nozzle of the syringe should be small, so that the solution may escape readily by the side of it. He recommends the use of a hook to hold the os uteri while the syringe is being used; but we cannot think that this will be found generally necessary.

This book, though not free from blemish, and showing, as we think, some signs of hasty composition, is one which we can, on the whole, confidently recommend to the notice of both student and practitioner. It is clear, intelligible, and practical, and bears the impress throughout of being the production of one who is thoroughly at home in the subjects of which he treats.

PROGRESS OF MEDICAL SCIENCE.

THERAPEUTICS.

Tetanus Treated with Calabar Bean.—Drs. Boslin and Curren (*Chicago Medical Journal*, and *New York Medical Record*) have treated a case of acute traumatic tetanus of violent character with large doses of morphia and calabar bean. For a portion of the time, a grain and a-half of morphia and three grains of the powdered bean in glycerine were given every hour, with the manifest effect of quieting the patient and relieving the spasm. The patient recovered.

Opium and Stramonium.—Dr. J. F. Treuman was called to see a mother and two daughters. They had had paroxysms of ague, and had taken, as they supposed, fennel-seed, but it proved to have been stramonium-seed instead. When first seen, the mother and one daughter were raving like maniacs, while the other was rapidly sinking into coma. Tincture of opium was at once given, and morphia injected subcutaneously. The youngest girl recovered rapidly, but the others only after having taken several large doses of morphia. The recovery in each case was complete.—*Chicago Medical Journal.*

The Treatment of Dysentery by Large Doses of Subnitrate of Bismuth.—M. Maillot, ex-president of the Conseil du Santé des Armées, counts as a great service rendered to his country his introduction into Algeria, in 1853, of this treatment, warmly recommended by M. Monneret. In that year, four pounds of bismuth were forwarded to that country, at his request, for trial, under his observation. The result has been, that it has grown constantly in favour with the regimental surgeons, who have had it included in the troop medicine-chests; and that, in 1868, 920 lbs. weight were required for the treatment of dysenteric affections in the army of Algiers.

Treatment of Albuminuric Anasarca by Puncture and by Croton-oil.—In a discussion at the Société Médicale d'Observation (*Gazette des Hôpitaux*, Dec. 12, 1868), on a case of gangrenous phlegmon following punctures for the relief of anasarca in Bright's disease, it was considered that acupuncture with a needle was a valuable resource (superior to incision with a lancet), which could not be abandoned. Trousseau's method by application of croton-oil gave often, it was stated, remarkable results, producing an enormous and rapid flow of serosity, so that patients on the point of succumbing to asphyxia, were restored to life as if by enchantment. But it had grave inconveniences. Thus, according to M. Barthez, after its application, the skin of the legs sometime distils fluid from a large surface for months or even years. The skin becomes sometimes the seat of atrocious pains, which make the patient bitterly regret this treatment. In others, the legs have become of an enormous size, anchylosed, and considerably deformed, as with veritable elephantiasis. Add to this, that, if life is saved by it, if the solace is immediate, the patients are often, according to M. Barthez, incapable of reassuming the horizontal position—of lying down. The cause of the affection, in fact, remains; and attempts to heal the surface by means of glycerine, and to lie down, have brought on again all the old symptoms; and the patient is condemned to pass life in an arm-chair, with the legs dripping serosity.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 13TH, 1869.

THE WORK OF THE ASSOCIATION.

I.

THE commencement of the parliamentary session offers a convenient opportunity for reviewing the work which lies before the Association, and discussing it from various points of view. It is desirable to consider what work we have in hand, with the view of ascertaining its worth and significance, and inspiriting all the members and authorities of the Association to keep their hand to the plough; with the object of discovering how much has yet been accomplished, and what lessons may be drawn from past difficulties, in order to ensure a future success; with the desire to discuss the grounds of our exertion in each direction, and to analyse and polish, by the friction of debate, the arguments which form the weapons for attack or defence. Finally, it is important that we should agree upon what we have yet to do, and how to set about doing it; and that all the Branches of the Association should take part in the good work. For it is the characteristic of such a professional Association as this, that it is essentially local and autonomous; and that the federal and representative body which constitutes the executive Committee of Council, being composed of busy men deputed from distant corners of the country, can meet only at rare intervals, four times or more in the year, and then are properly chary of doing anything which does nor clearly lie within their delegated powers. It is in the Branches, as local centres of energy and primary unions of the constituent body, that the most important questions must usually be first handled; and then by the medium of their communication through the JOURNAL, which throughout the year affords the means of constant cohesion and intercommunication, the work cut out may be so shaped and finished as to be ready either for the immediate action of the Committee of Council, or for the kind of concentrated debate and authorised decision of which the comparatively limited time at the annual general meeting affords opportunity. Much that is resolved on by the annual meetings, and carried out by the Executive, depends for its successful effect upon the continued energy of the Branches in sustaining the public acts of the committees by widely-spread local representations.

We propose, then, now to review the work of the Association, in the hope that all will consider that in that work they have, or ought to have, a share; and that, for its success or failure, they have and ought to feel a responsibility. In doing so, we fulfil a function of interpretation mainly, and, as such, are freely open to question or dispute. The object at which we aim is to lay before our members the present programme of the Association, as we understand it; and to remind them of the incumbent duty of each individual, in his personal capacity and as a member of a Branch, to bring to the work, so far as he approves it, his own influence, and the influence which he can exert in favour of it, by moving the Branch organisation.

Of work begun and in course, but not yet fully secured, we shall name first that of the Revision of the Sanitary Laws. We have so lately referred to the successful exertions of the Joint Committee of the Association started at the Dublin meeting, and the circumstances under which the late Government promised to this Association a Royal Commission, and actually appointed it, so as to include several of the most eminent members of our Council, that we need not dwell at this moment at any length upon it. But the change of Government has operated so as to entirely suspend, thus far, any activity of that Committee. Lord Northbrook, being called to an active office in the Government, has retired from the post of chairman; and it has not been easy to find a successor. The matter lies with Mr. Bruce. We have full reason, as a profession, to believe in Mr. Bruce's earnestness as a sanitary legislator; and, on the occasion of the last contested election in which he was a candidate, he received warm professional support on that ground. But, in the pressure of government business, such a question as this is pushed aside. The Association is called to act as its guardian; and we would urge that representations to the Home Secretary from the representative authorities, from the Branches, and from the Parliamentary Committee, would be timely, and could not be without effect.

A question of great professional and scientific interest, raised at the Oxford meeting, was the Improvement of Secondary Education in Schools. It is of the highest importance for the remodelling of medical education, and in order to elevate the status and character of the medical profession, that its ranks should be recruited from a well-instructed class; that the doctor should be also *doctus;* that he should possess the literary acquirements and original foundation of attainment which place gentlemen of all professions, or of none, on a level, and which enable him to wear gracefully in society the honours and respect which he is entitled to claim technically by his professional rank. To further these objects, the British Medical Association, at its meeting in Oxford, under the presidency of Dr. Acland, adopted a petition praying for such enactments as will remedy the existing defects in endowed schools, and otherwise place the secondary education of the country in a satisfactory state. This must be considered as a matter of great moment to our profession and to our Association. The last resolutions of the Metropolitan Medical Teachers' Association have aimed at excluding purely scientific subjects—elementary botany and chemistry—from the medical curriculum, and requiring their introduction at secondary schools of general education, preliminary to the medical training. It becomes, then, more than ever urgent that, at a moment when legislation is impending upon matters of secondary education, our profession should endeavour to provide for education of such a quality as will furnish us with a supply of well and suitably instructed students, who, when admitted to our ranks, will assist to elevate and strengthen their position. The Association, composed of the members of a liberal profession, cannot and ought not to fail to regard such questions as of the highest interest, and to approach them with as much interest as in their turn it displays towards questions of a more purely internal or material bearing.

Coming to questions of the greatest importance, and requiring the most active intervention, we have to deal with the Amendment of the Medical Act, the Direct Representation of the Profession in the Council, the Improvement of the Poor-law Medical Service, and Hospital Administration. The most urgent direct amendment of the Medical Act is the provision of a suitable penal clause, such as that adopted by the Medical Council, and embodied in the draft Medical Acts Amendment Bill which has been brought before our readers more than once. This would protect the recognised titles of duly qualified medical practitioners, which the Act now fails to do; and it would confer a great boon upon the profession and the public. On this score, the Association and the Medical Council are at one; and any effort on the part of the Association to procure that amendment would be in harmony with the action of the Medical Council. There is, however, not the same accordance as to the direct representation of the profession in the Council. The Medical Council is well satisfied with its own constitution. The profession, both within and without the Association, judging from the tone of the medical press generally, and from the efforts of a special organisation started by Dr. A. T. McGowan, is very far from being satisfied. Individual members of the Council are of the same opinion; but the voice of the majority has been very firmly raised against the efforts of our Association to promote the introduction of direct representatives chosen from the body of the profession, and not by the Councils of corporations. The question we must fight out alone; and, if the profession, if the Association, be earnest, it must show its earnestness by general action through all its Branches. The voice of the few, however earnest and energetic, will not suffice to avail. Neither the Government nor the Medical Council are likely to be moved by anything short of a convincing and general demonstration of opinion. Not one Branch must speak, but all. Not once must their voice be heard, but many times; and not through one channel, but through all the means of public and parliamentary influence. Questions on which the profession are united can be carried more surely by the Association; for, when we appear before the bar of public opinion as the united representatives of a quasi-universal professional opinion, we can claim and receive a respectful hearing. But here the profession is divided, and against us are arrayed the eminent and able representatives of a number of the most powerful corporations in the profession. Some of those very persons whose influence, when they concur with other members of the Association, has been so often and so usefully lent to forward its professional objects with successive Governments, will not only stand aloof on this occasion, inasmuch as on this question they avowedly differ from other members of the Association, and do not concur in the resolutions adopted, but they may probably, when called upon, actively represent the opinion which they hold. It would be the height of folly to resent this, and as illogical as foolish. In such matters of opinion—for this is a question mainly of administrative organisation—unanimity is extremely unlikely, however desirable; and freedom of action is necessarily left to individuals, however much or little eminent. In entering, then, on this conflict, in which the profession will appear divided before the Government, it is necessary to ascertain and to show our strength. Let those who believe that the Medical Council—with all its merits and achievements, which we have never failed to recognise—is cumbrous, costly, and incomplete as a representative and governing body, give form to their belief, and vitality to the form.

We have not left ourselves room to deal here with the subjects of Poor-law Medical Reform and Hospital Administration. With respect to the latter, we shall only say now that this subject requires to be treated, more than it hitherto has been, from the point of view of the general practitioner. With this view, we print three letters this week directed to that point, and which will probably lead to further correspondence. The subject is one of as great importance in the provinces as in the metropolis. It is not English only but British. It has been introduced in the Metropolitan Counties Branch, because there were obvious advantages in taking up the subject at that time and place; but, in inducing the Branch to discuss the heads of debate laid down in the opening article in the JOURNAL, our object has been to attain such a general review of the whole subject as shall justify and enforce an application to Government for a complete inquiry into the working of the present system of gratuitous advice and practically unrestricted gratuitous medical relief, to all classes of applicants, in the name of charity.

THE PROPOSED ROYAL ACADEMY OF MEDICINE.

Now that the Report of the Committee, appointed by the Council of the Royal Medical and Chirurgical Society, on a proposed amalgamation of the principal medical societies of London, has been made public—though we may be allowed to question the propriety of publishing a private document which has not yet been considered by the Council for whom it was prepared, in the face of a special request to the contrary—further reticence on our part would not be advisable in the interests of a scheme, the main features of which we, together with a large number of the profession, are desirous should be carried out.

We have more than once stated the leading arguments in favour of the formation of a Royal Academy of Medicine, or by whatever name a society may be called, which shall concentrate within itself the combined talent and industry of the various branches of medical science, and yet shall leave to them the largest possible extent of individual action. Such a society cannot fail to add to the dignity and usefulness of the profession, as well as to its influence, social position, and the recognition of its claims by the public.

The services of the present medical societies and their management and conduct have been excellent. But we entertain the conviction that, if their labours had been carried out in the name and for the advantage of one powerful body, which should represent the mass of medical men of Great Britain, instead of only a few hundred members, medicine, which as a profession has hitherto been weakened by these divisions, would have been less systematically passed over and ignored by Government inquiries; its assistance would have been regularly sought on all questions of public health and those other subjects upon which it chiefly is entitled to advise; whilst appointments, such as the coronerships, Poor-law inspectorships, commissionerships in lunacy, etc., would years ago have been taken from the unskilled hands which held them, and transferred to those who by their medical training are specially qualified to undertake the duties of these offices.

The non-professional world cannot form a just appreciation of the important services rendered by the several medical societies, and its tendency is rather to regard them as antagonistic bodies formed to support the views and opinions of different schools, than as serving to promote medical science; but the foundation of one grand society which should include all classes of the profession, would soon cause this feeling to pass away, and the public would learn to receive with respect and attention the authoritative opinion of a united body on all medical or sanitary questions.

Under the present system the separate societies are so entirely isolated one from the other that their individual and collective value is much impaired. The heavy expense also which is entailed by it constitutes another very grave objection to the continuance of the system, as it prevents many a working member of our profession from joining more than one of the societies. A great boon will be conferred, if an arrangement can be made by which larger advantages are given for a moderate subscription.

The scheme proposed by the Committee to the Council of the Royal Medical and Chirurgical Society, is based upon a number of resolutions. It commences by recommending that a new society be formed, under the name of the Royal Academy of Medicine, which "shall comprise sections for all the main branches of medicine and the collateral sciences."

The Societies it proposes to unite are, the Royal Medical and Chirurgical, the Obstetrical, the Psychological Association, the Clinical, the Pathological, and the Epidemiological, under the sections of—1. Medicine and Surgery; 2. Obstetrics; 3. Psychological Medicine; 4. Clinical Medicine and Surgery; 5. Pathology and Morbid Anatomy; 6. State Medicine. And it proposes to form three other sections; viz.: 7. Physiology and Anatomy; 8. Materia Medica and Pharmacy; 9. Comparative Pathology.

The Fellows or Members of the above named Societies are to be Original Fellows of the Royal Academy of Medicine, without further election; and the admission-fees which they have paid to any of the Societies may be deducted from their admission-fee into the Academy.

Having arranged for the general management of the Academy by a General Council, and the manner of electing its officers, it provides that all the moneys and properties of every description belonging to the Societies which join shall become the property of the Royal Academy of Medicine, and be vested in trustees.

The scale of fees for the fellowship of the Academy, and the privileges conferred, are as follows.

"*a.* An admission-fee of three guineas, and in addition an annual contribution of two guineas, which shall constitute the Fellow a member of any one section which he may elect, and entitle him to the use of the library and reading-room, and to a copy of the *Transactions* and *Proceedings* of such section.

"*b.* An admission-fee of six guineas, and in addition an annual contribution of three guineas, which shall constitute the Fellow a member of any three sections which he may elect, and entitle him to the use of the library and reading-room, and to a copy of the *Transactions* and *Proceedings* of such sections.

"*c.* An admission-fee of ten guineas, and in addition an annual contribution of four guineas, which shall constitute the Fellow a member of all the sections, and entitle him to the use of the library and reading-room, and to a copy of the *Transactions* and *Proceedings* of the several sections."

It is also proposed to create a class of Associates, who, for an admission fee of one guinea and an annual contribution of one guinea, can attach themselves to any section they may choose.

The autonomy of each section is preserved by giving them the power of electing their own Council, of managing their own internal business, and of publishing their own *Transactions*.

A grade of Honorary Fellows, both British and foreign, is also to be formed.

The scheme, then, contemplates that six of the most prosperous and influential Medical Societies of London shall surrender their individual existence, and reconstitute themselves as a comprehensive Academy of Medicine, divided into sections, the control of which, and the management of the common funds, shall be placed in the hands of a General Council, to be elected annually; securing, however, to each separate section, so far as relates to its own internal business, entire liberty of action, under its own President and Council. It is confidently hoped that the great advantages offered to the Fellows for a moderate annual subscription, and the creation of a class of Associates for those who may wish to attach themselves to one section only, will attract a large proportion of the profession both in town and country, and aid in forming a powerful Society, which will in time acquire the same amount of influence and authority in the State which is possessed by similar institutions on the Continent. The proposal is a bold and liberal one, reflecting credit upon the Society which originated it, and which offers its large and valuable library, its premises, and its funded property, to be shared by the other Societies, if they, on their part, will make equal sacrifices for the good of the profession. The scheme is clear and practical, and receives our cordial support, so far as its general principles are concerned. In matters of detail, no doubt, much discussion will arise; but we can see no insuperable difficulties in the way of an union which shall be perfectly fair and equitable to the Fellows and Members of the various Societies.

THE DOUBLE SALTS OF CARBOLIC ACID.

AT the meeting of the Royal Medical and Chirurgical Society, held last Tuesday, an interesting paper was read by Dr. Sansom, on the properties of the double salts of carbolic acid. When the acid is used in an uncombined state, it is very caustic in large doses, and, even when much diluted, it has a very irritant action. To obviate this, and yet retain the antiseptic properties of the acid, the author has prepared a series of definite compounds, in which sodium, zinc, or magnesium take the part of bases in conjunction with the sulphuric and carbolic acids. These salts are crystalline, readily soluble in water, have a distinct odour of carbolic acid; and, when treated with a few drops of a solution of perchloride of iron, give a dark-red colour, due to the sulpho-carbolate of iron.

Mr. Crookes, in his paper in the "Cattle Plague Report," has shewn most conclusively that carbolic acid has the power of destroying living germs; it will prevent the growth of the yeast fungus; it will destroy, also (he believes), the germs in zymotic diseases. When the expired air of an animal suffering from the cattle-plague was passed through a tube, which was loosely plugged with cotton-wool, the germs of the disease were entangled among the fibres. A plug so prepared, was inserted under the skin of a healthy cow, and in a short time it suffered from the disease. If, however, the wool had been previously soaked in a solution of carbolic acid, no effect whatever seemed to result when a healthy animal was inoculated, as in the first case. From these experiments, it seemed to follow—1, that the actual poison which caused the disease was a material substance, which could be collected; and, 2, that the noxious properties of this substance could be destroyed by carbolic acid, or by substances possessing like properties. It naturally occurred to medical men, that a similar method of treatment might be of avail in zymotic diseases, or in the treatment of external wounds. Yet these hopes have not been fulfilled; and another time we shall attempt to show why this method of treatment has not been of as much use as was expected in curing zymotic diseases.

Dr. Sansom has found that the sulpho-carbolate of soda is the best salt to be given, and has prescribed very large doses, without producing marked effects of any irritant action. When this salt is administered internally, carbolic acid cannot be chemically detected in the urine, but only the sulphate of soda. When a person has taken the salt for some time, the urine becomes of a greenish tint, and will keep for a much longer period than usual without decomposition.

The author by no means proved that, as yet, any real good had followed from using these salts; nor did he give any cases of fever in which the course of the disease was cut short by the drug. In the discussion which ensued, the speakers had a vague idea that a better result had followed the use of the salt than when other remedies were given; but some, who had watched the action of the preparation in typhoid fever and pyæmia, and had carefully noted the course and duration of the disease, came to the conclusion that no benefit at all had resulted. Carbolic acid is, no doubt, most valuable in preventing disease; but whether, when the poison has once entered the system, it can then destroy it, is a question which can only be solved by experience. Our own observations would tend to make us by no means sanguine; but the treatment is one which should be fairly tried, and for this purpose the temperature of the diseases should be taken, as well as accurate notes of the cases, so as to see if these salts have any decided effect on the course of the disease.

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THE Right Honourable the Earl of Dartmouth has been elected President of the South Staffordshire General Hospital, Wolverhampton, for two years.

THE Lying-in Hospital, Liverpool, and the Ladies' Charity, have been amalgamated.

THE BIENNIAL FESTIVAL of the Great Northern Hospital will be held on Wednesday, at the Freemasons' Tavern, Lord Houghton in the Chair.

A PAINTED window is to be placed in Doncaster parish church, in memory of the late Dr. Scholfield, at a cost of £684. The subject is to be "The Good Physician." The contract has been given to Messrs. Clayton and Bell.

DR. ANSTIE, of the Westminster Hospital, will give a clinical lecture on the Sphygmograph, in the theatre of St. Mary's Hospital School, next Monday, at a quarter to Two o'clock. To this lecture, medical practitioners and students will be admitted on presenting their cards.

DR. ROBERT LEE has placed his valuable series of dissections of the nerves and ganglia of the heart in the Anatomical Museum of the University of Cambridge, where they are easily accessible to any anatomists who may desire to examine them.

DR. TONGE has resigned the appointment of Assistant-Physician to King's College Hospital. Dr. Kelly and Dr. Yeo are candidates for the appointment.—Dr. Tilbury Fox has been appointed to the office of Physician to the Department for Diseases of the Skin, at University College Hospital.

HOSPITAL ADMINISTRATION.

THE adjourned ordinary meeting of the Metropolitan Counties Branch, for the discussion of various questions relating to Hospital Administration, will take place at 32A, George Street, Hanover Square, at 7.30 P.M., on Wednesday next, the 17th instant.

EXTENSION OF THE CONTAGIOUS DISEASES ACT.

A DEPUTATION, consisting of the vicar and several leading gentlemen, inhabitants of Dover, waited on the Secretary for War, on Monday, the 8th instant, to urge the inclusion of Dover in the new Act. A movement to the same end has been set on foot in Winchester.

ASHFORD DISPENSARY.

IT has been determined to form (in addition to a cottage infirmary) a dispensary, on the system of a benefit club, for the inhabitants of Ashford, Kent, and the immediate neighbourhood. All the medical gentlemen of the town have promised to cooperate, and the following have consented to form the medical committee: Messrs. H. Whitfeld, G. F. Wilks, W. Sheppard, E. Thurston, Dr. Beet, and Dr. Wilks.

VOLUNTEER REVIEW.

WE are authorised to state that this year, for the first time, the Secretary of State for War (Mr. Cardwell) has taken early steps to ensure proper medical arrangements for the volunteers on Easter Monday. He sent to request that Surgeons J. B. Thomson and Ticehurst, Cinque Ports Artillery Volunteers, would take charge of the field hospitals at Castle Hill Fort and at Swingate on the day of the review at Dover, as they had done on a similar occasion two years ago. Surgeon Thomson has accepted the appointment, and, in the absence of Surgeon Ticehurst, will be assisted by Dr. Barton of Dover, one of the Assistant-Surgeons in the Cinque Ports Brigade. If the proper material be put in the hands of Surgeon Thomson, we doubt not every necessary appliance and convenience will be found at the hospitals under his charge. It now remains to be seen whether the War Office will place a sufficient number of ambulances at his disposal, four at least being absolutely necessary, and whether arrangements will be made, by lithographic plan or otherwise, to inform every medical officer of the position of the ambulances and hospitals on the field. There should be at least a medical officer, and he a volunteer surgeon, told off specially for the purpose of giving the required information to volunteer surgeons before entering the field.

SUPPLY OF PRESERVED MEAT FOR THE NAVY.

WE are glad to find that the suggestion thrown out in reference to this subject in a recent number of this JOURNAL has already been acted upon by the Government, and that the Admiralty authorities have resolved to make a trial of the preserved boiled beef now being prepared in Australia, and imported into this country at a price very much lower than the cost of that preserved in the same way at the Royal Victualling Yard. The contracts, for which tenders are now invited, are for the supply of 200,000 pounds of this beef, to be delivered between December 1st, 1869, and January 31st, 1870. This is about one-fifth part of the beef preserved in the same way last year at Deptford. We hope that experience of the use of this Australian preserved beef may fully establish its excellent quality, and that those interested in the development of this supply of food for the navy may exert themselves to maintain a reputation for the quality and soundness of their preserved meat, which will secure its more general introduction, and justify the Government in adopting it for the service. This is a point of paramount importance in regard to this subject, and we trust that it may receive such attention that there may not again be any cause for the dissatisfaction we remember to have existed some years ago with preserved meat supplied on contract.

HECKSTALL SMITH TESTIMONIAL FUND.

IT is, we believe, intended shortly to close this fund. In making the following announcement of subscriptions, therefore, we may state that those who desire to testify their sense of the chivalrous courage and generosity of Mr. Heckstall Smith, in asserting a broad professional principle at so much risk, and refusing to be recouped subsequently in the law expenses in which he was involved, should intimate their wish, without delay, to the Treasurer, Mr. John M. Burton, Lee Park Lodge, Lee, S.E.

Dr. Sibson, 59, Brook Street, £3 : 3; Dr. Stewart, 75, Grosvenor Street, £3 : 3; John F. South, Esq., Blackheath, £1 : 1; F. Le Gros Clarke, Esq., Lee, £1 : 1; Dr. Carr, Lee, £1 : 1; John M. Burton, Esq., Lee, £1 : 1; Jos. S. Burton, Esq., Blackheath, £1 : 1; C. J. Pinching, Esq., Gravesend, £1 : 1; J. S. Sams, Esq., Lee, £1 : 1; Dr. Monckton, Maidstone, £1 : 1; Dr. Adam Martin, Rochester, £1 : 1; W. Bell, Esq., Rochester, £1 : 1; Dr. Holman, Reigate, £1 : 1; Dr. Gramshaw, Gravesend, £1 : 1; Dr. F. J. Brown, Rochester, £1 : 1; Wm. Adams, Esq., Henrietta Street, £1 : 1; Dr. Armstrong, Gravesend, £1 : 1; John C. Armstrong, Gravesend, £1 : 1; Dr. Allfrey, Chiselhurst, £1 : 1; A. Napper, Esq., Cranley, £1 : 1; Dr. B. W. Richardson, Hinde Street, Manchester Square, £1 : 1; R. Tippetts, Esq., 9, Edith Grove, West Brompton, £1 : 1; Dr. E. Westall, Kensington, £1 : 1; George Stilwell, Esq., Epsom, £1 : 1; E. Berney, Esq., Croydon, £1 : 1; W. A. Leslie, Esq., Bletchingley, £1 : 1; C. R. Thompson, Esq., Westerham, £1 : 1; Henry Sterry, Esq., Paragon, New Kent Road, £1 : 1; Ernest Hart, Esq., Wimpole Street, £1 : 1; Jos. T. Clover, Esq., 3, Cavendish Street, £1 : 1; G. F. Hodgson, Esq., Brighton, 10s.; Dr. J. S. Christian, Thurloe Square, £1 : 1; G. T. Dale, Esq., Bayswater, £1 : 1; W. Hoar, Esq., Maidstone, £1 : 1; H. W. Joy, Esq., Maidstone, £1 : 1; E. A. Williams, Esq., Bromley, £1 : 1; Dr. Adey, St. Leonards-on-Sea, £1 : 1; Dr. Clapton, St. Thomas's Hospital, £1 : 1; Dr. Milner Barry, Tunbridge Wells, £1 : 1; Dr. Bowles, Folkestone, £1 : 1; Dr. J. M. Butler, Guildford, 10s. 6d.; Dr. James R. Stedman, Guildford, 10s. 6d.; Dr. Henderson, Ramsgate, 10s; Dr. T. Smith Rowe, Margate, 10s. 6d.; Dr. Carpenter, Croydon, £1 : 1; Thos. Hunt, Esq. Hinde Street, £1 : 1; John Grantham, Esq., Crayford, £1 : 1; John Croft, Esq., St. Thomas's Hospital, £1 : 1; S. Solly, Esq. St. Thomas's Hospital, £1 : 1; S. Jones, Esq., St. Thomas's Hospital, £1 : 1; James Reid, Esq., Canterbury, £1 : 1; W. Woolridge, Esq., Laine House, Brighton, £1 : 1; W. Henry Ashurst, Esq., General Post Office, £1 : 1; Frederick Barnewell, Esq., Notting Hill, 5s.; E. Lowdell, Esq., Brighton, £1 : 1; Dr. Medwin, Blackheath, £1 : 1; G. Tatham, Esq., Brighton, £1 : 1; J. Cordy Burrows, Esq., Brighton, £1 : 1; Dr. Lanchester, Croydon, 10s. 6d.; Dr. Hall, Brighton, £1 : 1; H. Croucher, Esq., Dartford, £1 : 1; Dr. Lowry, West Malling Place, Kent, £1 : 1; Charles Trustram, Esq., Tunbridge Wells, £1 : 1; R. J. Nisbett, Esq., Gravesend, £1 : 1; Charles Chaldecott, Esq., Dorking, £1 : 1; H. J. Collet, Esq., Worthing, £1 : 1; S. G. Sloman, Esq., Farnham, £1 : 1; Wm. C. Satchell, Esq., Tunbridge Wells, 10s. 6d.; H. Boxall, Esq., Horsham, 5s.; Dr. Paul, Camberwell, £1 : 1; Dr. Sankey, Sutton Valence, 10s. 6d.; John Bush, Esq., Clapham, £1 : 1.

LIVERPOOL MEDICAL MISSIONARY SOCIETY.

THE fifth Annual Meeting was held on February 16th; Edward Batty, Esq., M.R.C.S.E., President of the Society, in the chair. The medical superintendent, Dr. Owles, gave an interesting report of the working of the Dispensary during the past year, illustrating it with various details of his experience as a physician and a missionary. The number of new cases admitted during 1868 was 14,576, and the number of visits paid to the houses of the poor was 9,888. The Committee are very desirous to build new premises, as the present are found quite insufficient to accommodate the increasing number of patients. The Honorary Secretary, Dr. Hibbert Taylor, will be happy to supply additional information regarding the Dispensary to any who may desire it.

HUNTINGDON COUNTY HOSPITAL.

UPWARDS of £800 having been subscribed for a testimonial to General Peel, the late member for the borough, and the amount having been presented, at his request, to the County Hospital, the governors, at their last meeting (the Earl of Sandwich in the chair), determined to perpetuate the name of the gallant general in connection with the institution, by investing the money as a separate fund, to be called the "Peel Testimonial Fund."

SCIENCE IN THE HOUSE OF COMMONS.

THE first discussion which has taken place in the Reformed Parliament on sanitary affairs, seemed to cause much amusement. Lord E. Cecil brought forward a measure with regard to the adulteration of food, on the 5th instant. Mr. Pochin, the new member for Stafford, who was, probably (as Mr. Bright said), better qualified to speak on the subject than any other member in the House, attempted to show that adulteration of food was detrimental to the pockets, rather than to the health, of the people. This simple statement was received with much laughter; but the *acme* of enjoyment was reached when the honourable member quoted Liebig's observation, that alum will prevent gluten from decomposing, and is useful, therefore, when the best flour is not used. One of the first duties, and certainly not the least difficult, of medical or scientific members will be to "educate" the House to a perception of elementary truths.

VESICAL ABSORPTION.

A GOOD deal of interest has been excited in the question of Vesical Absorption as a physiological phenomenon and therepeutical means, by the notes on the subject which have recently appeared in the BRITISH MEDICAL JOURNAL. On Wednesday, Sir Henry Thompson read Dr. Black's recent note in the JOURNAL to the class, in which he calls in question the accuracy of his previous statement in public lectures, that there is practically no power of absorption resident in the lining membrane of the bladder. To illustrate the fact, Sir Henry injected half a fluidounce of liquor opii into the bladder of a patient. An hour afterwards, there was not the least sign of narcotism.

MR. JOHN MACDONALD, F.R.S., R.N.

WE learn with regret that, in consequence of the paying off of the *Victory*, Mr. John Denis Macdonald, F.R.S., Staff-Surgeon, borne on the *Victory's* books, but doing duty hitherto as an extra-medical officer at Haslar Hospital, has been put upon half-pay. Mr. Macdonald is an officer of scientific and professional acquirements of so high a character, and which so much adorn the service to which he belongs, that it is not probable that his services will long be allowed to be wanting to the department. Should a chair of Naval Hygiene be made at Netley with the view of utilising the navy school there for the navy as well as the army—a desirable project, and which has been much discussed—Mr. Macdonatd is the man to whom professional opinion would at once point as its most fitting incumbent. Meantime, Sir David Deans, the P. M. O. at Haslar, and Dr. Bryson, as acting head of the medical department, have, we believe, taken the opportunity of the change to bear special testimony to the high merit and excellent work of this distinguished medical officer.

MANCHESTER ATHENÆUM MEDICAL STUDENTS' ASSOCIATION.

A NEW Association has just been formed under this title. The officers for 1869-70 are:—*President:* William Smith, Esq., Lecturer on Physiology at the Manchester Royal School of Medicine, Surgeon to the Manchester Royal Infirmary, etc. *Vice-Presidents:* H. Simpson, M.D. Lond.; Daniel Stone, F.C.S.; S. M. Bradley, M.R.C.S., L.S.A.; L. H. Grindon, F.L.S. *Committee:* Mr. A. Somerville, M.R.C.S.; Mr. James Wardley; Mr. W. W. Sanderson; Mr. Charles Holmes; Mr. F. Ormerod Bentley; Mr. Kaberry. *Chairman of Committee:* Mr. W. W. Sanderson. *Treasurer:* Mr. Thomas Cooke. *Honorary Secretary:* Mr. F. Ormerod Bentley. The inaugural address was delivered by S. M. Bradley, Esq., Demonstrator of Anatomy at the Manchester Royal School of Medicine, on February 11th. This Association seeks to afford greater facilities to the medical students of Manchester for the discussion of subjects connected with their profession. Meetings are held weekly, when an original paper is read on some subject, previously announced; the reading of each paper being followed by discussion. Any member of the Association is entitled to read a paper, or bring forward a discussion on any subject connected with the profession, provided he give due notice to the Secretary; to which paper or introduction any member has the right to reply. Such societies are of great service to students, by accustoming them to arrange their thoughts for debate, and to express them *coram publico.* We wish success to this new Society.

A SUCCESSFUL PROVIDENT DISPENSARY.

AT the annual meeting of the Royal Victoria Dispensary, Northampton, held on February 26th—the Rev. Sydney Gedge in the Chair—the statement of accounts for the year 1868 was read. It appeared that the total receipts from the free members, who are chiefly artisans and labourers, amounted for the year to £1,648 : 2 : 10. After defraying the costs of drugs and all other expenses, there remained a clear balance of the Free Members' Fund of £1,296 : 18 : 11, which was divided amongst the medical officers as follows: to Dr. Barr, £527 : 0 : 3; Mr. Moxon, £467 : 18; Mr. Evans, £302 : 0 : 8. These amounts considerably exceed what have been paid in any former year.

THE NAVAL HOSPITAL COMMISSION.

MR. CHILDERS, in moving the Naval Estimates, referred to the Report of the Civil Commission on Naval Hospitals, which has now been sent in to the Admiralty, in words which were not very happily chosen. He explained that the occasion of the interregnum caused by the expiry of Dr. Bryson's term of office seemed a good one for advice and assistance *ab extra* in reducing the expenditure. On that score, we must remark that, as the late Director-General of the Naval Medical Department was and is still doing duty as head of the department to oblige the Government, common courtesy should have suggested that he should be consulted as to the constitution of the Commission, and that proper communication should have been made to him on the occasion of putting his administration on trial. This was not done; nor has the head of the Medical Department been in any way consulted, or asked, as was natural, to give his advice and assistance in economical changes, before resorting to such assistance *ab extra.* We have already expressed a high opinion of the civilians selected; but Mr. Childers has given a very lame explanation indeed of his reasons for totally omitting to consult his regular advisers, or to recognise the fitness of experienced naval medical officers to be at least represented by one member in such a Commission. He added that the Report was then (Monday) being referred to the "proper department". On this head, therefore, it will not be superfluous to observe that it had not on Thursday reached the Medical Department; and this, we conceive, is one of the departments most eminently proper to assist in the "narrow examination" of a Report from which the First Lord has reason to expect "very valuable improvements in the administration of our naval hospitals." The position of medical officers appears at this moment eminently unsatisfactory at the Admiralty; and we feel sure that Mr. Childers, by consulting instead of insulting the Naval Medical Department, would succeed in carrying out the desired economical reforms with a celerity, good-will, and efficiency which would leave nothing to be desired, and which would contrast strongly with the feelings of indignation and annoyance which the unwise course at present taken is exciting.

THE POOR-LAW MEDICAL OFFICERS OF BIRMINGHAM.

WE are glad to learn that the Poor-law Board has declined to sanction the reduction of the number of Poor-law medical officers, "unless it can be shown that the duties of the medical officers have been very materially diminished." The Guardians have referred the letter of the Poor-law Board to a committee. Mr. Peel, the Inspector, attended the Board.

HOUSE-SURGEONS' CERTIFICATES.

A METROPOLITAN house-surgeon writes to us on a subject of some interest to house-surgeons generally. They are, at all hospitals, very frequently called upon by hospital patients to give gratuitous certificates of sickness for the purposes of sick-clubs. This is felt to be an abuse in many instances; and yet they do not like to refuse a document which seems necessary for the support of a sick man with others often depending on him. We should be glad to elicit the opinion of the medical officers of such clubs on the subject. Our correspondent writes:

"Like all other house-surgeons—one of whose functions it is to be perpetually bothered—I am frequently applied to by members of benefit clubs for certificates stating their condition—whether unable to work, and what they are suffering from, etc. These, when granted, are given gratuitously. I think it is desirable (and it would help the cause of paying medical men for service rendered) that some plan should be devised by which payment should be made. I propose that clubs that have no appointed medical officer should pay the fee—which might be, say, one shilling per £1 paid to the member, one shilling being the minimum fee—out of their funds. Members of clubs that have a medical officer, but residing too far off to be seen, should pay the fee themselves. The house-surgeon would receive these fees, and would have an oppornity for doing good by handing them over to the Medical Benevolent Fund."

NAVAL MEDICAL SERVICE.

WE regret to find that Mr. Childers was not able to give a more clear explanation of his reasons for throwing on Greenwich Hospital revenues the charges of a sinecure governorship, when it appears that there are about 10,000 naval pensioners, many of whom have lost a limb, or limbs, in the service of their country, receiving no aid whatever from that magnificent endowment. It is quite certain, whatever Mr. Childers may say to the contrary, that every item of £7 12s., that goes to make up the salary given to a sinecure governor, must disendow one naval pensioner above fifty-five years of age. We regret, also, to see that Mr. Childers justifies his course in depriving the higher grade of the service of its due employment at Greenwich Hospital, on promise of which the pensions were withheld from their grade, when distributed among all other grades and ranks of officers. The late Admiralty did all they could to rectify this; and we regret to see that Mr. Childers does not promise good-service pensions to inspectors in lieu of this abolished appointment, which would induce them to retire earlier, and thus make room for their juniors, of whom, in the grade of staff-surgeons, there are too many wanting employment.

"A STRANGE CASE."

WE have received, through the kindness of more than one correspondent, extracts from a letter to *The Welshman* of February 19th by the Vicar of Llanfihangel-ar-Arth, inviting attention to a "most extraordinary case". His letter runs as follows.

"Sarah Jacob, a little girl of twelve years of age, and daughter of Mr. Evan Jacob, Lletherneuadd, in this parish, has not partaken of a single grain of any kind of food whatever during the last sixteen months. She did occasionally swallow a few drops of water during the first few months of this period, but now she does not even do that. She still looks pretty well in the face, and continues in the possession of all her mental faculties. She is, in this and several other respects, a wonderful little girl. Medical men persist in saying that the thing is quite impossible; but all the nearest neighbours, who are thoroughly acquainted with the circumstances of the case, entertain no doubt whatever on the subject; and I am myself of the same opinion. Would it not be worth their while for medical men to make an investigation into the nature of this strange case? Mr. Evan Jacob would readily admit into his house any respectable person who might be anxious to watch it and to see for himself."

This letter has been widely copied, and has excited a great deal of attention; and Dr. Thomas Jones, of New Quay, Cardiganshire, has kindly offered to investigate the facts, and communicate the result of his observation.

A LOST CATHETER.

A CURIOUS case occurred at the London Hospital on Wednesday. A labourer was admitted, suffering from the usual symptoms of stone in the bladder. A concretion was easily felt on sounding. The man stated that he had been treated in another hospital, some months ago, for stricture, and, on leaving, had been supplied with a No. 10 flexible catheter for his own use. This catheter he had lost, and he believed that when drunk he had passed it bodily into his bladder. Mr. Hutchinson performed lithotomy, and found the man's suspicion correct. The catheter, entire, and with a large bone mount at its end, was removed. It was coated with phosphates. As to the precise manner in which he got the thing in, the man can give no information.

DISINFECTANTS.

DR. ANGUS SMITH points out, in his new work on *Disinfection*, that all disinfectants have this in common—that they destroy living things. It is so with chloride of lime, with permanganate of potash (Condy's fluid), with carbolic acid, each of which kills in its own peculiar way. The use of disinfectants for sanitary purposes depends on the superior vitality of the higher animals; and the practical management of disinfectants consists in securing a sufficient degree of action to destroy noxious matter, without at the same time injuring the higher animal. His list of disinfectants is very comprehensive, embracing heat and water on the one hand, and comparatively rare chemicals on the other.

SCOTLAND.

GLASGOW MUNIFICENT BEQUESTS.

THE late Sir James Papillon Jamieson, a Glasgow manufacturer, has, among other very numerous sums to religious and charitable objects, left towards the New University Buildings £2,000, the Royal Infirmary £1,000, the Convalescent Home £500, the Lying-in Hospital £200; and the Lock Hospital £200.

THE ABERDEEN ROYAL INFIRMARY.

AT a Quarterly General Court of Managers, held on Monday, the office of Pathologist and Curator to the Museum was considered to have become vacant by the appointment of Dr. Beveridge as one of the Physicians to the Infirmary, but, as Dr. Beveridge had intimated his willingness still to continue his former work, the matter was referred to the Committee, which will most likely, from the expressions dropped at the meeting, recommend that Dr. Beveridge be requested to remain in office. A vacancy was at the same time declared in the office of Chaplain, vacant by the death of the Rev. John Massie. The emoluments are not less than £200 a year.

EDINBURGH: THE INFIRMARY SITE.

IN a supplementary report of the Committee of contributors in the special report of the Managers, the acquisition of the houses in South Bridge Street is approved of; and it is further recommended that the administrative department of the Infirmary, with shops or other apartments, be built on the site. The Committee, also, are of opinion that the arrangements for the various buildings of the Infirmary, and the selection of the particular portion of the additional ground should be left to the Managers. This they recommend "on the supposition that the site of George Watson's Hospital is not to be adopted," a phrase which is rightly taken immediate exception to by Mr. Syme, in a letter published in the *Scotsman* of Wednesday. He demands their authority for any such supposition, and still maintains the superiority, in every way, of Watson's Hospital site over the present. He strongly condemns the preposterous project of bridging over the Pleasance, which, he states, would turn out expensive, and concludes by trusting that now the contributors have the affair entirely in their own hands, they will, by an overwhelming majority, protect their Metropolitan Hospital from ruin, and establish it in enduring prosperity.

THE EDINBURGH WATER SUPPLY.

The St. Mary's Loch Water Scheme, about which so much stir has been lately made, was thrown out on Tuesday by the Committee of the House of Lords, as the standing orders had not been complied with. This will afford an opportunity for the Town Council and the ratepayers to come to an understanding.

IRELAND.

Mr. Tufnell, surgeon to the City of Dublin Hospital, has tied, lately, the external iliac for aneurism of the common femoral artery. The girth of the limb was twenty-six inches at the seat of aneurism. The operation was performed at the Maison de Santé. The patient was fifty years of age, and is progressing favourably.

REPRESENTATION OF DUBLIN IN PARLIAMENT.

Sir Dominic Corrigan is pursuing his canvass with vigour, and is at present the only candidate actually in the field. The Conservative party are making exertions, for the second time, to induce Mr. Cecil Guinness to contest the election; and it is thought that he will acquiesce. Both parties are confident of success; and, in each interest, subscription-lists have been opened, and large sums contributed, to defray the expenses of the contest.

CONVERSAZIONE AT THE KING'S AND QUEEN'S COLLEGE OF PHYSICIANS.

On Thursday evening last, a *conversazione* was given in the hall of the College of Physicians by the President, Dr. Churchill. His excellency the Lord-Lieutenant, and a distinguished suite of the Court, were received by the President and a select company, consisting of numerous extra-professional visitors of rank, the Fellows of the King's and Queen's College of Physicians, the President and Fellows of the Royal College of Surgeons, and all the principal members of the profession in Dublin.

LIGATURE OF THE ABDOMINAL AORTA.

Mr. Stokes, surgeon to the Richmond Hospital, deligated the abdominal aorta at the hospital, on Monday last, for an enormous ileofemoral aneurism. This is the first time this operation has been performed in Ireland, and the sixth time this vessel has been tied. The patient rallied well after the operation.

COMPULSORY VACCINATION.

The Lord-Lieutenant has directed that a circular should be addressed to the magistrates throughout the country, calling attention to the neglect of vaccination, and urging them to exact the fullest penalties in case of conviction.

DISEASE CONTRACTED FROM THE CARCASE OF AN OX.

A farmer in the neighbourhood of Dublin has suffered a peculiar and most severe eruptive fever, owing to having cut up the body of an ox which had died of splenic apoplexy. The eruption came out on the arms and face, and consisted in multilocular vesicles half an inch in diameter, with a black depressed centre, and an extensive hard and red areola. Severe pains in the back and limbs, and prostration preceded and accompanied the eruption. Professor Ferguson, the veterinary officer of the Privy Council, has placed him under the care of Dr. Mapother.

LUNATIC ASYLUMS IN IRELAND.

Colonel French's motion, for a committee of inquiry into the expense and management of Irish lunatic asylums, has been postponed. It is believed that this course has been taken pending the disposal of the property of the Irish Church, a portion of which, it is proposed, should be devoted to the support of infirmaries and lunatic asylums.

JUNIOR SURGICAL SOCIETY OF IRELAND.

The sixth meeting of this society was held at the College of Surgeons on Wednesday, the 3rd of March—Dr. S. M. Hewitt in the chair. Papers were read by Mr. Cullimore, on some Physiological Observations respecting the Negro Race; by Mr. Adams, on the Circulation of the blood; and by Mr. Burgoyne, on Diseases of the Upper and Lower Jaw.

RICHMOND HOSPITAL: DEATH OF A RESIDENT PUPIL.

A report having been circulated that Mr. Harte, a resident pupil, lost his life by the neglect of sanitary arrangements, whereby he was placed in a bed which had been occupied by another resident pupil suffering from scarlatina, a most searching investigation was held by the governors of the hospital, and the report was found to be utterly untrue—the fact being, that the apartment had been thoroughly cleansed, aired, and disinfected throughout a period of seventeen days. The bed and mattress, after being subjected to the usual disinfecting process, had been sent to be newly upholstered. We congratulate the governors on the collapse of this highly improbable charge of neglect against this admirable institution.

DUBLIN SOCIETY: SCIENTIFIC LECTURES.

The following course of scientific lectures will be commenced on th 20th instant, and continued on each Saturday: Rev. Professor Galbraith, T.C.D., "The Metrical System;" Dr. Mapother, "Wonders of our Blood, and its Circulation;" Mr. Stoney, F.R.S., "Meteoric Showers;" Dr. Wyville Thompson, "Depths of the Sea;" Professor Ball, "Nebulæ;" Professor Wright, "Palms of the Old World;" Professor Reynolds, "Hydrogen as a Gas and as a Metal;" Dr. Macalister, "Laws of Symmetry in Animal Forms;" Professor Barker, "Translation of Forces;" Professor Purser, "Recent Discoveries in Acoustics;" Mr. Grubb, "The Melbourne Telescope."

HEALTH OF DUBLIN.

The Public Health Committee have published their report for 1868, from which it appears that the death-rate was 2.2 per 1,000 lower than the previous year, the decrease being most marked in the zymotic class. Small-pox caused no death, but scarlatina destroyed 199 persons. The use of the hot-air disinfecting chamber is strongly urged. Full details regarding the disinfection of the Liffey by carbolic acid are given. Several legislative improvements are demanded, especially the assimilation of the Irish and English registration systems; and the work of the City analyst, Dr. Cameron, is set forth.

Royal College of Surgeons.—The following members of the College, having been elected Fellows at previous meetings of the Council, were admitted as such on the 11th instant; viz.. Messrs. George Redford, Cricklewood, Hendon, diploma of membership dated November 9th, 1838; Charles Knight, Wellington, New Zealand, April 3rd, 1840; and Gilbert George William Maitland, H.M. Indian Army, October 26th, 1841. At this meeting of the Council, Mr. Richard Partridge, F.R.S. was re-admitted a member of the Court of Examiners for a second quinquennial period.

ASSOCIATION INTELLIGENCE.

METROPOLITAN COUNTIES BRANCH.

An adjourned ordinary meeting of this Branch will be holden at the rooms of the Medical Society of London, 32A, George Street, Hanover Square, on Wednesday, March 17th, at 7.30 P.M., when the discussion on Hospital Administration will be resumed.

A. P. Stewart, M.D.
Alexander Henry, M.D. } *Honorary Secretaries.*
London, March 11th, 1869.

SOUTH-EASTERN BRANCH: EAST SURREY DISTRICT MEETINGS.

The next meeting of this Branch will be held at the Crystal Palace Hotel, Norwood, on Thursday, March 18th. The Chair will be taken at 4 P.M., by Dr. Corbould of Sydenham.

Papers, etc., are promised by Dr. J. M. Bright, Dr. Horace Jeaffreson, the Honorary Secretary, etc. Dinner will be provided at 6 P.M.

Henry T. Lanchester, M.D., *Hon. Secretaiy.*
Croydon, March 3rd, 1869.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of the above Branch will be held at the Pavilion Hotel, Folkestone, on Thursday, March 25th, at 3 P.M.

March 1869. Robert L. Bowles, *Hon. Secretary.*

WEST SOMERSET BRANCH.

The spring meeting of the above Branch will be held at the Clarence Hotel, Bridgewater, on Thursday, April 1st, at 5 P.M.; W. L. Winterbotham, M.B., President.

Gentlemen intending to be present at the dinner (which will be served at 5.15), or to read papers after, are requested to give notice to the Honorary Secretary.

Taunton, March 1st, 1869. W. M. Kelly, M.D., *Hon. Sec.*

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

Third General Meeting, January 14th, 1869.

Present: C. A. Newnham, Esq., President, in the Chair; and thirty-four members and visitors.

New Members.—The following gentlemen were elected members of the Branch:—Dr. Quirke, Lozells; Mr. Jackson, Smethwick; Mr. Warwick, Bloomsbury; Dr. Cotterill, West Bromwich; Mr. Llewellyn Summers, Wolverhampton.

Papers.—1. Dr. **Miller** of Wolverhampton exhibited a specimen taken from the body of a man aged 47, who died of Cancer of the Stomach and Liver. The left kidney was found in the pelvis, of natural size, and a little lobulated. The apex reached the promontory of the sacrum, from which the kidney sloped downwards and outwards. It was entirely covered by peritoneum, and quite fixed. The left ureter was four inches and a half in length. The left renal artery arose at the bifurcation of the aorta. The left suprarenal capsule was in its normal position. The right kidney (not hypertrophied) and the right suprarenal capsule were in their normal positions. The rectum and sigmoid flexure of the colon made a very wide bend to the right side of the pelvis. This specimen might, in life, have been a cause of error in examination *per rectum* or *per vaginam*, had the patient been a female.—Mr. **Bartleet** related a similar case, at present under treatment.

2. Mr. **Arthur Bracey** exhibited a patient from whom he removed an Epithelial Cancer in May 1868. The growth had invaded the whole of the lower eyelid, the skin covering the lacrymal sac and inner half of the upper lid. Mr. Bracey removed the whole of the growth, and filled its place by transplanting a piece of integument from the cheek to form the lower lid, and by extending the remaining half of the upper lid. The case was very successful, so far as the operation was concerned; but there is now (January 1869) a tendency to the recurrence of the cancer.

3. Mr. **West** presented a patient who had been the subject of Femoral Aneurism, which had been successfully treated by ligature of the external iliac artery.

4. Mr. **West** read an account of a case of Caries of the last Lumbar Vertebra, occurring in a strumous young man aged 25, which came on as an acute disease of a rheumatic character, after exposure to great alternation of heat and cold in working at his trade as an engine-fitter. After the lapse of eighteen months, an abscess formed in the course of the psoas and iliacus muscles on the left side, which, after some weeks, burst. About this time, the head of the femur became dislocated on to the dorsum ilii; fresh abscesses formed in the gluteal, inguinal, and hypogastric regions; and the patient gradually sank from hectic fever and profuse suppuration. Mr. West showed the pelvis, with the last lumbar vertebræ attached. Caries had partially destroyed the body of the last lumbar vertebra; but the arches were entire, and free from disease. The intervertebral cartilage between the fourth and fifth vertebræ had almost disappeared; but, in its place, Nature had endeavoured to afford a substitute by a sort of arch or "flying buttress" of new bone, one inch in length and half an inch in breadth, which reached from the front of the body of the fourth to the front of the body of the fifth lumbar vertebra. The carious head, arch, and trochanters of the left femur lay in a bed of pus on the dorsum ilii. The acetabulum was roughened, and its posterior wall had almost disappeared. The psoas and iliacus muscles were almost gone.

5. Mr. **Solomon** exhibited a Melanotic Tumour, of the size of a boiled marrow-fat pea, growing from the choroid coat. The presence of the growth excited acute ophthalmitis. In another case, the vitreous space was occupied by carious matter, of the colour and consistence of boiled yelk of egg. The choroid had also undergone important changes. The removal of the eye has been followed by the growth of a tumour within the orbit. Full details of this case will be laid before the Pathological Section.

6. Dr. B. W. **Foster** read an interesting paper on Mitral Stenosis, which was illustrated by diagrams of pulse and breathing tracings.

Fourth General Meeting.

Present: C. A. Newnham, Esq., President, in the Chair; and sixty-seven members and visitors, among the latter many students of Queen's College, to whom the Council of the Branch have offered the opportunity of attending these meetings.

New Members.—The following gentlemen were elected members of the Branch:—Mr. Picket, Wolverhampton; Mr. Macdonald, Wolverhampton Hospital; Mr. Gilbert, Bilston; Mr. Harmer, Birmingham.

The late Joseph Hodgson, Esq.—Mr. **Solomon** proposed, and Mr. **Newnham** seconded, that a resolution sympathising with the relatives of the late Mr. Hodgson be forwarded by the Secretary.

Papers, etc.—1. Mr. **Furneaux Jordan** showed a case of Wound of the Knee-joint, treated by a new method, which had recovered without a single drop of pus or other unfavourable symptom. The wound was incised, two inches in length, gaping, and at the front of the joint. Mr. Jordan said that recovery was rare even in punctured, or valvular, or non-gaping wounds. He had never known a similar wound in a similar locality recover before.

2. Mr. **Pemberton** exhibited an Exostosis growing from the Scapula, which he had removed by operation.

3. Mr. T. **Underhill** read a paper on Placenta Prævia.

4. Dr. **Norris** read a paper on the Formation of Rouleaux in the Blood. The paper was copiously illustrated by diagrams, and explained by numerous experiments.

SOUTH EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

The third meeting of the twelfth session, 1868-9, was held at Gravesend, on March 5th; **Charles J. Pinching**, Esq., in the Chair.

The next meeting was appointed for the 20th of April, at Dartford.

Communications.—1. The working of the Contagious Diseases Act of 1866, at St. Bartholomew's Hospital at Chatham. By Arthur W. Nankivell, Esq.

2. Case of Section of the Supraorbital Nerve, for Neuralgia of the Eyeball. By J. Z. Laurence, Esq.

3. Affection of the Carpus in elderly people. By John Armstrong, M.D. Four cases had been observed. No *post mortem* examination had been made. The lesion was presumedly a change in the cartilage, with a porcellaneous alteration of the bone. Liver disease (Amyloid?) succeeded in a few months, and proved fatal within two years.

4. Clinical Notes. By J. F. Brown, M.D. *a. Puncture of the Bladder in the Female.* Age 46. Ovarian tumour of ten years' duration. Vagina extraverted, one year. Fourth attack of retention of urine. Failure of catheterisation in third as well as in present attack. Parts turgid and indurated. Puncture beneath the pubic arch, on December

10th, 1867. Relieved; but died four days subsequently. Two large Ovarian Tumours and Suppurative Nephritis were found *post mortem*. *b. Twin Pregnancy, supposed erroneously to be complicated with Ascites.* A woman (subject to biliary seizures), at three months of pregnancy doubled her size in the course of eight days. Biliary symptoms became extremely urgent. Labour set in spontaneously at 5¾ months of pregnancy, on December 21st, 1866. The amount of liquor amnii was very great. An obstetric physician from London pronounced the case to be pregnancy complicated with ascites, and counselled delay. The medical attendants had been thinking of paracentesis abdominis. This case shows that under urgent circumstances threatening life, puncturing the fœtal membranes would be safer than any attempt to relieve abdominal distension by paracentesis abdominis. *c. Concealed Accidental Hæmorrhage.* Age 36. Ninth child within a week of full time. Delivery on December 12th, 1865. Sudden collapse at 8.30 A.M., caused by the fœtus kicking *intra uterum*. Ammonia was given and no further steps taken, for the case was not understood. The woman was subject to functional heart disease, and the present seizure was erroneously attributed to such. Three loose motions occurred at the commencement of the collapse, further misleading. Tonic contractions of uterus at noon. Sudden escape of a pint and half of blood and coloured serum at 3 P.M. The attendant now ruptured the membranes, and gave ergot. No more hæmorrhage. Child born (still) at 4.50 P.M. Placenta was removed in eight minutes, preceded and accompanied by clots of several hours' duration. No fresh hæmorrhage. The centre of the placenta had been detached originally, and the edge had separated at 3 P.M. The patient recovered but suffered from spinal congestion, requiring leeching, on December 17th. Some of the members doubted whether a fœtal kick could separate the placenta, and attributed the detachment to cramp. The mother felt the sensation of a kick. I have known the placenta to be detached by the kick of a child sleeping in the same bed with its mother, also by the act of coitus. *d. Fracture of the neck of the Femur in a woman aged* 66 *years; neglected for six weeks*, then treated by Dupuytren's method, viz., the prolonged use of the long splint. The splint was retained for three months. Recovery.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MARCH 2ND, 1869.

RICHARD QUAIN, M.D., President, in the Chair.

DR. LANGDON DOWN brought forward a living child, the subject of Arrested Development. The child was five years old, two feet three inches in height, and weighed twenty-two pounds. It had the appearance of about two years of age, and had the intellectual capabilities of a child of a year or less. It was an example of a class of which he had seen twenty to thirty. After the first dentition, they never increase much in size, the teeth decay, and a vascular tumour appears on each side of the neck. They are physically and mentally wanting. He believes the possible cause to be procreation under the influence of alcohol. In answer to the President, Dr. Bastian, and Mr. Adams, he stated that in six cases which came under his observation, alcohol was the probable cause; that the idiotic character did not manifest itself so much at birth; and that the father was, he thought, the parent generally responsible. The greatest age he had met with in this class of cases was twenty-two. —DR. GREENHOW thought the Society ought to know more of the antecedents of the parents or grand-parents, as it appeared strange that out of so many children procreated in drunkenness in this country so few presented similar characters to the present case. In answer to the President, Dr. DOWN said there was in the present instance no family history of syphilis, nor had he found it a prominent factor in these cases, in not more than 1 per cent. There was neither any history of insanity or epilepsy. The venous enlargement was caused by dilated veins.

MR. BRUCE showed a Mulberry Calculus, measuring six inches by five in circumference, and weighing three ounces, taken from a boy, aged 14, who had made a good recovery.

MR. BRUCE also exhibited a case of Stricture of the Œsophagus, which had ulcerated into the posterior part of the right lung and formed an abscess. Referred to Committee.

DR. LEGGE showed the Parotid Gland of a boy who had been admitted into University College Hospital with albuminuria. He in a few days contracted mumps, and four days afterwards pericarditis. Three days after this he died. There was obtained a greyish-white fluid from the cut surface of the gland, with rounded cells, granular contents, and bright single nucleus. There was no reddening. All the arteries were found atheromatous—a very rare condition in a boy of 16—and the kidneys were atrophied.

DR. C. T. WILLIAMS showed a Thyroid Gland, supposed to be cancerous, from a patient aged 65, who had suffered from dysphagia and dyspnœa. The right lobe was the size of a small orange, and infiltrated around, there was a warty ulcerated growth in the posterior wall of the œsophagus and extending through it. An abscess had formed below the trachea, and pressed upon the œsophagus.—Dr. CHURCH said that one part of the thyroid looked like a cyst with steatomatous products.—In answer to Mr. Hulke, Dr. Williams was not able to state whether the growth arose from the connective tissue or not. Referred.

MR. FAIRLIE CLARKE brought forward for himself and Dr. SUTTON a case of Gangrene of the Foot from a child who had had measles. On the twenty-eighth day of the gangrene the foot dropt off; and ten days afterwards, the ends of the tibia and fibula were sawn off, and a stump made. He was sorry to be unable to give any definite account of the state of the arteries.

DR. GREEN showed a specimen of Chronic Pneumonia from a patient aged 56, who had suffered from winter cough and profuse expectoration. The lower lobe of the right lung was completely adherent and consolidated; the lung-tissue was deeply pigmented, and there were numerous bands throughout. Was the state due to a chronic pneumonia, or an extension of the bronchitis to lobular pneumonia? In answer to the President, he said the bronchi were not dilated.

DR. HICKMAN brought forward an interesting case of complete Transposition of the Viscera from a woman aged 28, who had died comatose. There were nine small spleens. The colon ascended and descended twice. The ventricles of the brain were filled with large clot, and there was old clot in the posterior lobes.

DR. CHURCH showed a rare example of Fungus Hæmatodes of the Dura Mater bones, etc. The patient was admitted into hospital with complete facial palsy of one side, and impairment of sensation on the other. He died in a state of coma. After death, there was found a small nodule on the forehead, and several others in the scalp, none so large as a cherry. The dura mater was everywhere covered with pinkish granulations, and also the inner surface of the skull. There was blood also in the dura mater which had escaped from several points. From the sella turcica to the tentorium there was a similar condition, but none where the cerebral nerves issued. The temporal bone was considerably diseased. The ribs and sternum were also affected; almost all the internal organs were affected with the cancer; the spleen, however, was free. The specimen did not support the idea that in all secondary cancer one centre affects the other organs. Referred.

DR. DICKINSON showed a case of Rupture of the Chordæ Tendineæ of the mitral valve, where they were torn off nearer the heart than the valve, from a man, aged 21, who, when lifting a weight, was seized with pain in the chest and dyspnœa. There was a murmur over the whole heart, and he had blueness of the face. He had great dulness over one lung, and hæmoptysis. There was no sign of heart disease.—The PRESIDENT remarked on the rarity of the accident in a healthy heart.—Dr. MURCHISON stated that Dr. Peacock had tabulated ten cases of aortic, four of mitral, and three of tricuspid rupture.

DUBLIN PATHOLOGICAL SOCIETY.

SATURDAY, FEBRUARY 13TH, 1869.

FLEETWOOD CHURCHILL, M.D., President of the College of Physicians, in the Chair.

Fibrinous Clot Extending from the Left Ventricle into the Aorta, and Simulating Aortic Patency.—Dr. STOKES exhibited the Brain and Heart of a boy who had died suddenly in an Epileptiform Fit at the Meath Hospital. The patient was a boy, aged 14, admitted on February 7th, suffering from febricula. It was deemed so trifling, as scarcely to demand attention. A trifling bronchitis came on after a few days; but it was not deemed necessary to make any very accurate physical examination of the chest. On the 12th, it was found that a portion of the base of one lung had become solid; and Mr. Macnamara, one of Dr. Stokes's clinical clerks, discovered a double basic cardiac murmur characteristic of aortic patency. The heart had been previously examined and noted down as healthy, but it was evident that some latent lesion existed. The pulse now presented a well-marked collapsing character, and the carotids throbbed violently, but the action of the heart was tranquil. At 1.30 P.M. on the 12th, he had been attacked with an epileptiform fit, followed by a period of unconsciousness, and attended by violent action of the heart and congestion of the face. The pupils were contracted; and the patient did not bite his tongue. Ice having been applied to the head, the pupils dilated, the tumultuous action of the heart ceased, and the patient gradually returned to consciousness. At 2 A.M. on the 13th, another fit came on, and the patient died. The autopsy revealed but trifling disease of the aortic valves; in fact, much less than is often present without giving rise to any symptoms during life. The left ventricle was neither dilated nor hypertrophied. There was a long, firm, colourless clot intimately attached within the ventricle, and extending into the aorta. Dr. Stokes thought that the marked signs and symptoms of advanced aortic patency which so suddenly supervened, might be due to the formation of this clot, and its escape into the aorta. The veins of the brain were found very much congested, but there was no trace of softening or hæmorrhage, nor was the most diligent search for emboli in the arteries successful. Dr. Stokes detailed a case of cholera in which the late Mr. Rynd had observed all the signs and symptoms of aortic patency shortly before death, when there was found a clot extending from the ventricle into the aorta, as in the present case. He once met with a lady patient, suffering from hysterical symptoms, who had the power of producing at will all the signs and symptoms of aortic patency; and he could only account for it by supposing that there was a clot which she had the power of forcing into the aorta.

Œdema of the Lungs after Scarlatina.—Dr. LYONS exhibited the Kidneys and Lungs of a patient who died suddenly when apparently convalescent after scarlatina. The patient had a very mild attack, and would not remain in bed during the desquamating stage. The urine was albuminous, of normal density, and abundant. She caught cold and coughed slightly, but was with difficulty induced to stay in bed; and, owing to the refusal of the patient to give the necessary information, it was not certain whether she had passed any urine for the two days before death. The patient was suddenly seized with violent symptoms of suffocation, and died very suddenly. The lungs were engorged with serum throughout their entire extent; they sank in water. The heart was small, and affected with fatty degeneration. The kidneys were congested, and in parts exhibited indications of disease that must have commenced prior to the scarlatinal attack. They presented evidence of fatty degeneration. The chief point of interest was the sudden occurrence of œdema without the development of any symptoms of uræmia, and without the least appearance of anasarca.

LIVERPOOL MEDICAL INSTITUTION.

ORDINARY MEETING, NOVEMBER 5TH, 1868.

ARTHUR B. STEELE, Esq., in the Chair.

Dr. GLYNN read a paper on Cancrum Oris. After alluding to its various synonyms, and the several affections which it had been used to designate, the author remarked that he confined the term to those cases in which gangrene of the lip and cheeks, one or both, was a prominent feature. He thought that evidence was in favour of its not being a specific disease; for, first, it never attacked a child as a distinct disease, preceded by characteristic symptoms, though some had affirmed that it did; second, it was always the consequence of some severe illness, especially the eruptive fevers, and most frequently measles; third, it was not infectious, though it was sometimes epidemic, but only as a consequence of the exanthemata. It had very rarely attacked several children in a family simultaneously. Some thought that the swelling began as a hard substance of the cheek, others that the mucous membrane was first attacked. The gangrene appeared to depend upon great deterioration of the blood, from a general adynamic state which might arise from many and various depressing causes. Other parts might be attacked, but in children the gangrene commonly affected the lips and cheeks, probably from peculiarities due to age and the structure and relations of the parts. It always presented the same characters. In adults, cancrum oris was a much rarer complication of fevers than gangrene of the extremities, which also sometimes occurred in diabetes and other diseases. It was, however, not unknown amongst adults. Thus it was very common among our soldiers in the Crimea, and several cases of it had been recorded in the journals. The fact that the mucous membrane of the mouth was more prone to get out of order in children, and that measles occurred chiefly among them, would partly account for their greater liability to cancrum oris. There did not appear to be any connection between it and teething. It had been known to occur at as early an age as nine days. Girls were more subject to it than boys, and the majority of the cases occurred in large towns and manufacturing districts. Gangrene rarely attacked both cheeks, except as the result of mercurial salivation. It was emphatically a disease of the poor; unfavourable hygienic conditions acting as the predisposing cause, and the acute malady as the exciting causes. In some cases it was attended with symptoms almost like scurvy, and the author had seen a case in which there were œdema of the feet, and ecchymoses in various parts of the body. He considered it not improbable that there was some intimate relation between scurvy and cancrum oris. Mercury had been stated to be the most common cause of the disease, but this was not really the case, though it did sometimes produce it. Examination of the parts after death had not added much to the pathology of the disease. The chief point observed by Rilliet and Barthez was, that the vessels were completely obstructed by firm clots; but this was probably only a consequence. Billard believed that the sloughing was due to the swelling and œdema obstructing the circulation. The author, however, did not agree with him; he considered it to be the result of a low erysipelatous inflammation beginning in the interior of the mouth. Gangrene of the anus, vulva, etc., sometimes occurred as complications of cancrum oris, but the most frequent lesion observed after death was pneumonia, which might be secondary to the gangrene or to the disease that caused it. Pleurisy and pericarditis had also been met with. The rate of mortality in cancrum oris was excessively high. In treatment, the local application of the actual cautery, or of strong corrosives, had always been recommended, in order—1, to thoroughly disinfect the surface by destroying all dead matter; 2, to check the spread of the gangrene by destroying adjacent tissue; 3, to excite by stimulation a more healthy inflammation. The author was of opinion that, before applying escharotics, the general condition should be consulted; for if the patient were in a low and typhoid state, the caustic could only be productive of evil by irritating, and could not excite healthy inflammation. Nitric acid might be of great service at the commencement, or when there was not much depression; but its repeated application, as recommended by some, would only be productive of evil. By the use of powerful antiseptics discovered at the present day, all dead matter could be thoroughly removed from the diseased surface. The modern constitutional treatment was by tonics and stimulants. The author then gave the details of two cases which had been successfully treated by the use of chlorate of potash wash, and the internal administration of ammonia, chlorate of potash, and bark, with beef tea, wine, and brandy. In one of these cases two relapses had taken place; one from exposure while a dressing was being changed, and on another occasion after the removal of necrosed bone. In this case a hole had been left, and the movements of the lower jaw had been interfered with; but probably these could be remedied by operation.—A discussion followed in which Dr. RAWDON, Mr. HAKES, Dr. PARSONS, Mr. DAVIES, Dr. ROBERTS, and Mr. STEELE took part. Dr. GLYNN replied.

CORRESPONDENCE.

THE ADMINISTRATION OF HOSPITALS.

SIR,—In view of the important debates now taking place on the subject of the administration of the charities of London, and notably the hospitals and dispensaries, both by the members of the Metropolitan Counties Branch of the British Medical Association, and the members of the Social Science Association, the opinions of the general practitioners in the neighbourhood of hospitals should certainly be obtained, as they are in the daily habit of moving amongst the patients of hospitals in their homes, and thereby have opportunities of seeing how constantly the charities are imposed upon by those who can well afford to pay for medical advice. There is one subject that I would dwell on here, and it is one that encourages *two evils*. It encourages the counter-practice of chemists, and it compels a great number of persons, who would willingly pay for medical advice, to go the hospitals. The relinquishment by general practitioners of the practice of dispensing their own medicines has been widely and warmly advocated. If the general practitioners give up dispensing their medicines, they will lose fully one-third of their income, not from the loss of any charge for medicine, but from two or three other reasons which I will amplify. 1. Many of those patients who can well afford to pay a medical man his charges, are mean enough, when they pay a practitioner five shillings for his advice and prescription for any ailment to which they are subject, to refer to the chemist on a recurrence of the ailment, and take his advice as to the propriety of taking the same medicine. Those liable to attacks of dyspepsia, gout, neuralgia, and numerous other ailments, that are apt to recur, resort to the chemist and consult with him on the propriety of taking medicine according to this or that description; thus is this person constituted the authority *in loco medici*. One chemist told me that a gentleman, engaged in the city, called on two surgeons in the neighbourhood of Finsbury one morning; afterwards, taking the prescriptions to this chemist, he asked him *his opinion* as to which was the best for him! so little do some associate the knowledge of the surgeon or physician with the knowledge of drugs. 2. To the class of patients who can afford to pay two shillings and sixpence or three shillings and sixpence for their medical advice, it becomes impossible for them in an illness of any length to pay both doctor and chemist. Consequently the chemist gets paid, because he is a tradesman and can appeal to the county court. 3. There is a numerous class of small tradesmen, mechanics, servants, etc., who can and would willingly pay a general practitioner from one shilling and sixpence to two shillings and sixpence for advice and medicine, but who cannot pay for advice, and the chemist one shilling and sixpence to two shillings and sixpence for medicine in addition. If general practitioners prescribed only, nearly the whole of this class would be driven to the chemist and the hospitals; those who could leave their employment in the day would go to the hospital, but those who could not, would go to the chemist. In the neighbourhood from whence I write, the latter class forms but a small modicum of our practice, but in many districts it is the only class of patients on which the practitioner has to rely for his income. The subject has hitherto been seen too much through the spectacles of the surgeon and physician, who take their guinea fees, and question not the circumstances of the patient; who prescribe for their hospital patients, and consider it "derogatory to their honour" to question the right of a rich patient accepting the charitable gifts of others, at their hands. Your JOURNAL is essentially the organ of the general practitioner of this country, and as such, it will be able to reflect their opinions.—I am, etc.,

London, March 1869. J. BRENDON CURGENVEN.

HOSPITAL ADMINISTRATION.

SIR,—As a provincial surgeon, I am right glad to see the Association is about to grapple with the subject of hospital administration—one of more importance to the provincial than to metropolitan members. Directly a surgical case in one of the middle-classes presents itself to a country surgeon, requiring operative assistance, the amount of his fee is asked; and, if not in accordance with the patient's idea of what he ought to pay, the surgeon is met with the following rejoinder: "Oh! I shall go to an hospital, and get it done for nothing;" so, of necessity, the surgeon must come to the patient's terms, or lose his bread and cheese. This bears very hard upon us. Many, perhaps, are as well able to operate in ordinary cases as our more fortunate London brethren. Within the last few weeks, I have had practical demonstration of the manner in which London indiscriminate gratuitous service acts. A man, in a large way of business, suffering from epithelial cancer, having consulted several good men in the country (as well as quacks), goes to town to an hospital, and consults one of the surgeons; who, of course, not knowing the man's circumstances, offers to operate. Luckily, it was not convenient for this man to remain in town, so the surgeon kindly sent him to me. I have attended him since, for which I have received a respectable fee. Had the fates been unpropitious, this man would have been operated on in town gratuitously; *ergo*, either I, or some other country surgeon, robbed. The above is an outline of what is constantly occurring to us. Can the profession wonder at the comparative poverty amongst the ranks of the general practitioners such a system existing, which saps the life-blood of a hard-working body of men?

I take this opportunity of suggesting that a meeting on this subject be held in every branch of the Association, and that it shall not be allowed to drop until some definite action is taken in the matter.

Yeovil, March 1869. I am, etc., E. C. GARLAND.

HOSPITAL ADMINISTRATION.

SIR,—It appears to be certain that the views of hospital medical officers will receive ample expression in the discussion on hospital administration. The only fear appears to be, that the views of the general practitioners, who form the bulk of the profession, and whose interests are very much at stake, may be lost sight of, or passed over too superficially. The general practitioners have long been suffering from unfair hospital competition: in some towns, it has become a hopeless thing to start in practice without seeing one's way clear to obtaining an appointment to an hospital or dispensary, as the officers of these institutions attend gratuitously the classes amongst whom medical men must expect to find their first patients. I have heard of medical men starting under such adverse circumstances, and charging only a penny a bottle for medicine in order to cover their outlay; relying on the influx of such patients as would rather pay a penny than wait for hours in the out-patients' room; and knowing that it would be vain to expect any one to come to them if a remunerative charge were made. I believe that unfair competition on the part of charitable institutions has, in this way, a direct and powerful influence in lowering the *status* and *morale* of the general practitioner in our large towns.

We are all extremely indebted to Dr. Rumsey for his able and lucid exposition of the subject; and I for one think that he has hit the mark when he suggests that "all those gentlemen, within reasonable distance, who possess certain specified qualifications, and who are willing to conform to the regulations of the establishment," should be on the medical staffs of our charitable institutions. By such an arrangement, all medical men would have equal chances; none need languish under the "hope long deferred;" a healthy and honourable spirit of competition would be engendered, which could only lead to the elevation of professional tone, and the development of *general* skill, which must necessarily be of much greater value than the eduction of *exceptional* skill in a few individuals, whose opportunities of exercising it must be restricted within a small circle.

In educational medical establishments, chairs might still be filled by men of mark, and tutorial abilities; but in others, such as our county hospitals and public dispensaries, I can see no reason why one man should have a monopoly of the prestige and advantages of a permanent appointment, or of an appointment at all, if thereby equally competent men can be excluded, or in any way injured.

Next to this, I think the general practitioners will say that the most urgent need is, as Dr. Rumsey states, "the adjustment of medical charity to population," especially in "checking extravagant outlay, and needlessly profuse provision in some places." If, however, all men have equal chances of becoming known through existing establishments—the great inducement to the multiplication of so-called medical charities, which are too often set on foot, that their originators may get known—will be withdrawn. I am, etc.,

Brighton, March 1869. A GENERAL PRACTITIONER.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Monday, March 8th.

NAVAL HOSPITALS.—Mr. Childers, in moving the Naval Estimates, said: "One of the things which cannot but strike any man who goes into the details of the Admiralty Estimates, is the gradual increase which, during the last ten years, has arisen in the establishment charges at our naval hospitals, while the other expenses have not increased at all. When this came under my notice—and I looked into the subject rather narrowly—it occurred to me that the present was a very favourable opportunity for obtaining some advice and assistance outside the public department, because Dr. Bryson, who has been Medical Director-General for some years, was ending his term of service (it has since expired); and between his retirement, and the appointment of his successor, this independent report might be obtained. We, therefore, appointed a committee of three medical men, known, I dare say, to many members of this House—Dr. Murchison, Mr. Holmes (who carried on an inquiry on behalf of the Government on a previous occasion), and Mr. Ellis—and they furnished to us a report of great value, going minutely into the details of the establishment of those hospitals, comparing them with the civil hospitals, proposing certain very clear reforms, and giving very valuable information upon the whole subject. That report has only been received within the last few days. It is now being referred to the proper department, where it will be narrowly examined: and I have reason for saying that, as the result of it, very valuable improvements will be made in the administration of our naval hospitals."

Thursday, March 11th.

THE BIRMINGHAM DISTRICT MEDICAL OFFICERS.—Mr. Bromley Davenport asked the President of the Poor-law Board, whether it was true that the Birmingham Guardians of the Poor had cut down the number of the district medical officers from eight to five, thereby giving to each district medical officer an average population of 45,000: whether any memorial of the 20th day of February, 1869, had been sent in from the medical practitioners of Birmingham, protesting against this alteration: whether the Birmingham Branch of the British Medical Association had sent in a similar memorial: and whether he would lay upon the table a copy of such memorial, and the correspondence that had passed between the Guardians and the Poor-law Board.—The President of the Poor-law Board replied to the effect, that the Board had corresponded with the Board of Guardians, but that the latter had not replied. The Guardians had reduced the number from eight to five, but had increased the salaries from £150 to £200, and had appointed a public vaccinator, so that the reduction was, in reality, only from eight to six.

Pharmacy Act (1868) Amendment.—The following is the text of a Bill to amend "The Pharmacy Act, 1868," brought in by Lord Robert Montagu. Whereas it is expedient to exempt from the provisions of the Pharmacy Act, 1868, all duly qualified medical practitioners and veterinary surgeons in Scotland. Be it enacted by the Queen's most Excellent Majesty, by and with the advice and consent of the Lords Spiritual and Temporal, and Commons, in this present Parliament assembled, and by the authority of the same, as follows. 1. Nothing contained in the first fifteen sections of the recited Act shall extend to or interfere with the business of any legally qualified medical practitioner in Scotland duly registered under "The Medical Act," or of any legally qualified veterinary surgeon in Scotland.

Medical Relief.—Dr. Lush will, on March 12th, move for a return of the total amount charged in the column headed "Medical Relief" in the last annual report of the Poor-Law Board ; and a statement of the expenditure charged under this head, setting forth the actual amounts paid—1. To the medical officers; *(a.)* By way of salary; *(b.)* As extra medical fees; *(c.)* For vaccination; 2. For medicines; 3. Medical and surgical appliances; 4. Subscriptions to hospitals, etc.; 5. Maintenance of sick in hospitals; 6. Wines, spirits, etc.; 7. Other outlay not included under any of the preceding heads.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

Radcliffe Travelling Fellowship (Medical).—This Fellowship has been awarded, after examination, to Mr. Henry N. Moseley, B.A., of Exeter College. Mr. Moseley was placed in the first class in the Natural Science Examination, in Easter Term, 1868.

UNIVERSITY OF CAMBRIDGE.

Natural Science Scholarships.—Competitive Examinations in Natural Science, for Scholarships, are about to be held as follows in the several Colleges. Downing College (£40 *per annum*), on Tuesday, March 16th. Clare College (£50 *per annum* for three and a half years), on Wednesday, March 17th. Trinity College (£80 *per annum*), on Easter Monday. St. John's College (£50 *per annum*), Friday, April 9th. The Examination at Trinity College is open to all undergraduates of Oxford or Cambridge. The examinations at the other Colleges are open to all Students who have not begun to reside in the University, or who have only recently done so. These Scholarships and others are offered each year. Information respecting them may be obtained from the tutors of the respective colleges.

MEDICAL NEWS.

THE NEW NOMENCLATURE OF DISEASES.

We are happy to be able to announce that the Lords Commissioners of Her Majesty's Treasury, in a letter dated Treasury, March 10th, direct that 20,000 copies of the work entitled *Nomenclature of Diseases* shall be procured for gratuitous distribution among the registered medical practitioners of the United Kingdom. This new Nomenclature has been prepared by the gratuitous labour of the College of Physicians, and its use is essential for public purposes of death-certificates required by law, and often unpaid. Its distribution to medical practitioners is an useful and graceful act by Mr. Lowe, the Chancellor of the Exchequer.

THE ROYAL COLLEGE OF SURGEONS.

At the Council-meeting on Thursday evening, Mr. Curling's motion, to which we last week referred, for including Midwifery in the examination for the Membership, was, we are glad to learn, carried almost unanimously.—Mr. Erasmus Wilson's liberal offer to present £5,000 and a fine collection of casts, and to found a professorship of Cutaneous Pathology, was brought forward, unclogged by conditions of any kind. It was received with the warmth which such an offer merits, and was referred to a Committee for the settlement of details.—Thus two important steps in the direction of useful progress were accomplished in this sitting.

MEDICAL OFFICERS' SUPERANNUATION (IRELAND).

Mr. Brady will to-night once more introduce a Bill to provide Superannuation Allowances to Medical Officers of Poor-law Unions in Ireland. Mr. Pim, member for the city of Dublin, and Mr. Hamilton, representing the county, will also back the Bill as its promoters. The second reading is not likely to be taken till after Easter. The subject will be brought before the Parliamentary Bills Committee of the British Medical Association, at the wish of Mr. Brady. The Association will undoubtedly be desirous to do all in its power to further the objects of our members and medical brethren in Ireland in this matter, and we doubt not that they will find means to make adequate representations on the subject to the Government.

SECONDARY EDUCATION: PETITIONS OF THE GENERAL MEDICAL COUNCIL AND OF THE BRITISH MEDICAL ASSOCIATION.

The following petition has been prepared in accordance with a resolution passed at the Oxford meeting, and will, we believe, be presented to the House of Commons on Monday next.

To the Honourable the House of Commons in Parliament assembled.

The Humble Petition of the British Medical Association, at its Meeting at Oxford this Twentieth day of August, 1868,

Sheweth,—That the British Medical Association, consisting of more than four thousand British medical practitioners, takes a deep interest in the advancement of medical science, and in all measures calculated to promote the efficiency of persons engaging in the profession of medicine and surgery.

That the Association is of opinion that, for the successful study of medicine, sound general education is of the utmost importance.

That the Association has reason to believe that the education of many medical students is hindered and rendered less efficient than it ought to be by their defective general education.

That the Association has reason to fear that, notwithstanding the regulations of the Medical Corporations and Universities of the United Kingdom which have been designed to secure the preliminary general education of medical students, some of them have great difficulty in maintaining a sufficient standard of acquirement, owing to the inefficient state of Secondary Education in the schools of the Country.

That the Association is aware that the subject of Secondary Education in schools has engaged the attention of Commissioners appointed by Her Majesty to inquire into it, and that the Reports of these Commissioners have been for some time before the public.

The British Medical Association, therefore, humbly prays that your honourable house will allow but little time to elapse before such Laws shall be enacted as will remedy existing defects in Endowed Schools, and otherwise place the Secondary Education of the country in a satisfactory state.

And your petitioners will ever pray.

On behalf of the British Medical Association.

Henry W. Acland, Regius Professor of Medicine in the University of Oxford, and President of the Association.

At the last meeting of the Executive Committee of the General Medical Council, on February 24th, a draft of a petition to each House of Parliament, praying for early legislation on the subject of secondary education in schools, was read and settled. It had previously been, by the General Medical Council, referred to the Executive Committee to prepare such petitions; and the President was authorised to sign and affix the seal of the Council to them, and to take measures for their presentation. The Registrar has also been instructed, with a view to such arrangements as will enable the various licensing boards to secure a proper preliminary education of medical students, to procure copies of any Bill that may be introduced into Parliament for the improvement of general education, as soon as such Bill is printed, and to distribute them among the members of the Executive Committee.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 4th, 1869.

Allen, Thomas, Fylingdales, Whitby
Bösenberg, Andreas G. H., Cape of Good Hope
Henry, George, Kingstown, Dublin
Kidger, Alfred Armitage, Ashby-de-la-Zouch
Lloyd, William Howell, Broad Oak, Llangathen
Thompson, George, Wakefield
Warren, Thomas, Princes Risborough

At the same Court, the following passed the first examination.

Atkinson, Alfred James, University College
Barringer. Thomas S. W., St. Bartholomew's Hospital
Collins, Henry William, Guy's Hospital
Gray, Clement Frederick, St. Bartholomew's Hospital
Horsford, Joseph A., University College
Hudson, Hubert E., Guy's Hospital
Manby, Alan R., Guy's Hospital
Milles, George R., King's College

As an Assistant in compounding and dispensing medicines.

Clarke, Josiah, Long Buckby

MEDICAL VACANCIES.

THE following vacancies are declared:—

ARDWICK AND ANCOATS DISPENSARY, Mill Street, Manchester—Junior House-Surgeon (£100 per annum, with rooms, coal, gas, and attendance).
BRADFORD (Yorkshire) INFIRMARY and DISPENSARY—Two Physicians; Two Resident Medical Officers (each £110 per annum, with board and residence in the Infirmary).
CARMARTHENSHIRE INFIRMARY, Carmarthen—Physician.
CHAILEY UNION, Sussex—Medical Officer for District No. 3 (£20 per annum); Medical Officer for District No. 4, and the Ditchling Workhouse.
CHARING CROSS HOSPITAL MEDICAL SCHOOL—Professor of Comparative Anatomy.
CITY OF LONDON FREEMEN'S ORPHAN SCHOOL, Brixton—Surgeon.
CRAIGNISH, Argyleshire—Parochial Medical Officer.
EASTERN DISPENSARY, Bath—Surgeon.
GENERAL HOSPITAL, Birmingham—Dispenser (£70 per annum, and board, without lodging).
GREAT OUSEBURN UNION, Yorkshire—Medical Officer for the Boroughbridge District (£25 per annum).
HOLYHEAD UNION—Medical Officer for the Holyhead District (£60 per annum, with extra fees for Surgical Operations and Midwifery, and Vaccination Fees).
ISLINGTON DISPENSARY—Surgeon.
KELLS UNION, co. Meath—Medical Officer for the Moynalty Dispensary District (£100 per annum, exclusive of Registration and Vaccination Fees).
KENT AND CANTERBURY HOSPITAL—Physician.
LONDON HOSPITAL—Surgeon.
LURGAN UNION, co. Armagh—Medical Officer for the Moyntagh Subdistrict (£100 per annum, and Registration and Vaccination Fees).
MIDDLESEX HOSPITAL—Physician's Assistant.
NEWPORT UNION, co. Mayo—Medical Officer for the Achill Dispensary District. (£80 per annum, and Registration and Vaccination Fees.)
OLD MEETING FRIENDLY FUND, Birmingham—Surgeon.
NORTHERN HOSPITAL, Liverpool—Dental Surgeon.
ROYAL ORTHOPÆDIC HOSPITAL, Oxford Street—Assistant-Surgeon.
ST. IVES UNION, Huntingdonshire—Medical Officer for the Somersham District (£70 per annum, and extras).
ST. LUKE'S HOSPITAL FOR LUNATICS—Resident Medical Superintendent (£200 per annum, with apartments and board in the Hospital).
STAFFORDSHIRE GENERAL INFIRMARY, Stafford—Assistant to the House-Surgeon.
STEPNEY UNION—Medical Officer for the Ratcliff, Shadwell, and Wapping District (£220 per annum, to include everything, except medicine).
SUNDERLAND INFIRMARY AND DISPENSARY—House-Surgeon (£100 per annum, with board and residence).
UTTOXETER UNION, Staffordshire—Medical Officer for the Abbots Bromley District (£40 per annum, and extras); Medical Officer for the Leigh District (£20 per annum, and extras).
WEOBLEY UNION, Herefordshire—Medical Officer for the Weobley District (£75 per annum, and Vaccination Fees); Medical Officer for the Workhouse (£10 per annum).
WHITEHAVEN UNION, Cumberland—Medical Officer for the Workhouse (£35 per annum, to include everything).

BIRTHS.

JOYNSON.—On February 18th, at Northwich, Cheshire, the wife of *George Thomas Joynson, Esq., Surgeon, of a son.

SMITH.—On March 8th, the wife of *J. E. Smith, Esq., Surgeon, Hay, Breconshire, of a son.

MARRIAGE.

MORRIS, James, M.D.Lond., Fellow of University College, of 13, Somers Place, Hyde Park Square, to Agnes, only daughter of John TURNER, Esq., late of Glasgow, at St. John's, Richmond, on March 9th.

DEATHS.

JONES, J. D., M.D., at Dalston, aged 58, on March 9th.

SMITH.—On February 8th, at Seaforth, Lucy Mabel, youngest child of *C. Swaby Smith, L.R.C.P.Ed.

WOOD, Herbert, Esq., Surgeon, at Ashton-under-Lyne, aged 27, on March 7th.

OPERATION DAYS AT THE HOSPITALS.

MONDAY	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY	Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY	St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Medical Society of London, 8 P.M. Dr. John Thompson Dickson, "On Matter and Force in relation to Mental and Cerebral Phenomenon."—Entomological Society.

TUESDAY.—Pathological Society of London, 8 P.M.—Anthropological Society of London.

WEDNESDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Meteorological Society.

THURSDAY.—Harveian Society of London, 8 P.M. Mr. Victor de Méric, "On Sulphite of Soda in the Treatment of Syphilis."—Royal Society.—Chemical Society.—Linnæan Society.

FRIDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."

SATURDAY.—Association Medical Officers of Health.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each; by post, 1s. 8d.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

THE BRIGHTON CHILDREN'S HOSPITAL.

SIR,—I was glad to see the letter of your correspondent at Birkenhead in such close contact with the extracts from Dr. Taaffe's letter regarding the Brighton Children's Hospital. Our hospitals and dispensaries certainly do not lack patients: on the contrary, I believe, they attend somewhere about half of the people of Brighton as it is, and how it will be if a new hospital be equally patronised, I will leave you to imagine. The local practitioners have been complaining bitterly for many years of the injustice done them by the wholesale and indiscriminate medical relief given at the different medical institutions; but it seems to be of no service to complain, for, instead of anything being done to reform the existing charities, and root out their abuses, it appears that still more of the proper work of the general practitioner is to be abstracted by a new candidate in the doctor-you-for-nothing line. I hope the action of the Association will not be limited to the metropolis in this matter; believe me, that in the large provincial towns the local practitioners are robbed of their means of living by indiscriminate gratis doctoring quite as much as in London. Perhaps, London-super-Mare more closely resembles London in the extent to which the system is carried than most other provincial towns; but it is quite certain that thousands on thousands a year have been kept out of the pockets of the profession in Brighton for a long time past by the old charities, and now a new one is about to lend them a helping hand in impoverishing the profession. If this multiplication of medical charities is to go on I don't know what is to become of the general practitioner, for how can he expect people to pay even moderate charges if attendance and medicines can be obtained for nothing? It is a wonder that he has so long and so well held his ground in the face of such unequal and unjust competition. A great many here do not believe in Children's Hospitals, seeing that the diseases of children are so contagious; but whether it be proper to congregate children together at the risk of disseminating contagious diseases or not, there could be no need for a special hospital, for the general hospital has beds for children, and if anything more were required funds could have been raised to develope the arrangements for treating their diseases there. I am told, however, that the beds for children are not all occupied now.

I am, etc.,
A BRIGHTON M D.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

THE ADMINISTRATION OF CHLOROFORM.

SIR,—May I ask a small space in your JOURNAL in reply to a letter on the "Best Mode of Administering Chloroform?" This is a subject of very great interest to all, and one that should be especially considered for the benefit of those practising in the country. With all due deference to Dr. Kidd, I cannot quite coincide with him that the napkin is at all a safe method of exhibiting chloroform, on account of the extreme uncertainty of the amount of chloroform vapour inhaled, as has been already proved by the highest authorities on this subject. By this means, a patient inhales a very high per centage of chloroform vapour one minute and, probably, pure atmosphere the next. The only safe method, undoubtedly, is by means of "Clover's apparatus;" for a full description of which *vide* a paper by Mr. Clover, read before the Odontological Society of Great Britain, March 2nd, 1868, and *Medical Times and Gazette*, August 9th, 1862. By this means, the highest amount of chloroform vapour is about 4 per cent.; it can, if necessary, be diluted even to 1 per cent. The late Dr. Snow proved that a vapour containing 5 per cent. was dangerous to human life; therefore, much greater must that danger be when administered on a cloth, when a much greater percentage may be produced. Dr. Snow filled a bag with the vapour of about 4 per cent., and his results were invariably the same. With regard to deaths when Clover's apparatus has been used, I can only add that such accidents will sometimes occur when no chloroform has been inhaled, from fright only. In Dr. Sansom's work on Chloroform, he mentions, I think, five such cases where death occurred from fright. Dr. Snow also makes some remarks on this subject; therefore, the two deaths that Dr. Kidd mentions might have been produced in this way; they are, I think, the only ones. One great point, however, is, that the administrator should confine his whole attention to the patient, and not allow anything to engage his attention during the operation. I also think that both the respiration and pulse should receive equal attention. The respiration may be good, but the pulse may become intermittent, or suddenly cease; or *vice versâ*, the pulse may be good, and the breathing may cease. But, I think, every necessary information has already been fully detailed in the Treatises on this subject, therefore I will not further trespass upon the space in your JOURNAL, the only observation more I have to make, is that everyone before attempting to administer anæsthetics should first of all be familiar with the literature of the subject, and then practise under the supervision of one accustomed to administer them.

I am, etc., GEO. CHAS. COLES,
Anæsthetist to the Great Northern Hospital.
20, Gt. Coram Street, Russell Square, W.C., March 1869.

THE *Sheffield Daily Telegraph* of February 4th, 1869, gives a graphic and amusing account of the "bullying the vaccination inspector" at the recent meeting of the Board, by a gentleman who holds that, if there had been frosts, there would have been less small-pox, and that the weather was more to blame than the Board for the excessive mortality from neglect of vaccination. The chairman is able to quote Scripture in favour of the prevalence of small-pox. We trust that public opinion will be influenced by the figures and facts, to which we lately referred, to compel these gentlemen to use those means of preventing small-pox which science affords, and which religion as well as reason countenances and encourages.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, March 3rd; The Aberdeen Free Press, March 5th; The Oldham Chronicle, Feb. 27th; The Brighton Times, March 6th; The Cambridge Express, Feb. 27th; The Birmingham Daily Post, March 3rd; The Nottingham Journal, March 3rd; The Parochial Critic, March 3rd; The Cambria Daily Leader, March 4th; The New York Medical Record, Feb. 15th; The Llandudno Register and Herald, Jan. 9th; The Japan Times' Overland Mail, Jan. 13th; The Birmingham Daily Post, March 8th;

COMMUNICATIONS, LETTERS, ETC., have been received from:—
Mr. G. T. Joynson, Northwich; Messrs. Maclachlan and Stewart, Edinburgh; Dr. Trotter, London; A Brighton M.D.; Mr. Armstrong, Ripon; Dr. G. A. D. Mahon, Mazagony, Bombay; Mr. J. Birt, Stourbridge; Dr. Bywater, Coniston, Ambleside; Mr. O. P. Thomas, Liverpool; W. G., Campbeltown; Mr. Towle, Manchester; Dr. J. Cooke, Hastings; Dr. Saunders, Clifton; Dr. H. B. Spencer, Oxford; House-Surgeon to One of the Metropolitan Hospitals; Mr. W. Rivington, London; Mr. J. Hutchinson, London; Mr. Steele, London; Dr. W. Aitken, Woolston, Southampton; Mr. W. T. Grant, Wolverhampton; Mr. J. L. Williams, Liverpool; Mr. H. Thomson, Bangor, co. Down; Mr. Key, London; Dr. R. T. Cooper, Southampton; Mr. E. Bradley, Cheltenham; Mr. E. Long, Barham, Canterbury; J. E. L., Durham; Dr. Stewart, London; M.A., Tenby; Dr. S. L. Haynes, Salisbury; Adelphos, Doncaster; A General Practitioner; Dr. Alfred Walker, London; Dr. Nicholls, Chelmsford; Mr. Gamgee, Birmingham; Dr. Dudfield, London; Mr. Davenport, M.P.; Mr. Brady, M.P.

LETTERS, ETC. (with enclosures) from:—
Sir James Y. Simpson, Bart., Edinburgh; Dr. Mapother, Dublin; The Honorary Secretary of the Athenæum Medical Students' Association, Manchester; Dr. J. H. Bartleet, London; Mr. Hutchins, London; Dr. Burman, Exminster; Dr. Felce, London; Dr. E. G. Clarke, London; Mr. G. Street, London; Messrs. Whitfield and Sons, Birmingham; Messrs. Southall, Son, and Dymond, Birmingham; Dr. F. Simms, London; Mr. J. B. Curgenven, London; Mr. E. Johnson Smith, London; Dr. Paul, London; Mr. Wanklyn, London; Dr. Leared, London; Mr. Sewill, London; Dr. C. S. Smith, Seaforth; Dr. G. M. Humphry, Cambridge; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Dr. J. Hughlings Jackson, London; Mr. St. George Mivart, London; Mr. J. Z. Laurence, London; Dr. A. Ogston, Aberdeen; Mr. Sarjeant, Sandy, Beds; Dr. A. Smith, Dublin; The Honorary Secretary of the West Kent District Branch; Mr. Nankivell, York; The Secretary of the Medical Society of London; Dr. F. J. Brown, Rochester; Dr. H. Bennet, London; Mr. J. E. Smith, Hay; Dr. Spitta, London; Dr. H. Blane, Brussels; Mr. D. Thompson, Launceston; The Honorary Secretary of the Harveian Society of London; Dr. C. B. Fox, Scarborough; Mr. M. A. Wood, jun., Ledbury; Dr. G. Hill, Chester; Dr. E. C. Garland, Yeovil; Mr. R. Wood, Ashton-under-Lyne; Mr. G. C. Coles, London; Mr. E. Chapman, Oxford; Dr. Heaton, Leeds; Dr. T. Cole, Bath; Dr. Bowles, Folkestone; Dr. Barclay, Leicester; Dr. Leared; Mr. Dixon, London; Dr. Kelly, London.

Results of Meteorological Observations, for the week ending Saturday, March 6th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.931	1.097	43.2	40.6	37.5	74	55.0	33.9	21.1	48.7	37.5	93.0	..	7.7	3.6	1	1	0	0.5	0	0.5	1	2.5	0.5	4.2	5	0.22
BOURNEMOUTH Dr. Compton, F.M.S.	29.983	1.020	43.7	40.6	36.9	76.7	54.3	33.0	21.3	49.0	37.0	106.0	29.8	4.8	4.4	1	0	0	0	0	0	1.7	4.3	0	4.6	4	0.34
DUBLIN Dr. J. W. Moore.	30.022	1.005	42.8	40.4	37.5	82.6	50.8	33.0	17.8	47.3	36.6	..	30.0	7.0	..	0.3	0	0.7	0	0.7	1.5	2.0	1.8	0	3	5	0.68
KEW Dr. Treutler, F.L.S., etc.	29.905	1.166	41.4	38.2	34.2	76.6	52.3	27.5	24.8	46.2	34.7	106.3	21.0	6.1	6.6	1	1.3	0	0	0	0.3	0.7	3	0.7	4.4	3	0.35
LLANDUDNO Drs. Nicol and Dalton.	29.908	1.200	43.6	40.6	37.1	77	53.2	34.2	19.0	48.2	37.0	..	..	7.0	..	0.5	0.5	1	0	0	0	2	3	0	2.5	6	0.57
MALVERN Messrs. W. and J. Burrow.	30.014	1.183	42.0	38.3	33.8	74	53.3	29.6	23.7	47.2	35.8	86.2	28.8	4.9	6.1	0.3	0.6	0	0	0	0	1.0	5.0	0	1.5	3	0.30
SCARBOROUGH Dr. Fox, M.R.C.P., etc.	29.810	1.288	38.0	34.7	30.2	73	49.6	28.8	20.8	43.2	32.6	..	..	4.3	2.7	1.3	1	0	0.3	0	0	0.3	4	0	5.1	6	0.38
SIDMOUTH Dr. Mackenzie, F.M.S., etc.	29.998	0.810	45.2	41.9	38.1	76.4	54.5	34.3	20.2	50.9	42.1	..	..	3.3	4.5	0	0	1	0	0	0	1	5	0	(?)	5	0.81
WORTHING W. J. Harris, Esq., M.R.C.S.E.	29.917	1.131	43.0	39.5	35.3	74.5	54.3	31.7	22.6	49.6	36.7	..	23.5	5.9	2.9	1.3	0	0	0	0	0.7	1.7	2.3	1	2.8	3	0.30

REMARKS.—There has been a general and considerable decrease in atmospheric pressure during the week, while the range has also been very much greater, being in most cases double what it was in the previous week. Temperature has diminished a little at most stations, and there is this peculiarity about it, that while the mean temperature is lower at all stations (except Worthing), the actual maximum readings are higher in all cases (except Scarborough), and hence the range has also been generally greater. The greatest range occurred at Kew, and the least at Dublin. Winds have been generally fresh and from all quarters, but chiefly from N.W. The amount of clouds has been somewhat less on the whole, and ozone has been fairly abundant. The rainfall has been general, but the quantity rather less than last week; the greatest amount was collected at Sidmouth, and the least at Bath. A heavy gale blew at Bath, Dublin, and Kew, commencing in the S.W. on the afternoon of the 1st, veering to the N.W. during the night, and continuing so until the evening of the 2nd, when the wind veered to N.E. and abated. Its greatest force at Bath was estimated =11, and at Kew =10. Its influence was also felt at Bournemouth and Worthing. Snow and sleet were observed on the 28th ult. at Dublin and Worthing, on the 2nd (with lightning) at Bath and Bournemouth, and on the 3rd in Dublin. Another fresh N.W. gale blew over Kew on the 5th. On the whole, winds and weather have been very variable and unsettled. Influenza is reported as prevalent at Sidmouth; otherwise the general health is fairly good at all stations.

Chief Plants first observed in flower at Kew during the week—Buxus sempervirens; Viscum album.

W. J. TREUTLER.

Kew, W., March 10th, 1869.

AN ANALYSIS
OF
STATISTICS OF LATERAL LITHOTOMY AND LITHOTRITY:

WITH PRACTICAL REMARKS ON THESE OPERATIONS.

By WILLIAM KEITH, M.D., M.R.C.S.E.,
Senior Surgeon and Lecturer on Clinical Surgery, Aberdeen Royal Infirmary; Examiner on Surgery in the University of Aberdeen; etc.

In arranging the following statistics of my operations for the cure of stone in the bladder, I have attempted to bring out as much as possible the various points on which I believe the success or failure of the operations depends. I have afterwards given the comparative results of other operators; in order to show the peculiarities in regard to age in the patients with whom I have had to deal, and also to enable me to point out that, though the mortality of my lithotomy cases, taken as a whole, may seem to be high, yet, when we come to divide the cases into groups according to age, my results will bear favourable comparison with any of those obtained by the other operators.

Lithotomy.—Since I performed my first lithotomy in December 1838, I have, up to the present date (February 29th, 1868), operated on 208 patients by the lateral method; of these, I have cured 165, while the remainder, 43, have died. The youngest of these 208 was a child, 2 years of age; the oldest, a man of 85½ years, whom I cut successfully in 1857. The average age of all my patients was 55.89 years; while the average age of the fatal cases was 64.46 years, and of the successful cases 53.65 years.

The important influence which age bears on the success of lithotomy is further seen, if the cases be grouped according to age. Thus, I had 22 patients under 21 years of age; and of these I lost only 1; showing a mortality of 1 in 22, or 4.54 per cent. Of patients aged from 21 to 40 years inclusive, I had only 9, of whom I lost 2; showing a mortality of 1 in 4.5, or 22.22 per cent. Of patients, aged from 41 to 60 years inclusive, I had 58, with 6 deaths; or a mortality of 1 in 9.66, or 10.34 per cent. Of patients 61 years of age and upwards, I had, however, no fewer than 119, 34 of whom died; giving a death-rate of 1 in 3.50, or 28.56 per cent. Taking all the cases together, the mortality amounted to 1 in 4.83, or 20.66 per cent.; a result which, as I have already remarked, would be nothing to boast of, if the ages of my patients corresponded with the ages usually met with in stone cases. While, however, Cheselden had as many as 78.40 per cent. of his cases under 21 years of age, I had only 10.57 per cent. of mine under the same age; and, while he had only 3.28 per cent. of his cases above 60 years of age, I had no fewer than 57.21 per cent. of mine beyond that period of life.

Another point, also beyond the control of the surgeon, but which influences much the success of his operation, is the size of the stone. The heaviest stone which I have removed weighed 7 oz. 5½ drs.; the lightest weighed only 10 grains; while the average weight of the stones removed was 7.25 drs. In the fatal cases, however, the average weight of the stone amounted to 16.03 drs.; thus reducing the average weight in the successful cases to 5.02 drs. Or, to put it in another light, the average measurements of the stones removed were, in inches, 1.60 × 0.83 × 1.25. In the fatal cases, however, the average was 1.86 × 1 × 1.46; thus making the average in the successful cases, 1.56 × 0.78 × 1.19.

Being a strong advocate for the careful preparation of cases before the operation is performed, another point I would wish to bring out statistically is, the average time of preparation required in the various classes of cases. Now, the average residence of all my patients—both before and after the operation—was 51.15 days; the average residence before the operation, 22.81 days, and the average residence after it, 28.34 days. In the fatal cases, the preparatory treatment occupied, on an average, 24.82 days; while in the successful cases it was 22.29 days.

Death took place in the fatal cases, on an average, 10.62 days after the operation; death having occurred in four cases on the second day, and in one case as late as the fifty-third day. In only ten cases did death occur on or before the third day.

Now I hold that, while death occurring on or before the third day may or may not be owing to some error in the performance of the operation, if the patient survive the third day without any bad symptom appearing, a fatal result is to be attributed to some organic disease or vice in the patient's organism or constitution, and not at all to anything connected with the performance of the operation.

The average residence after the operation in the successful cases was 32.96 days.

Although I do not think that much importance is to be attached to the point, I may yet state that the urine came *per urethram* for the first time, on an average, 6.27 days after the operation.

As to the composition of the calculi, the great majority of them consisted nearly entirely of uric acid; 59 being pure uric acid calculi, and 79 uric acid, with traces of other substances. Mulberry calculi I rarely met with; only 23 of oxalate of lime and uric acid having been found, and in most of these the uric acid predominated as a constituent; for in only 6 or 8 cases did the stone present the characteristic mulberry appearance. Uric acid, combined with the fusible calculus (mixed phosphates), occurred 26 times; uric acid and phosphate of lime 12 times; uric acid, oxalate, and mixed phosphates, 5 times; uric acid, mixed phosphates, and phosphate of lime, twice; while the number is made up by one calculus of oxalate and phosphate of lime, and one of cystic oxide, with a coating of uric acid and the fusible calculus.

Having thus given the particulars of the most important points of my lithotomy cases, so as to point out the conclusions to which they lead, I shall now put these results in a tabular form, adding a table to show the occupations of my patients; and I shall conclude the statistical part of my remarks on lithotomy by giving, in a tabular form, the results of 2488 cases of lithotomy, the particulars of which I have collected from various sources, references to which I shall give.

After these statistics, I think it may be neither uninteresting nor uninstructive to give a brief account of the salient points connected with the forty-three fatal cases I have had in my lithotomy experience, adding an account of a case in which I performed the high operation; and I shall conclude what I have to say on lithotomy by describing how I perform the operation, the results of which I have just given.

Table I.—*Ages and Results.*

	Cases.	Cures.	Deaths.	Death-rate.
Under 21 years of age ...	22	21	1	1 in 22, or 4.54 p. cent.
From 21 to 40 years of age	9	7	2	1 in 4.5, or 22.22 p. c.
From 41 to 60 years of age	58	52	6	1 in 9.66, or 10.34 p. c.
Above 60 years of age ...	119	85	34	1 in 3.50, or 28.56 p. c.
Total............	208	165	43	1 in 4.83, or 20.66 p. c.

Table II.—*Ages.*

Youngest operated on	2 years.
Oldest operated on	85½ ,,
Average age	55.89 ,,
Average age of fatal cases	64.46 ,,
Average age of successful cases	53.65 ,,

Table III.—*Percentage of Cases at different Ages.*

Under 21 years	10.57 per cent.
21 to 40 years	4.32 ,,
41 to 60 years	27.88 ,,
Above 60 years	57.21 ,,
Total	99.98 ,,

Table IV.—*Weight of Stone.*

Average weight	7.25 drachms.
Average weight in fatal cases	16.03 ,,
Average weight in successful cases	5.02 ,,
Heaviest stone removed	7 oz. 5½ drms.
Lightest ,, ,,	10 grains.

Table V.—*Measurements of Stone.*

Average measurements	1.60 inches long. 0.83 inch thick. 1.25 inches broad.
Average measurements in fatal cases	1.86 inches long. 1.00 inch thick. 1.46 inches broad.
Average measurements in successful cases	1.56 inches long. 0.78 inch thick. 1.19 inches broad.

TABLE VI.

Average total residence	51.15 days.
Average preparatory residence	22.81 ,,
Average total residence in successful cases	55.25 ,,
Average preparatory residence in successful cases	22.29 ,,
Average residence after operation in successful cases	32.96 ,,
Average preparatory residence in fatal cases	24.82 ,,
Average day of death in fatal cases was	10.62 days after.

The earliest death took place 2 days after the operation; the latest 53 days after it.

The average date of first urine *per urethram* was 6.23 days after the operation.

TABLE VII.—*Composition of Calculi.*

Uric acid	59
Uric acid, with traces of other substances	79
Oxalate of lime and uric acid	23
Uric acid and fusible calculus	26
Uric acid and phosphate of lime	12
Uric acid, oxalate and fusible	5
Uric acid, fusible, and phosphate of lime	2
Oxalate and phosphate of lime	1
Cystic oxide, with uric acid, and fusible	1
Total	208

TABLE VIII.—*Number of Stones.*

1 stone	in 156 cases	156 stones.
2 stones	26 ,,	52 ,,
3 ,,	8 ,,	24 ,,
4 ,,	2 ,,	8 ,,
5 ,,	7 ,,	35 ,,
6 ,,	1 case	6 ,,
7 ,,	4 cases	28 ,,
8 ,,	1 case	8 ,,
10 ,,	1 ,,	10 ,,
12 ,,	1 ,,	12 ,,
18 ,,	1 ,,	18 ,,
Total in	208 ,,	357 ,,

TABLE IX.—*Occupation of Lithotomy Patients, and Results.*

Occupation.	Number	Cured.	Dead.	Mortality.
Farmers and farm-servants	123	96	27	1 in 4.55
Blacksmiths	9	7	2	1 in 4.5
Shopmen	2	2	0	......
Bleachers	2	2	0	......
Widows	2	2	0	......
Children	12	11	1	1 in 12
Combmakers	1	1	0	......
Dancing-master	1	1	0	......
Foreman	1	1	0	......
Joiners, sawyers, etc.	5	4	1	1 in 5
Labourers	9	9	0	......
Masons, plasterers, etc.	12	8	4	1 in 3
Millers	2	1	1	1 in 2
Clergymen and schoolmasters.	8	8	0	......
Pensioners	2	2	0	......
Ropemakers	2	0	2	1 in 1
Seamen and fishermen	4	2	2	1 in 2
Shoemakers	5	4	1	1 in 5
Bookseller	1	1	0	......
Weavers	5	3	2	1 in 2.5

The authorities for the numbers on which the following tables are based are as follow. Cheselden's results, Dupuytren's results, and the results at St. Thomas's Hospital, London, comprehending the years 1822 to 1845, are taken from Coulson's work on *Lithotomy and Lithotrity*; as are, also, the statistics of the Bristol Infirmary. The statistics of Fifteen London Hospitals, from January 1854 to January 1857, are taken from the *Medical Times and Gazette* for the 20th August, 1859; and the statistics of Twenty-eight Provincial Hospitals, from October 1853 to December 1858, are taken from the same paper. The statistics of the Norfolk and Norwich Hospital, which are from 1773 to 1865, are taken from the *Medical Times and Gazette* for January 9th, 1864. From the same periodical for the 16th July, 1864, are taken the statistics of the Birmingham General Hospital for ten years; and from the number for July 29th, 1865, the statistics of the Radcliffe Infirmary, Oxford, from 1838 up to that date.

I may here remark that these tables contain all the statistics on which I could lay my hands, in which the necessary data were given in such a form as to enable me to compare them both with my own results and with a sufficiently large number of other cases to be instructive.

TABLE X.—*Under 21 Years of Age.*

	No.	Cures.	Deaths.	Mortality.
Cheselden	167	160	7	1 in 23.85, or 4.19 p.c.
Dupuytren	54	51	3	1 in 18, or 5.55 p. c.
St. Thomas's Hospital	84	80	4	1 in 21, or 4.76 p. c.
Bristol Infirmary	200	158	42	1 in 4.76, or 21 p. c.
15 London hospitals	137	123	14	1 in 9.78, or 10.21 p. c.
28 Provincial hospitals	148	138	10	1 in 14.8, or 6.75 p. c.
Norfolk and Norwich H.	455	421	34	1 in 13.38, or 7.47 p. c.
Birmingham General H.	96	91	5	1 in 19.2, or 5.20 p. c.
Radcliffe Infirm., Oxford	34	31	3	1 in 11.33, or 8.82 p. c.
Keith	22	21	1	1 in 22, or 4.54 p. c.
Total	1397	1274	123	1 in 11.35, or 8.80 p. c.

TABLE XI.—*From 21 to 40 Years of Age inclusive.*

	No.	Cures.	Deaths.	Mortality.
Cheselden	22	17	5	1 in 4.4, or 22.72 p. c.
Dupuytren	14	10	4	1 in 3.5, or 28.57 p. c.
St. Thomas's Hospital	13	11	2	1 in 6.5, or 15.38 p. c.
Bristol Infirmary	69	57	12	1 in 5.75, or 17.39 p. c.
15 London hospitals	16	11	5	1 in 3.2, or 31.25 p. c.
28 Provincial hospitals	28	22	6	1 in 4.66, or 21.42 p. c.
Norfolk and Norwich H.	119	111	8	1 in 14.87, or 6.72 p. c.
Birmingham General H.	5	5	0	None.
Radcliffe Infirm., Oxford.	6	5	1	1 in 6, or 16.66 p. c.
Keith	9	7	2	1 in 4.5, or 22.22 p. c.
Total	301	256	45	1 in 6.68, or 14.95 p. c.

TABLE XII.—*From 41 to 60 Years of Age, inclusive.*

	No.	Cures.	Deaths.	Mortality.
Cheselden	17	11	6	1 in 2.83, or 35.29 p. c.
Dupuytren	9	4	5	1 in 1.8, or 55.55 p. c.
St. Thomas's Hospital	13	10	3	1 in 4.33, or 23.07 p. c.
Bristol Infirmary	65	48	17	1 in 3.82, or 26.15 p. c.
15 London hospitals	17	8	9	1 in 1.88, or 52.94 p. c.
28 Provincial hospitals	22	15	7	1 in 3.14, or 31.81 p. c.
Norfolk and Norwich H.	190	155	35	1 in 5.42, or 18.42 p. c.
Birmingham General H.	16	13	3	1 in 5.33, or 18.75 p.c.
Radcliffe Infirm., Oxford.	8	6	2	1 in 4, or 25 p. c.
Keith	58	52	6	1 in 9.66, or 10.34 p. c.
Total	415	322	93	1 in 4.46, or 22.40 p. c.

TABLE XIII.—*Above 60 Years of Age.*

	No.	Cures.	Deaths.	Mortality.
Cheselden	7	5	2	1 in 3.5, or 28.57 p. c.
Dupuytren	8	1	7	1 in 1.14, or 87.5 p. c.
St. Thomas's Hospital	14	9	5	1 in 2.8, or 35.71 p. c.
Bristol Infirmary	20	12	8	1 in 2.5, or 40 p. c.
15 London hospitals	16	4	12	1 in 1.33, or 75 p. c.
28 Provincial hospitals	24	20	4	1 in 6, or 16.66 p. c.
Norfolk and Norwich H.	146	105	41	1 in 3.56, or 28.08 p. c.
Birmingham General H.	5	3	2	1 in 2.5, or 40 p. c.
Radcliffe Infirm., Oxford.	6	4	2	1 in 3, or 33.33 p. c.
Keith	119	85	34	1 in 3.50, or 28.56 p. c.
Total	365	248	117	1 in 3.11, or 32.05 p. c.

TABLE XIV.—*At all Ages.*

	No.	Cures.	Deaths.	Mortality.
Cheselden	213	193	20	1 in 10.65, or 9.38 p. c.
Dupuytren	95	76	19	1 in 5, or 20 p. c.
St. Thomas's Hospital	124	110	14	1 in 8.85, or 11.29 p. c.
Bristol Infirmary	354	275	79	1 in 4.48, or 22.31 p. c.
15 London hospitals	186	146	40	1 in 4.65, or 21.50 p. c.
28 Provincial hospitals	222	195	27	1 in 8.22, or 12.11 p. c.
Norfolk and Norwich H.	910	792	118	1 in 7.71, or 12.96 p. c.
Birmingham General H.	122	112	10	1 in 12.2, or 8.19 p. c.
Radcliffe Infirm., Oxford.	54	46	8	1 in 6.75, or 14.81 p. c.
Keith	208	165	43	1 in 4.83, or 20.66 p. c.
Total	2488	2118	375	1 in 6.58, or 15.19. p c.

TABLE XV.—*Number of Cases at Different Ages.*

	Und. 21.	21 to 40.	41 to 60.	Abov. 60	Total.
Cheselden	167	22	17	7	213
Dupuytren	54	14	9	8	95
St. Thomas's Hospital	84	13	13	14	124
Bristol Infirmary	200	69	65	20	354
15 London hospitals	136	16	17	16	186
28 Provincial hospitals	148	28	22	24	222
Norfolk and Norwich Hospital	455	119	190	146	910
Birmingham General Hospital	96	5	16	5	122
Radcliffe Infirmary, Oxford	34	6	8	6	54
Keith	22	9	58	119	208
Total	1397	301	415	365	2488

TABLE XVI.—*Percentage of Cases at Different Ages.*

	Under 21.	21 to 40.	41 to 60.	Above 60.
Cheselden	78.40	10.32	7.98	3.28
Dupuytren	56.84	14.73	9.47	8.42
St. Thomas's Hospital	67.74	10.48	10.48	11.29
Bristol Infirmary	56.49	19.49	18.36	5.64
15 London hospitals	73.65	8.60	9.13	8.60
28 Provincial hospitals	66.66	12.61	9.90	10.81
Norfolk and Norwich Hospital	50.00	13.07	20.87	16.04
Birmingham General Hospital	78.68	4.09	16.11	4.09
Radcliffe Infirmary, Oxford	62.96	11.11	14.81	11.11
Keith	10.57	4.32	27.88	57.21
Of all cases	56.14	12.09	16.68	14.67

COMPRESSION OF A CONSIDERABLE PORTION OF THE SKULL-CAP IN AN INFANT SIX MONTHS OLD.

By W. A. ELLISTON, M.D., Ipswich.

A FEW months since, an infant, aged six months, was brought to my house, in a state of collapse and vomiting, having fallen from the arms of the nurse-girl upon a flight of brick steps. Upon examining the child, I found that a large portion of the cranium, a surface of two and a half inches by one and a half inches, and extending over and including the posterior portion of the temporal bone, and the upper part of the parietal and occipital bones, had been driven inwards upon the brain, leaving a considerable depression, into which half a hen's egg cut in the longitudinal direction could have been easily laid. I naturally gave an unfavourable prognosis, and had some doubt whether I ought not to have interfered surgically at once. However, upon seeing the child one hour later in the evening, I found the depression less, the child no worse, and therefore decided that it would be better to wait for more urgent symptoms. I accordingly sent the child into the East Suffolk Hospital, in order that she could be carefully watched. Two days later, she was discharged from the hospital much improved; and, one week later, the depression had almost disappeared.

MASSAWAH:

CLIMATE OF THE SHORES OF THE RED SEA; EFFECTS ON EUROPEANS; PREVENTABLE DEATHS.

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PART I.

THE Portuguese missionary, Lobo, gives a very startling account of his misfortunes at Massawah at the beginning of the fifteenth century. The Turks were then the open enemies of the Christians, and the hatred they professed for them was not manifested, as in the present day, by half-muttered imprecations, but vented itself in a form more suitable to their tastes, and to the teachings of the Koran. Fetters and a dungeon, if not a cruel death, was the fate which the Christian might rightly expect, should he be unfortunate enough to fall into the hands of the all-dreaded Islams. Massawah and Souakin, the two ports on the Red Sea, through which it was necessary to pass before crossing to the highlands of Ethiopia, unless the longer, and as yet dangerous route by the Nile was adopted, were for the Catholic missionaries—those pioneers of African explorers—invested with more dread and terror than the blood-stained plateaux where, for half a century, a cruel religious war alternatively made martyrs of Copts or Romans, according to the religious tenets adopted at the time by the Abyssinian Emperors.

Bruce himself, at the end of the last century, had still to contend there with serious difficulties; and had it not been for his *pluck*, perseverance, and, above all things, for his *medical knowledge*, he would certainly have paid with his life for his love of adventures; and, murdered in the lowlands bordering on the Red Sea, never returned to his own highlands to relate his very interesting, and so unjustly criticised, narrative. But, without going so far back as the well-known traveller I have mentioned; even passing over Lord Valentia's and Salt's unpleasant experiences of the inhabitants of that inhospitable coast, we find all modern travellers—even Mr. Plowden, our late Consul at that port—all complaining of the rapacious character of the natives, and of the covert hostility of the Turkish authorities of the island of Masssawah.

On the arrival at that port, in July, 1864, of Mr. Rassam and myself, aware of the difficulties, to say the least, which the authorities always placed in the way of travellers desirous of proceeding into the interior of Abyssinia, we were not without some fears that our mission would experience there its first troubles. However, the very wise precautions taken by the English envoy, his great knowledge of Eastern races, his timely presents, his perfect tact in dealing with those curious specimens of politicals, at once smoothed the way; and from the Pacha's divan, to the grass hut of the Naib of Arkeeko, only words of praise proclaimed the advent of the English Effendi. But at the same time, although I would fain not speak of myself, there is no doubt that this good understanding was also greatly influenced by the practice of medicine, and that Mr. Rassam's companion, in his more humble sphere, had also his share, not merely on that occasion only, but many times afterwards, in winning the confidence, and, in some degree, the affection, of the natives. A *knowledge of medicine* is, in those Eastern lands, *after money*, the most useful of passports; and I was not many days at Massawah before high and low, rich and poor, claimed my medical attendance.

Massawah is, for an European (taking the expression in its widest sense), if not a deadly place, at least one where his chances of life are limited indeed; not that any serious endemic disease usually prevails there—on the contrary, so far the locality might be considered healthy. Fever, it is true, now and then makes its appearance after a shower of rain, and occasionally assumes, in the half-starved native, a pernicious character. During our stay at the coast (about thirteen months), we ourselves never suffered from it; but a few cases broke out amongst our followers, affecting a mild remittent or intermittent type, and quickly yielded to treatment. The danger lies in the oppressive and constant heat of the weather; not only this elevated temperature predisposes to tropical affections, but so weakens the body, so exhausts the frame, that a state of utter prostration is at last brought on, that nothing, except an immediate change to a more temperate clime, can avert an almost certain death. We had ourselves suffered to some extent from that influence: we disliked, on the whole, the place so much, that I doubt whether, if the option had been given to us, we would not have preferred to dwell fettered prisoners in the highlands, rather than free men under the broiling sun of Massawah. During the worst months, from May to September, rest, night or day, is scarcely possible; to eat is a burden; a few minutes' stroll in the evening is a fatigue. Fancy poor, wretched Europeans, living in a tent on the sea-shore, the thermometer at 9 A.M. often 95°, rising during the day to 115°; and that, day after day, for many months, seldom even a passing change; and add to the influence of a scorching, blazing sun, the absence of vegetables, brackish water, bad or no bread, inferior meat, and the wonder is, not that the European resists, but even that the natives can live, and, seemingly, prosper under such conditions. The Arabs have a good proverb illustrating their appreciation of three not very select localities: Muscat, they say, is the frying-pan; Aden, the fire; and Massawah . . . the place where wicked people go! Nor can the Arabs be said to be wrong when they express themselves so strongly on the subject. There are, indeed, no joys for them, nor for the white men, on that small coral island, bathed by the warm waves of the Red Sea, and only a few hundred yards distant from the mainland; a sun-burnt shore, shelving gradually away in darker outlines, up to the glorious highlands of Abyssinia, looking so grand from the barren coast, so noble, so bold; gardens in the midst of a wilderness, but over whose gates can be read Dante's fearful warning, "Lasciate ogni speranza voi che entrate."

The town of Massawah is but a dismal assemblage of wooden huts, with a sprinkling of a few more substantially coral-built houses, so painfully white under the bright sun, that we are surprised that ophthalmia is not even more common. The place offers but few attractions to the traveller; none, I should have said; and all would gladly pass on as quickly as possible through that ordeal of fire. Alas! Turkish red tape is there; and many who started full of hope and courage for some distant tour, never went further on, and died in sight of the promised land. But for the Dankali, the Shoho, the Habab, and the roving Bedouin of the Samhar, the case is very different: for them Massawah is a noble city; the head-quarters of the stern government they respect and fear; the site of the narrow, crowded, fly-swarming bazaar, where all seek for profit or pleasure; where the merchant brings his cattle, and the peasant his grain. The savage beau, his locks well plastered with tallow, enjoys the bright sun melting the grease, and, still more, the Frank's *araki* or a loud and noisy flirtation with some of the pretty water girls. The water, I have said, is brackish. It is conveyed, morning and evening, to the town in leather bags by the Bedouin girls of the surrounding villages. These, oases without trees, owe their existence to the presence of the wells, the sole traffic and occupation of the great majority of the inhabitants of those hamlets. But the island boasts of an independent, though limited, supply of sweet water. Half the island is covered by the town; the remainder is set apart for tanks and the burial-ground—a case of surface-drainage with a vengeance! Moreover, all the sweepings of the town are carefully heaped between tomb and tank. Once or twice a year, a heavy tropical shower breaks over the place, and quickly fills up the tanks. These are all private property, so that this highly-prized water—an infusion of every thing, from corpses to untold filth—is carefully preserved by a few favoured individuals: and, dreadful contradiction to all hygienic laws! no typhus, no cholera, no pestilential disease follows; on the contrary, being generally wealthy, the drinkers of that disgusting water are fat, sleek, and as rosy as a black man can be!

The highlands in the vicinity are within the range of the tropical rains—a season extending from June to September; nevertheless, although the sky is generally overcast, it seldom, if ever, rains during that period. It seems as if the rain could not possibly fall, except occasionally in the winter months, on that desolate, sun-scorched plain; and though the lower plateaux, such as Ailat, six hundred feet above the sea, are at times visited by heavy showers, there the cooling rain seems to have met with its last barrier; and the north-east wind carries along the coast, and to the lonely island, nought but clouds of dust, whirled with fearful violence by these unwelcome hurricanes—the sandstorms, so common along the shores of the Red Sea. To sum up, the climate of Massawah, and of the surrounding lowland, is essentially hot and dry; scorching, oppressive, during nine months of the year; somewhat tempered on the island and near the coast by the sea-breeze, and more bearable during the so-called cold months.

The Pacha, a middle-aged Turk, claimed my services almost the very day we arrived. It would be wrong to say that he was very ill—he was simply dying from sheer exhaustion. I found him in bed, the very image of a living skeleton. I examined him carefully, but could find nothing beyond excessive debility, and a certain amount of dyspepsia, brought on, probably, by immoderate smoking. The poor fellow had clung to his pipe as his only solace; for months he could not eat; now and then, he would try some extraordinary dish or the other, at the suggestion of some of his visitors, or even some more wonderful remedy, but both were of no avail, so he returned again to sipping small cups of coffee, and smoking his dear latakia. Luckily, he had a mind above petty prejudices. I believe, even in good health, he would not have spurned the cup that cheers and *inebriates*; and, far from making any objection, his Moslem eye brightened when I spoke to him of brandy, port-wine, sherry, etc. I gave him, at the same time, some bitter tonics. Cold sponging was practised all over the body, morning and evening, and some good broth and little fancy dishes were daily sent to him from our steamer. The coffee and pipe I did not even attempt to forbid; it would have been useless; but I limited the use of both to the utmost of my power. Under this treatment, he shortly so far recovered as to be able to walk about his room; and when at last he decided on taking, as I had recommended, a trip to sea, he was strong enough, leaning on the arm of one of his followers, to walk three hundred yards from his divan to the port. He crossed over to Jiddah, much improving by his trip. I heard nothing of him until a year afterwards, when, on our way to Suez, our steamer put into that port, being short of coals. What was my astonishment on seeing my former patient (he held then, it appears, a very high appointment in Arabia), who had heard of our arrival, walking on board, and, French fashion, forgetting that I was "but a Christian, and the son of a dog," jump on my neck, kiss me, and, with tears of joy in his eyes, exclaim, "God be praised, I have seen my saviour again!"

The European community at Massawah, during our stay there, consisted of a few residents, and some travellers on their way to the highlands—altogether about a dozen, including the last-mentioned. Out of this limited number, five died—a fearful average. I regret to say, that none of those ever came under my care. I either simply heard of their death, or was called in when it had already taken place. The first who died was the old Roman Catholic bishop. He died suddenly, and I never knew exactly from what cause. A few days afterwards, a lay brother of the same mission fell a victim to debility and exhaustion. The third case was that of a young German, who, a few days before, had arrived with two companions, all intent on proceeding into the interior, in order to make collections of natural history for some museums in the north of Europe. He imprudently started from Massawah (it was in August) in the middle of the day, clad in a thick black coat, which he had put on to take leave of his consul. Arrived on the mainland, he amused himself, while his camels were being laden, by looking after crabs on the beach; but, before long, he fell down, killed almost on the spot, by sun-stroke. I was sent for at once, but found him dead on my arrival. The fourth, a Swiss, a young man, clerk at the consulate, died also suddenly, from heat-apoplexy, brought on by intemperate habits, and imprudent exposure and long walks in the sun. The fifth, an Armenian, died from cholera, or rather from fear of it, just as we were leaving Massawah for the highlands. He was staying at a village four or five miles from the island, and I only became aware of his death through the reports of the natives. I have mentioned these cases, as they well illustrate the fact, that three at least out of the five deaths might have been prevented by a few wise precautions; and that, under such a climate as the one of the Red Sea, a great many casualties would be avoided by a more extended knowledge of the hygiene of tropical climes.

Exposure to the direct rays of the sun is bad, and ought, as a rule, to be carefully avoided—religiously so, from ten to three, during those hours of intense heat: even before and after that time, a certain amount of precaution should never be omitted. First of all, black, red, or any dark-coloured cloth clothes should never be worn; and although the head should be protected by a good covering, and the many folds of a white muslin band twisted around the hat or cap, turban fashion, still the chances of sun-stroke will not be so much in relation to that wise protection as to the nature and quality of the clothes themselves. A flannel shirt, and a good, thick, white cotton coat are, above all things, the best. It is an error to believe that, the head once well protected, there is no danger—a *great, deplorable mistake*. The effects of the rays of the sun on the body, specially on the spine, are much more dangerous; and if ever I found myself in such a position as to be unable to fulfil both conditions, I would not hesitate in guarding against the greater danger, and protect the body in preference to the head. It is not correct, either, to assert that very light clothing is more agreeable: flannel and cotton—both bad heat-conductors—are infinitely more pleasant, after a while, than the first impression produced by the muslin shirt and the very thin linen coat; both, of late, very much approved of. The neck should be as free as possible, no part of the clothing interfering with the circulation in any way. A large cotton or silk band should always be worn around the loins, and the whole body, if possible, protected from the direct rays of the sun by a white umbrella. Last, but not least, the European should never walk any distance in the sun. Ride, always ride. The refraction from the heated sand is far more painful than the direct rays of a tropical sun, if not as dangerous. A few feet above the ground, the evil effects of that radiation are far less; and also, by riding, the great exhaustion and excited condition of the circulation are both avoided.

As far as my experience goes, I believe that there is very little danger of sun-stroke, even in such places as the coasts of the Red Sea, if the flannel shirt, the white cotton coat, the silk or cötton band, the umbrella, and the mule, horse, or camel, be, one and all, never put aside.

Referring to the casualties I have mentioned, I must state here, although I shall have occasion to consider the subject again on more general principles, that certain details of regimen must also be carefully attended to. To face the midday sun after a heavy meal (still possible for the new arrival), or fasting, are both equally injurious. A cup of coffee and a biscuit are quite sufficient, but also should be deemed imperative, before venturing in the sun. On a par, if not foremost, in danger, comes under the same circumstances the use of alcoholic drinks. I have seen, in China, a simple glass of brandy, in the case of a very abstemious man, cause sun-stroke and death. Never drink anything stronger than tea or coffee before the sun drops towards the west! not that stimulants, in moderation, are entirely to be set aside; on the contrary, in *the afternoon*, the European will thoroughly enjoy his ride after a moderate meal, washed down with claret and water, or a glass of beer; and in *the evening*, a glass of brandy and water is more a necessity than a luxury. But beware of the morning dram! Woe to the habitual drunkard; waking in the morning, weighed down by the last night's debauchery! No going out in the sun for him! and, even should he remain quiet, trusting to the protection of his hut or tent, heat-apoplexy will some day seek him there—a ready prey for ever-present death. Woe to the total abstainer! exhaustion and debility, though not so fatal as dissipation, end but too frequently in the same way. To avoid, as far as lies in his power, both sun-stroke and heat-apoplexy, the motto of the European traveller in the sunny East should be, "Be moderate in all things." Use, but do not abuse; and should he willingly trangress that golden rule, he may feel certain that his bones will lie, uncared for, by the wayside; home-friends, those dear to him, will lament his fate, and speak with horror of the dreadful African climate, whilst the unfortunate wanderer has fallen a victim, not so much to the climate itself, as to his carelessness or ignorance of the simplest, most elementary rules of that important knowledge—how to avert and control the morbid influences that surround him on all sides.

NOTES FROM OPHTHALMIC PRACTICE.

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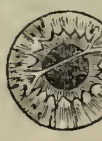
I.—Remains of Pupillary Membrane in an Adult.

The following case appears to be worthy of record, as exhibiting a vestige of the pupillary membrane in a person of middle life. The persistence of any portion of this membrane, even in young persons, is a circumstance of extreme rarity. Dr. Cohn, in the *Klinische Monatsblætter für Augenheilkunde*, 1867, (p. 62) enters into an analysis of the cases published by different authors, and dismisses all of them except five as originating in a faulty diagnosis. He describes four cases from his own observation. I think there can be no doubt that, in most of the instances reported, old adhesions, the result of by-gone iritis, have been mistaken for shreds of the membrana pupillaris. This membrane is originally attached not to the free edge of the pupil, but to that portion of the iris which is marked, at some distance from the pupil, by a more or less elevated ring of little tufts or nodules.

In the summer of 1867, a lady, aged thirty, consulted me for short-sightedness. The case was a very simple one, the myopia not in any high degree, and suitable glasses were all she required. I noticed a fine hair-like thread running obliquely across the pupil of the right eye, and at once recognised it as a vestige of pupillary membrane. It gave the patient no inconvenience, and indeed she could not be made aware of its existence under any illumination I could apply. Fig. *a* represents the eye with the pupil in its natural state, and Fig. *b*, after atropine. I had expected to find that, as the pupil dilated, while the two sides of the iris were held together by the little thread, the aperture would become irregular; but this was not the case to any appreciable extent. The iris, of a thoroughly healthy appearance, was of a rust-brown, and the filament was only a little paler in colour. At each end it had a bifid attachment, and looked like a portion of the proper fibrous tissue of the iris drawn out into a thread. Under the ophthalmoscope, the media and fundus of the eye presented nothing unusual.

a



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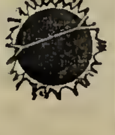

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

Lecture IV.

The next point to consider is the process of development of the several sets of organs; and, first, the development of the skeleton. The skeleton consists of two parts—1, the Exoskeleton; and 2, the Endoskeleton. The Exoskeleton is again divisible into two kinds, according as it is either: *a*. A development of epidemic or epithelial structures, such as nails, hairs, feathers, scales in the horny lining of some stomachs, etc.; *b*. A development of the deeper structures—the dermis—such as teeth, the scales of fishes, etc.

The Endoskeleton may be also divided into two categories: *a*. Hard parts formed in the primitive layers of the germ, and called the "axial skeleton," such as the skull, the vertebral column, the ribs, and sternum: *b*. Hard parts formed in outgrowths from such primitive layers, and termed the appendicular skeleton, such as the bones and cartilages of the limbs.

The first development of the skeleton is axial, and consists in the formation of an elongated cellular rod, enclosed in a structureless sheath, and placed in the intermediate layer of the embryo immediately beneath the primitive groove before described. This rod is the notochord or *chorda dorsalis*, and it makes its appearance while the embryo is still but a membranous expansion.

The next objects that present themselves to the observer, are what are called the proto-vertebræ, which are condensations or thickenings of the intermediate layer, placed in pairs opposite each other, one on each side of the chorda dorsalis. These thickenings (when the embryo is viewed from above) present the appearance of quadrate patches, separated by intervals from each other and from the interposed notochord. The protovertebræ are not the direct precursors of the osseous vertebræ, but the greater part of each such quadrate thickening results in the formation of a mass of antero-posteriorly extended muscular fibres, the several quadrate masses of muscle being the foundations and primitive representatives of the erector spinæ. The first real rudiment of the future axial skeleton appears in the shape of cartilage, which arises towards the hinder edge and deeper part of each protovertebra. This cartilage then extends inwards and embraces the notochord (fusing with its fellow of the opposite side), also upwards into the dorsal laminæ, embracing the neural canal, and downwards into the ventral laminæ, the whole forming one continuous cartilage. In the chick, ossifications then arise in this cartilage close to the notochord (in the place of the vertebral centrum) in each cartilaginous neural arch, and in each descending or hæmal arch. Thus the vertebral centrum takes origin in the interval betwen each pair of protovertebræ. As to the modifications presented by the spinal column in different Vertebrates, in some the skeleton never advances beyond its very early condition in the chick, and consists mainly of fibrous tissue. In Amphioxus, the notochord persists, and the segments of the body represent protovertebræ, but there are small cartilaginous neural spines. In some fishes, as in the Lamprey, the Sturgeon, and Lepidosiren, the notochord also persists; but, in Lepidosiren, the neural arches and ribs are quite ossified—a condition very common in certain of the older fishes, *e.g.*, the Pycnodonts. In Chimæra, little rings of bone make their appearance in the sheath of the notochord, and, strange to say, there are two such rings for each neural arch. A more advanced development is that met with in most Fishes, some Amphibians, and certain exceptional Reptiles—viz.: the Geckoes and Sphenodon (Hatteria), where distinct bony vertebral bodies are formed, each such body being concave at each end. This development takes place—*e.g.*—in Elasmobranch Fishes, thus. The notochord becomes invested by rings of bone at regular intervals along its course. Growth then proceeds, but the soft notochord cannot increase in size, except in the intervals between the bony rings, which, by growth of the chord, become more separated serially from each other, and which receive a second bony coating of slightly greater extent than the first. This process is repeated again and again, and the result is, a series of bony vertebral bodies, each formed of concentric bony cylinders (so placed as to form two deep cups, one looking forwards, the others backwards); and these vertebræ enclose between their mutually applied concave ends, the swollen remains of the primitive chorda dorsalis. In those Amphibia which have such vertebræ (biconcave), each cup is lined with a greater or less quantity of cartilage. In certain salamanders, and in some birds, and mammals, there are opisthocœlous vertebræ. In some other Amphibia, as in many Sauropsida (*e.g.*, the Crocodile), there are procœlous vertebræ. The vertebræ in the Sauropsida are either connected together by aid of synovial membrane, or (as in Crocodiles and Chelonia), their adjacent faces are connected by true intervertebral cartilages. In Mammals, these cartilages contain gelatinous remains of the notochord. The vertebral columns of the different groups vary as to the number of regions into which the component vertebræ may be divided.

In the Ichthyopsida, in all probability, no fusion of the cartilaginous arches in the hæmal or descending laminæ takes place in the middle line of the ventral aspect of the body. There is, indeed, a sternum in certain Amphibia, but this does not arise through the extension inwards of the cartilaginous ribs. In the Fishes no more regions than two can be distinguished: 1. the dorsal region; 2. the caudal region. The descending arches in the dorsal region do not coalesce below with their fellows of the opposite side. In the caudal region, however, they do so coalesce. The posterior end of the tail in Fishes assumes always one of three forms. 1. The vertebral column may end posteriorly in a truly horizontal line, with as much of the caudal fin above it as there is below it. Such a tail is called *Diphycercal*. 2. The vertebral column may ascend at its hinder end in the simplest and most manifest way, a very much larger amount of fin being visibly attached to the lower side of the tail than is to be seen on its upper aspect. Such a tail may be seen in the Sturgeon, and it is called *Heterocercal*. 3. The third and last mode of termination is that presented to us by osseous fishes, and most plainly seen in the salmon. Here the tail appears to end medianly, and the caudal fin to be disposed equally above and below its hinder end. But in fact, the extreme end of the spinal column turns sharply upwards (though it is more or less hidden and concealed), while the great ray supporting "hypural" plates are placed altogether below that inconspicuous and ascending posterior termination. This form of tail-end has unfortunately been termed *Homocercal*, a name which, however inappropriate, it is not now advisable to change.

ON A METHOD OF CONVERTING THE SKIN INTO LEATHER.

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It becomes sometimes advisable in surgical practice to render parts of the surface of the body tense, and firmly pressed on to the subjacent tissues. This pressure is generally effected by bandages, strips of plaister tightly applied, direct pressure by weights, etc. But it does not appear that surgeons have hitherto adopted a more convenient and effectual method of applying pressure, when such is required, more uniform than great; namely, that of converting the cuticle into a temporary bandage. This may be done by forming a tannate of gelatine in the skin. Ordinary solutions of tannine applied to living tissues act astringently, by causing contraction of blood-vessels, as is seen by the paleness produced in mucous membrane by such application. A very strong, or a saturated solution of this substance, however, applied to the external surface of the body, combines chemically with the gelatine of the skin, before reaching the vessels, forming a contracted impermeable layer of tannate of gelatine; it, in short, tans, or converts into leather, the superficial layer of the cuticle.

The practical application of this fact is sometimes useful, as in the affections presently to be referred to. These may be classed in five divisions, according to the *modus operandi* of the remedy. They are those in which its curative effects depend on *(a)* the *insensibility*; *(b) contraction*; *(c) impermeability*; *(d) contraction* and *impermeability* combined; *(e) removal of part*, of the skin which are caused by its application. As examples of these effects may be mentioned, *(a)* the relief of pain caused by external pressure on tender parts, as the integument covering abnormal projections of bone (as the spinous process of a prominent vertebra, in Pott's curvature, for example), where there exists no corresponding natural thickening of the skin, or in bunions, relieving the abnormal sensibility of the part; likewise the prevention of bed-sores of any kind, if applied at the commencement before the skin breaks. *(b)* The binding down of the subjacent parts by contraction and slight pressure, as, for example, in weakening of the abdominal wall, and protrusion of the internal oblique muscle, by a long split in the external oblique, in the direction of its fibres (an occasional effect of falls from scaffolding, etc.), too extensive for the truss; reducing an enlarged testicle, by first drawing the integument tense, and retaining it by means of a strap of plaister encircling tightly the cord, immediately above the gland, and applying the solution. *(c)* By its impermeability it checks and prevents unhealthy local sweatings. *(d)* By its early application it causes the absorption of matter deposited in the tissues, which may otherwise point at the surface. Its action, last mentioned in the above enumeration, *(e)* renders it useful in the treatment of cutaneous affections which depend on a local cause, as the layer which it forms peels off after a short time, removing, when they exist, such parasites as the *pediculus pulex penetrans*, *acarus scabiei*, *entozoon folliculorum*, *etc.* The strength of the solution of tannine required for the purposes mentioned is about 600 grains to an ounce of water. It may be applied, according to circumstances, by a layer of lint or wadding, saturated with the solution, or by means of a brush.

There are three points which must be attended to in using this remedy. *Cold water must be employed*, otherwise a solution of pyrogallic acid is used, not of tannine. *The solution must be quite recent*, and prepared in small quantities at a time; and the *tannine employed must be perfectly fresh*, for, unfortunately, tannine remains but a short time exposed to the atmosphere without being converted into gallic acid. It will be remembered that gallic and pyrogallic acids do not form *insoluble* compounds with gelatine.

CLINICAL MEMORANDA.

NOTE ON THE PATHOLOGY OF HEPATIC ABSCESS.

By C. Morehead, M.D., F.R.C.P., Edinburgh.

Dr. Budd, in his work on *Diseases of the Liver*, published in 1845, concluded, from very limited data, that abscess in the liver depended, if not exclusively, most generally on intestinal ulceration—in other words, that it was pyæmic in its origin. In my *Clinical Researches*, first edition, published in 1856, it was contended that, though hepatic abscess caused by pyæmia might be an occasional occurrence, the theory could not be accepted as generally correct; because, in my own experience, there had been fifty fatal cases of dysenteric ulceration without hepatic abscess, and seventeen fatal cases of hepatic abscess without ulceration of the intestine. In the second edition of my work, published in 1860, the same statement is repeated, with the addition of four to the cases of hepatic abscess without ulceration.

In the report of the European General Hospital of Bombay, for the year 1859, published in the *Transactions* of the Medical and Physical Society of Bombay, in 1860, Dr. H. A. Leith remarks:—"On arranging all the cases in which dysenteric ulceration, and all in which hepatic abscess was seen after death, there are found dysentery without hepatic abscess in thirty, dysentery with hepatic abscess in five, and hepatic abscess without dysentery in four instances. If all such cases that have occurred in this hospital during the last three years be added to those given in Dr. Stowell's decennium of the hospital statistics, recorded in the *Transactions* of the Medical and Physical Society, 1855-56, there will be the aggregate of—dysentery without hepatic abscess 188; dysentery with hepatic abscess 50; hepatic abscess without dysentery 41." Adding these figures to my own, we have 238 of dysenteric ulceration without hepatic abscess; and 62 of hepatic abscess without ulceration of the intestine—sufficient, I apprehend, to disprove the pyæmic theory. I recur to this subject at present, because Dr. Leith's statement has only now for the first time caught my attention, and it is of importance that there should be no doubt respecting a pathological error which Dr. Budd still teaches without modification or reserve in an edition of his work published subsequently to my *Clinical Researches*.

EXTENSIVE CASE OF EPITHELIOMA OF THE LIP.

By William Anderson, M.D., Newfoundland.

Richard P., aged 68, hunter, was affected with epithelioma of the outer angle of the mouth and nearly the whole of the lower lip. On November 1st, with the assistance of my friend Dr. Howley of Harbour Grace, I removed the whole of the disease, cutting as wide of it as seemed necessary. Owing to the amount of substance removed, the sides of the wound could not be approximated without risk of tension. I therefore continued the apex of the first incision downwards under the chin, and then made two incisions, right and left, at right angles to its extremity, as far back as the facial artery on each side. The soft parts were then raised and turned upwards; they were then apposed in the middle line, so that the cut surface of the original incision became horizontal to form the new lip. The gap made by removal of the angle of the mouth was filled by stitching its upper edge to its lower, the parts being now sufficiently loose to admit of it. Recovery was uninterrupted, and the patient left his bed seven days after the operation.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, March 9th, 1869.

George Burrows, M.D., F.R.S., President, in the Chair.

ON SOME NEW DOUBLE SALTS OF CARBOLIC ACID, PARTICULARLY CONSIDERED AS AGENTS FOR THE TREATMENT OF DISEASE.

BY ARTHUR ERNEST SANSOM, M.D., M.R.C.P.

The author commenced by observing that modern research had established, with a near approach to precision, the doctrine that zymotic diseases are due to the influence of minute organised germs upon the body. In vaccinia they seemed to be demonstrable as minute granules. By inference, if not by observation, much could be learned concerning the physical qualities of these disease-producing organisms. They were capable of destruction by various chemical agencies: on this circumstance was based the theory and practice of disinfection. The agencies which destroyed them were, however, not *always* chemical; some bodies, which had no chemical influence whatever, arrested the vitality of organised bodies. Though means had been long adopted to prevent the spread of disease, to neutralise disease-producing agencies externally to the living body, it was only lately that a plan of treatment had been pursued with the object of killing the vitally endowed disease-producing particles, when once they had entered the living organism. The plan of treatment by the sulphites recommended by Professor Polli no doubt destroyed germs, sulphurous acid and the sulphites acting upon them not as *chemical* but as *vital* poisons. Perhaps the most powerful agent known possessing a like property was carbolic acid. This, however, in regard to its administration, presented many practical difficulties. The difficulties had been overcome by the discovery and employment of salts obtained by the neutralisation of sulphocarbolic acid ($C^6 H^6 SO^4$) with the alkaline, earthy, and metallic bases. The first compound salt, sulphocarbolate of potassium, was obtained by Mr. Crookes, F.R.S. The author had succeeded in producing, in addition, the following salts, all having the characters of true double salts, and possessing brilliant and decidedly crystalline forms: sulphocarbolate of sodium, of potassium, of ammonium, of magnesium, of zinc, of copper, and of iron. An inquiry, instituted with the view of determining the relative efficiency of the various salts in staying fermentative action, established the following order—1, the sodium salt; 2, magnesium; 3, potassium; 4, ammonium. It was shown from experiments upon the lower animals, as well as from the results of administration to the human subject, that the sulphocarbolates were absorbed with great rapidity; exerted no toxic effect (the human subject readily taking drachm-doses every four hours); and were decomposed in the system into—*a*, carbolic acid, which, traversing the system, was exhaled by the breath; *b*, sulphate of soda, which permeated the tissues, and was excreted by the urine. Though carbolic acid could not be detected in the tissues after death, an influence enabling the body to resist putrefaction had been exerted; the urine, also, resisted decomposition. Prolonged courses of sulphocarbolate of sodium, given for two months to phthisical patients, showed that the drug could be administered not only with impunity, but with considerable advantage. Of thirty-five cases, thirteen greatly improved, fifteen considerably improved; nine cases gained in weight an average of $2\frac{1}{2}$ lbs. The author had employed the sulphocarbolate of sodium in the treatment of zymotic diseases for the past twelve months. He had not met with one death; and his conviction was, that the plan of treatment thus indicated might be hoped to yield results of great importance. He claimed, however, no more than to have made out an *à priori* case. Individual experience was powerless to solve the great problem of the treatment of zymotic disease. Systematic and organised observations only could attain this end.

Mr. John Wood had, for the last year, used sulphocarbolate of zinc as an external application to wounds and suppurating abscesses, and after operations. He now used scarcely anything else for injecting in gonorrhœa and venereal sores; and had had better results from it than from any other means. The sulphocarbolate of zinc had the properties both of zinc and sulphocarbolic acid. Some of his colleagues had used it with favourable results. Gonorrhœa was cut short by it; it was true that there was some return of gleet and suppuration after the discontinuance of the remedy; but in acute cases, the duration of the symptoms was cut short. In some cases of pyæmia, he had given sulphocarbolate of sodium. In two cases, used in combination with McDougall's powder, it was successful; but another case, of acute pyæmia, was very rapid and fatal. He regarded sulphocarbolate of zinc as an improvement on the sulphate, inasmuch as it diminished fœtor and suppuration. It had also an advantage over carbolic acid, as the latter, especially when used in the form of oil, was liable to produce a dusky red inflammation around the wound, interfering with the granulating process, and lost effect by evaporation. The carbolic acid putty had less of these disadvantages; but its vapour, sometimes, excited inflammation.

Dr. Fuller hoped that further observations would confirm Dr. Sansom's statements; but he doubted the efficacy of carbolic acid in zymotic diseases. In cholera, it might act on the germs in the bowel; but in other zymotic diseases his experience of its use was unfavourable. He had given it in ten-minim doses in typhus and typhoid fever without benefit; although, being given in full doses, it was eliminated freely by the urine. Carbolic acid was, however, very useful in some forms of disease, especially in dyspepsia, attended with fermentation, where it exerted an almost specific influence. Carbolic acid had a very disagreeable smell, but sulphocarbolic acid was less disagreeable; and if it should be found equally serviceable in dyspepsia, the profession would be much indebted to Dr. Sansom for its introduction.

Mr. Spencer Wells had received some specimens of the sulphocarbolates from Dr. Sansom. He had given the sulphites and hyposulphites in cases of pyæmia and septicæmia; but had not found any marked difference, as regarded temperature, between their effect and that of citrate of potash. In such cases, and in zymotic diseases, we should perhaps get better guidance from observing the influence of remedies on the temperature, than by acting on the theory of germs, the knowledge of which was imperfect.

Mr. Nunn said that the use of sulphites had been proposed by Dr. Pain as preventive of disease. He (Mr. Nunn) had given sulphite of soda where he thought that pyæmia might occur. In several of the cases, however, where sulphate of soda had been given from the time of operation, pyæmia did occur.

Mr. Henry Lee had not been able to observe any decided effect from the use of sulphites.

Mr. R. B. Carter said that attempts had been made to prevent decomposition of meat by causing the animals to inhale carbolic acid before being slaughtered. But there was a difficulty of regulating the dose, so as to prevent the meat from becoming charged with an excess of carbolic acid. If meat could be preserved by giving sulphocarbolates, their introduction would be valuable.

Dr. Dobell had given sulphocarbolates in cases of small-pox and scarlet-fever; all the patients had recovered.

Dr. Hyde Salter said that carbolic acid, when administered, appeared in the urine; but, as he understood from Dr. Sansom's statement, when given in the form of sulphocarbolates, it passed off by the lungs. Was there any chemical or physical explanation?

Dr. Sansom, in replying, said that the doctrine of germs might be hypothetical; but it was believed in by himself and others; and it was in search for an agent to act on them that the double salts of carbolic acid occurred to him. It was important that the salts should be pure. Some time ago he had examined different specimens of sulphites, and had found them to vary much; and the same difficulty was liable to be met with in connection with the carbolic acid salts, which might contain an excess of sulphuric acid, or a sulphate, or a decomposable carbolate. The purity of the salts should be ascertained before using them; because it would not be fair to attribute failure to sulphocarbolates if the specimens used were not pure. His experience had not included typhus and typhoid fevers; and he did not expect that the sulphocarbolic acid would be of much good in these.

OBSTETRICAL SOCIETY OF LONDON.

Wednesday, March 3rd, 1869.

Graily Hewitt, M.D., President, in the Chair.

Dr. Routh exhibited a new Intrauterine Pessary, to correct deviations, and to keep the canal patent after the use of the hysterotome. The instruments most in use—those of Dr. Greenhalgh and Dr. Meadows—had two common defects; 1, being too long, and so pressing against the fundus, the part of the uterine cavity which bore pressure with least impunity; and, 2, being too heavy. Dr. Meadows's glass pessary was most easy of application, and gave rise to less disturbance; but it often fell out and was not always retained *in situ*. Dr. Greenhalgh's did for a time keep itself *in situ*, but the lateral pressure gave rise, sometimes, to severe hæmorrhage, and to much pain. Dr. Routh had, in some cases, been compelled to withdraw it five minutes after insertion, although in others it answered very well. The instrument now produced was made of ebonite, and was very light. It was constructed to fit that part of the uterine cavity in which it was to be applied. This was not like the letter V (as it ought to be, to suit Dr. Greenhalgh's instrument), but like the letter Y, with the upper armlets somewhat concave, the concavity looking downwards. Inferiorly there was a round disc. The stem was made up of two parts; that lying between the external and internal os was straight and like a quill, the straight inferior portion of the Y then divaricating into two very thin armlets, with their convexity looking upwards. It was introduced with the armlets in apposition exactly as Dr. Greenhalgh's, by a stilette. This stilette passed through a hole in the disc, and then outside the stem, not inside, as in Dr. Greenhalgh's. When the stilette was removed, owing to the spring, the armlets separated and rested on the sides of the uterine cavity, so keeping the instrument *in situ*. The instrument had some resemblance to Dr. Aveling's, and yet was very different from it. So far as he had tried it, he was very pleased with it, as it appeared to be borne very comfortably, and, in his hands, had not yet given rise to irritation. He did not say it would not do so in some cases, but he did say, from shape and lightness, it appeared to him to possess several advantages over those at present in use. It was made by Coxeter.

Dr. BRUNTON exhibited a specimen of Knotted Cord.—Dr. MURRAY exhibited a similar specimen, the knot being of a very unusual character.

Dr. RASCH exhibited a case of Hydramnios, in which one of the twins had died from twisting of the cord close to the umbilicus. The sac of the dead fœtus was considerably larger than that of the fœtus which was born living. A short history of the case was given.—The PRESIDENT remarked that this case raised the interesting question as to the influence of the death of one fœtus in cases of twins in producing dropsy of the amnion, a question which could only be determined by the collection of a large number of cases. In the case which he had brought before the Society at its last meeting, it was the sac of the living fœtus which contained the largest quantity of liquor amnii.

Dr. MADGE read a paper on a case of Hydronephrosis of the Fœtal Kidneys, impeding Labour. The mother, who, during her pregnancy, had had some chronic affection, was taken in labour with her first child on January 23rd. It was a breech-presentation, and the labour was tedious, the difficulty being caused by an enormously distended condition of the child's abdomen. The child was still-born; and, on examination, the distension was found to be due to two greatly enlarged kidneys. Each lobule was converted into a serous sac; and, on holding the kidneys up to the light, they appeared transparent, all the secreting structures having disappeared. The suprarenal capsules were healthy. The renal vessels and ureters were either obliterated or had dwindled away. The bladder was empty; but, with a small catheter, it was possible to distend it with air, the distension extending freely along the urachus to the ligatured extremity of the umbilical cord. The colour of the fluid in the kidneys was that of pale, healthy urine; reaction neutral, specific gravity 1010. It coagulated on boiling, and on adding nitric acid, it became completely decolourised. Neither urea nor uric acid could be obtained from it. By the microscope, fragments of uriniferous tubes, crystals of triple phosphate, fat-globules, and broken epithelial and other cells were found in it. Here and there, also, bodies were observed in the fluid resembling Malpighian bodies—that is, granules closely packed together, and enclosed in a capsule. Indirectly, the case would go to prove the absence of urea in the fœtal system; for, although the child was otherwise well developed, there had been for some considerable time no kidneys to separate urea from the blood. The labour in this case had been assisted by a silk handkerchief passed round the groin of the presenting buttock; and Dr. Madge threw out the suggestion, that he thought the blunt hook in common use might be made a more efficient instrument if the arm of the hook were larger, and covered with some soft substance, as India-rubber, or wash-leather. Dr. Madge then exhibited the preparation of the kidneys, made some remarks on the physiology and pathology of the fœtal kidneys, and gave details of the very few cases of hydronephrosis recorded by English authors.

Dr. MARTYN read a paper on a case of Extrauterine Pregnancy, and exhibited a Preparation of the Parts concerned. Mrs. W., aged 34, was in her second pregnancy, after an interval of fifteen years. Early in her pregnancy, she complained of pains in her abdomen of an uncommon kind, and sometimes of severe neuralgia in her right arm. There was frequent sickness. In due time, the child was felt, and there was an increase of abdominal and pelvic pain up to the seventh month. The suffering being now extreme, and quite unusual, Dr. Martyn made a careful examination of the case. The abdomen was of ordinary size and form—perhaps rather less prominent in the mesial line than usual. The child was very distinctly felt through the abdominal walls; the fœtal heart-sounds were one hundred and fifty-two per minute, very clear, low down on the right side. *Per vaginam*, the os was found large and cushiony, not dilated; some cervix remained; the uterus was much enlarged. The mammary areola was well marked, and milk was found on pressure. On the day after this examination, Dr. Martyn was summoned in haste to the patient, who was said to have fainted, and, as he arrived, she gasped her last. He proposed at once to open the abdomen, but was not permitted to do so. On *post mortem* examination, a large quantity of blood and clots was found in the abdominal cavity; also, a full-grown child, covered by intestines; the umbilical cord, traced through a rent in a large cyst (formed in the left appendages of the uterus), was attached to a placenta of ordinary size and appearance. The cyst referred to was probably formed in the left ovary. The Fallopian tube, elongated to nine inches, lay on the upper margin of the cyst, and was pervious throughout. The cyst wall was very thin; and large vessels coming from the uterus were traced on its surface. The uterus was, perhaps, six times its natural size, considerably elongated, with the walls thickened, and the os as large as at term in an ordinary pregnancy. The interior was covered with a secretion consisting of epithelium and oily matters, but without any appearance of a membranous decidua. The os was plugged with the usual gelatinous matter. The fact of extrauterine pregnancy was not established before death, but the possibility was not overlooked.—Dr. ROUTH referred to a paper by Dr. Robert Lee, on the state of the uterus in these cases. In nearly every case which he had examined in museums or elsewhere, he found a deciduous membrane. In the present case, there appeared to be none. Had the examination been made at an early period, and the extrauterine pregnancy diagnosed, the question of gastrotomy might at least have been entertained.—Dr. PLAYFAIR said that, on looking at the preparation, it could not be doubted that it was within the limits of an operation; and that by operation she would have had a better chance of recovery, than by allowing the cyst to rupture. The difficulty of diagnosis in these cases must, however, always stand in the way of operation.—The PRESIDENT observed that, in most cases of extrauterine pregnancy, the uterus itself enlarges considerably, and, as the os participated in the changes going on in the uterus, its condition was of little diagnostic value. The diagnosis of these cases during life was, undoubtedly, extremely difficult.—Mr. SCOTT suggested that, when there was a well-grounded belief in the existence of extrauterine pregnancy, the sound might be used to determine whether or not the uterus was empty.—The specimen was referred for further examination to a committee, consisting of Dr. Martyn, Dr. Phillips, and Dr. Madge.

Dr. BRUNTON read a paper on Twin Pregnancies, detailing seventeen cases of twins observed in his own practice, and nine cases obtained from friends. Of these cases, sixteen had children of the same sex (males or females), with two amniotic sacs. Nine had children of opposite sexes (a male and female) in one sac; and in one case there were two sacs, and one male and one female child. The conclusion at which he arrived was that, if a male ovum came down from each ovary at one and the same time, conception taking place, there was an explanation of the existence of twin males; and so for female ova. But if two ova came down from the same ovary, conception taking place, there were twins of opposite sexes, male and female; and this pointed to the function of the ovary; viz., that, probably, the ova cast off from each ovarium are alternately male and female—in other words, each ovary casts off at one and the same time a male, or each a female, ovum. In no case were the twins of the same sex in one bag of membranes.—Dr. PLAYFAIR remarked, that Dr. Brunton had overlooked the cases of conjoined twins, which were never of different sexes, and yet must have had but one sac.—Dr. BRUNTON replied, that he could not see that this fact disproved his theory. His observations were of natural cases. Moreover, in the case of conjoined twin-monsters, there might have been a coalescence of the ova (males or females) from the two ovaries, producing a double monster of the same sex.

Dr. CARY gave the particulars of a case of Abscess of the Female Urethra.

READING PATHOLOGICAL SOCIETY.

OCTOBER 28TH, 1868.

GEORGE MAY, Esq., in the Chair.

DR. RICHARDS, of Winchester, exhibited an Ovarian Cyst removed by Dr. Butler of Winchester, on the 26th October, from a woman, aged 24. He regretted that the operation had not been performed earlier, when the cyst was smaller, as experience showed that the success of the operation depended on the absence of firm adhesions. When the tumour came out readily, with little disturbance of the intestines, success was generally attained.

Dr. WOODHOUSE exhibited a specimen of Ulceration and Constriction of the Colon, causing death, in a pregnant young woman, in which considerable difficulty had been experienced during life in forming a positive diagnosis of the causes. A. W., a married woman, aged 28, was admitted into hospital on October 11th. She had suffered since the 2nd from almost incessant vomiting, which, the day previous to her admission, had become fæcal in character. The bowels had acted very scantily three or four times since the commencement of the attack, but not at all for three days prior to admission. They had previously been regular; and she had never had difficulty before. She supposed herself to be eight or ten weeks advanced in pregnancy. She had a pinched expression. The pulse was 110, feeble. The abdomen was generally distended and tympanitic. There was some dulness in the left flank. On examination *per rectum*, the enlarged uterus appeared to obstruct the passage. Injections of water were used, and, at one time, about five pints were slowly injected, causing some pain and distension, and soon returning in part almost untinged with motion. She was treated with opium, chloric ether, and belladonna, and took beef-tea and brandy. The stercoraceous vomiting and constipation continued until the 15th, when she gave birth to a fœtus of about three months, soon after which profuse diarrhœa came on, with cessation of the stercoraceous vomiting. Her general condition did not improve; and, on the 17th, she lost a considerable amount of blood from the uterus, and sank from exhaustion. The *post mortem* examination showed a narrowing of calibre of the intestine at the commencement of the descending colon, with gangrenous ulceration. At the point of obstruction a plum-stone rested, and remains of other fruits, including what were supposed to be bullace-stones (some of which she is said to have swallowed shortly before the attack), were found in the course of the examination. The parts round the ulcer were thickened, but not of scirrhous hardness; cancer cells could not be detected by the microscope."—Dr. Woodhouse remarked that some ulceration of Peyer's patches had been noticed elsewhere in the bowel, and that they had probably formed the starting point of the disease leading to the stricture.—Mr. May inquired if there were no localised tenderness in the abdomen to indicate the seat of disease.—Dr. Woodhouse replied in the negative.—Mr. W. W. Moxhay had always doubted whether the pregnant uterus was the cause of obstruction. The fæcal vomiting came on too simultaneously with the symptoms of obstruction to be due to uterine irritation. The O'Beirne's tube passed also readily above the uterus, and above a quart of water could be injected before it began to return. Then there was in the left flank dulness, in marked distinction to the clear percussion on the right side; but he relied especially—and on this point he desired the opinion of the Society—on the simultaneous occurrence of fæcal vomiting, with signs of obstruction, as shewing that the uterus could not be the direct cause. In reply to a question from Mr. May, Mr. Moxhay said that by obstruction he did not mean only physical closure, but any condition which prevented the bowel from transmitting its contents; such as sphacelus, serous inflammation, or omental hernia.—Mr. Roydes had found stercoraceous vomiting recorded as occurring in a case of obstruction of the sigmoid flexure.—Dr. Richards asked how it was explained, if the uterus were assumed to be guiltless of contributing to the obstruction, that there was so copious a passage of fluids after the occurrence of the miscarriage.—Mr. Moxhay believed it to be only a casual coincidence, or that the plum-stone, found in the stricture, was thereby altered in position. He referred to a case which occurred in the Royal Berks Hospital, in which symptoms of strangulated hernia had been relieved by an operation, but returned shortly afterwards. It was suggested at a consultation held, that the cause lay in some condition of the colon, and it was decided to cut down on this; this was done, but the colon was found empty, so the operation was not further proceeded with; nevertheless, from that time the symptoms subsided and the patient recovered.—Mr. G. May admitted that Mr. Moxhay had, from the first, advocated some other point of obstruction than at the uterus. He had himself ascertained that the condition of the womb was natural, by passing his hand, whilst the patient was under chloroform, first into the vagina and then in great part into the rectum.

MANCHESTER MEDICAL SOCIETY.

Annual Meeting, January 13th, 1869.

J. Stone, M.D., Vice-President, in the Chair.

The Reports of the Committees, Librarian, and Treasurer were read; and it appeared from them that the Society was in a very prosperous condition. The members numbered at present one hundred and twelve. Special mention was made of the Branch at Staleybridge, which was constituted a year ago, as continuing in a flourishing state. This provision, made by the Manchester Society, for the formation of Branches is a somewhat novel feature, and worthy of the attention of the members of the profession in the surrounding districts, who might be desirous of availing themselves of its very excellent library. After the reading of the reports, votes of thanks were given to the retiring office-bearers, and a special vote was awarded to Dr. John Roberts, on resigning his appointment as Librarian, which he held for five years. Dr. Roberts had undertaken an immense deal of labour in preparing a new catalogue of the library, the alphabetical division of which has been in the hands of the members for some time. He expressed his intention of completing it by the issue of a subject division.

The following office-bearers were appointed. *President*—Henry Simpson, M.D. *Vice-Presidents*—Wm. Roberts, M.D.; T. Windsor, Esq.; J. O. Fletcher, M.D.; J. Galt, Esq. *Treasurer*—E. Lund, Esq. *Librarian*—D. Little, M.D. *Secretary*—Wm. Heath, Esq. *Committee*—J. Finlayson, M.B.; E. Gumpert, M.D.; J. Hardie, M.D.; F. Melland, Esq.; T. Mellor, Esq.; John Roberts, M.D.; D. L. Roberts, M.D.; G. W. Smith, Esq.; J. Stone, M.D.; J. Thorburn, M.D.; W. Whitehead, Esq.; and A. Wahltuch, M.D.

The chair was then taken by the President, Dr. Simpson, who expressed his gratification at being chosen the principal office-bearer of the Society, and made a few remarks on the mode of conducting its business. The following cases were next exhibited.

Dr. Samelson showed a case of Cysticercus in the Eye. The subject of it was a young girl. When first seen, it appeared attached to the retina, but was now found lying in the vitreous humour.

Drs. Pigg and Wm. Roberts showed the Right Lung of a man aged 54, whom they had jointly attended, and who had died the previous day. The symptoms and physical signs had been very obscure. He had been ailing all his life, but became worse six months ago. He suffered severely from neuralgia in the right arm, and subsequently the limb became œdematous and its axillary glands enlarged. The right chest was quite dull on percussion. These signs pointed to some very serious intrathoracic pressure, probably to a solid tumour. On inspection, the right lung presented the appearance of a solid mass of malignant tissue pushing its way upwards. The upper third was especially altered, and consisted of a solid white substance intermixed with crossing black bands. In its interior was a cavity exactly resembling a tubercular excavation. Small tuberculous patches were found in both lungs, with some cicatrices at the apices. For the relief of the neuralgia, two grains of acetate of morphia were injected subcutaneously twice a day. It was begun in October with an eighth of a grain. It was quite immaterial in which part of the body it was injected. Drs. Pigg and Roberts were requested to further examine the specimens and to report at a subsequent meeting.

Dr. Wm. Roberts introduced a remarkable case of an eruption on the surface of the Abdomen discharging a Milk-like Fluid. Although such cases were sometimes seen in hot countries, in Britain they were excessively rare. The only case he had found recorded was by Dr. A. B. Buchanan, of Glasgow, in which case the eruption was situated at the back of the thigh (*Medico-Chirurgical Transactions*, vol. xlvi). In the present case, the vesicles were of various sizes, from a pin's head to a horse-bean, were closely agglomerated, and were surrounded by somewhat thickened skin. The affection had lasted some two years, and became developed on the healing of an abscess of the abdominal parietes. The discharge varied in amount; sometimes it spurted in a jet from one or more of the vesicles for a considerable time, and as much as seven ounces had been collected in an hour; at other times it ceased flowing for some days. It is most abundant after food. It was of exactly the same nature as the fluid in chylous urine; it was spontaneously coagulable, contained no casein, and was cleared by ether. One day, this patient had himself passed chylous urine, thus throwing considerable light on the latter affection. Dr. Roberts thought it likely that the milky fluid was owing to an eruption on some part of the urinary passages, and that it was not secreted by the kidneys. The urine in this case was very scanty.

Mr. Bradley read a paper on Diseases of Animals in a state of Confinement. He began by stating that, as much light had been thrown on human physiology by the study of comparative physiology, and experiments on the lower animals, it was to be expected that a proportionate amount of light would be shed on human pathology by a study of the diseases which affect the lower animals. More especially would this apply to the etiology of disease. The author's observations were made on the animals in the collection at the Belle Vue Gardens, and he had found that they exhibited a remarkable tendency to become the subject of disease to which, so far as is known, they are not liable in a wild state, and which may consequently be fairly ascribed to bad hygiene. He then shortly alluded to some of their diseases—taking the four great classes of the vertebrata sequentially. The most interesting affection of captive Fishes was that of a fungus which became developed on the bronchia, and by and bye increased in extent so as at length to cause death by asphyxia. (A subject of this was exhibited.) Tubercular disease occupied the most prominent position among the affections of the Reptilia. The author confirmed the observations of Dr. Crisp, that the abdominal organs are more liable to be attacked than the lungs. A peculiar form of stomatitis was spoken of as affecting this class, reminding one very much of glanders, and generally proving fatal. With regard to Birds, Mr. Bradley referred particularly to rheumatism as being common, especially in wading birds, and showed a joint so affected. He then passed on to the Mammalia, considering each order separately. Concerning the Carnivora, he drew attention to the much greater frequency of tubercle when they are in a confined, than in a free, state, it being a somewhat rare affection in this order in this latter condition. With regard to the well-known liability of Monkeys to tubercle, Mr. Bradley expressed his belief that this was owing, in great measure, to their "immoral" habits. Lemurs, it was remarked, are very subject to cataract. The author concluded with some interesting remarks on syphilis in monkeys. He believed that he had, on one or two occasions, seen a genuine chancre, and exhibited a skeleton, of which every bone was carious from syphilis.

LIVERPOOL MEDICAL INSTITUTION.

Ordinary Meeting, November 14th, 1868.

A. T. H. Waters, M.D., Vice-President, in the Chair.

Dr. **Ewing Whittle** read a paper on Infanticide and Abortion as suggested Institutions. The author first alluded to the suggestion recently made at the London Dialectical Society to the medical profession, to devise some scheme to limit the number of births without injury to the health of the married couples, on the assumption that large families were an unquestionable evil. He remarked that the fathers of large families had ever been looked up to with respect, and quoted passages from Holy Writ, teaching that large families were a special blessing from Heaven. The idea of making a legitimate practice of infanticide and artificial abortion, excited in our minds a feeling of disgust and horror. The lecturer then dwelt upon the philosophy of Malthus, which taught that the tendency of the growth of our species was to increase beyond the means of subsistence, and which was generally accepted by political economists at the beginning of this century, and for some time afterwards. This culminated in a work by Malthus, published in 1838, on the possibility of limiting populousness. This work laid down the following four maxims: 1, excess of population is at once the main evil and the main cause of all the other evils that affect human society; 2, every superfluous portion of population is not merely doomed itself to degradation and suffering, but is an agent force ultimately deteriorating the whole social body in general; 3, whenever society, by favour of a casual clearance of population, makes some progress, the return of the excess carries it back again; 4, the steps by which these effects take place are: the deterioration of morals, the cheapness of men, misery, and the discouragement to the efforts of the benevolent caused by the prospects of a fruitless enterprise and a mortifying failure. Dr. Whittle gave several quotations from this work, which he severely criticised, and strongly argued against their teaching. This book would not be worthy of notice were it not that the opinions contained in it were being advocated by some at the present day, and these authors of note. Many objections were made to these theories, but they were only thoroughly refuted by a work published in 1841, by Thomas Doubleday, on the *True Theory of Population*. The principle which it was endeavoured to establish in this was—that in nature a general law exists for the protection of species, whereby fecundity is stimulated by a condition of depletion, and checked by a condition of repletion; that this law applies equally to the vegetable and animal kingdom; that, as applied to man, this law produces the following results: that in all societies a constant increase is going on amongst the worst fed, and that amongst those well supplied with food and luxuries a constant decrease goes on; amongst those in a medium state, who are tolerably well fed, not over worked and yet not idle, population is stationary. These conditions influence the population of a nation. He adduced several facts from the vegetable and animal kingdoms in support of this principle, as well as from the state of the world at various periods, and remarked that it was in admirable unison with the wisdom and goodness of God. The lecturer then considered the question in relation to the Medical Art, and declared that we ought to proclaim loudly that medicine is not the science of the day that points out the way to infidelity and vice; and that, as a profession, we abhor the unnatural projects which have been proposed. In conclusion, he justified his having brought the subject before the society, as medical men were acknowledged to be the guardians of the public health, and therefore of the public morals.—A discussion followed, in which Dr. **Waters**, Dr. **Denton**, Mr. **Steele**, Mr. **Hamilton**, Dr. **Oxley**, Dr. **Gee**, Dr. **A. Cameron**, Dr. **Burrows**, Mr. **Bailey**, and Dr. **Whittle** took part. It was unanimously agreed that it was very necessary for the members of the medical profession to express an opinion on the subject, and to show their disapprobation of the suggestion recently made.

IRELAND.

DUBLIN PATHOLOGICAL SOCIETY.

Saturday, February 20, 1869.

Alfred H. M'Clintock, M.D., in the Chair.

Dr. **Cryan** exhibited the liver, heart, and kidneys of a man aged 52, who died of Cancer of the Liver in St. Vincent's Hospital. The patient was admitted on Dec. 19th; he had been healthy up to a very recent period; he drank three quarts of porter daily, for the last seven or eight years. About seven months previously he began to waste; and to complain of constant nausea and anorexia. When admitted, he was pale, anæmic, emaciated; complained of great debility, and tenderness in the epigastrium. The liver projected one inch and a-half below the ribs; it was hard, smooth, but not tender. There was slight peritoneal effusion; no splenic tumour; the hepatic dulness extended upwards to the sixth rib. The heart's impulse was feeble; the sounds were equal in duration and pitch; the veins of the abdomen were not enlarged; there was no jaundice; the skin was hot and dry; pulse small and regular. Dr. Cryan's first impression was, that there was cirrhosis; but, as there was no roughness of the surface of the liver, nor splenic tumour, he soon relinquished the idea. After eight or ten days, two or three small tubercles were detected on the surface of the organ; the tumour increased in size, and the tenderness was much increased. The patient now assumed a marked cachectic appearance, and the diagnosis of cancer of the liver was made. The jaundice came on about the 1st of January. Early in February, anasarca of the lower extremities supervened; the temperature began to fall, and he died on the 9th of February. The autopsy revealed an enlarged liver, weighing five pounds four ounces; both surfaces were studded with tubercles of a yellowish white colour, and from the size of a pea to that of a nutmeg, of a firm cerebral density, and a few of them seemed umbilicated; they were embedded in a yellowish-brown hepatic tissue. Dr. Hayden had examined both the juice which exuded on section, and the tumours, with a microscope, and had pronounced them encephaloid cancer. The bile-cells seemed distorted in shape, but not the subject of fatty degeneration. The vessels were pervious throughout, notwithstanding that a firm mass of cancer formed around them in the portal canals. The kidneys were small, congested; they weighed three ounces and a half each. The heart was small; it weighed five ounces and a half, and was softened and weak.

Dr. **Barton** exhibited a specimen, illustrative of Caries of the Bones of the Foot. The patient was, in a marked degree, strumous, and suffered from lupus of the nose. Caries attacked the external surface of the os calcis, and Dr. Barton had performed an operation by which he sought to remove the carious portion without the necessity of amputation. This did not succeed, as the caries attacked the astragalus, and the foot was amputated by Syme's method The disease, as found in the astragalus, was in the first stage of strumous osteitis; and it had not extended in the calcis, which had become hardened throughout the greater part.

Dr. **Hayden** exhibited two hearts, illustrative of Constriction of the Mitral Orifice, and drew attention to the facility with which a certain diagnosis might be made in this affection. The first case was the heart of a boy, who, five years before admission into the Mater Misericordiæ Hospital, had scarlet fever. When the patient came under notice, the pulse was small and irregular, and there was a well-marked præsystolic murmur at the apex. He spat blood once every three weeks. Subsequently, a systolic murmur was detected, as well as the præsystolic. Finally, the patient became anasarcous, and died; and the autopsy confirmed the diagnosis. The right cavities of the heart were not much affected; the left auricle was much dilated and hypertrophied, and the left ventricle was normal. The mitral orifice was reduced to the size of a crowquill, and it was oblique from the confluence of the curtains of the valve. The second case was from a woman, aged 30, who came into the hospital for jaundice, and only complained casually of the heart. A well-marked presystolic murmur was easily heard at the apex. She subsequently died of typhus fever. The heart weighed eleven ounces and a half; the right cavities were neither dilated nor hypertrophied; the left auricle was both dilated and thickened; the mitral orifice was greatly constricted; the valves were agglutinated at the margin, making the button-hole constriction; and the orifice would not admit the point of the little finger. Dr. Hayden dwelt on the comparatively modern doctrine of the præsystolic murmur as diagnostic of mitral constriction; he never found it fail. These cases were notably free from suffering in general; and in cases where the pulse was obliterated, the hands and feet deadly cold, the patients complained little. Sooner or later, hæmoptysis was sure to occur. He thought the diagnosis of this disease was, if possible, more certain than that of any other cardiac valve lesion.

Dr. LITTLE presented to the Society the Heart and Brain of a lad aged 18, who had died of Acute Rheumatism. It was fibrous rheumatism. The patient complained of wandering pains, but there was no joint specially implicated. The urine diminished greatly in quantity. A systolic murmur was audible between the third and fourth costal cartilages, at the left border of the sternum. There was little palpitation, and not much pain. Some days after admission, he became drowsy and very weak; he could not keep awake for more than a second or two. The bases of both lungs were now found to be dull on percussion; and at the left side a slight friction was audible, with whiffing tubular breathing, and occasional crepitus. There was found a pint and a half of serum in the cavity of the left pleura, about an ounce in the pericardium, and a small shred of lymph—soft, yellow, and recent. It was seen that the valvular murmur was due to old disease in the aortic valve, which was opaque, thickened, and corrugated; and there was a clot extending from the ventricle into the aorta, which was distinctly furrowed, and must have been formed during life. The blood from the cava was alkaline, but the clot was not firm. The veins and sinuses of the brain were very full of blood: along the margin of the superior longitudinal sinus there was evidence of arachnoid inflammation. Some turbid fluid, found in the left lateral ventricle, was found to abound in lymph-globules. Dr. Little thought that death might possibly have been due to the rheumatic inflammation attacking the pia mater in the ventricles.

SURGICAL SOCIETY OF IRELAND.

FEBRUARY 19TH.

HAMILTON LABATT, Esq., F.R.C.S.I., in the Chair.

MR. MAURICE COLLIS exhibited casts, photographs, and morbid specimens, illustrative of three cases of Myeloid Tumour of the Antrum. In all, he had been able to remove the growth by limited incision, and had preserved the floor of the orbit. In two, the hard palate and teeth had been preserved. In one, the teeth had to be sacrificed, but the mucoperiosteum of the hard palate was preserved, and, being brought into contact with the reflected membrane from the cheek, had united with this, and a very efficient septum was established between the cavities of the mouth and nose. Mr. Collis advocates a line of incision through the ridge which divides the filtrum or central portion of the lip from its lateral portion. This ridge is more or less curved; hence the cicatrix is less observed than when made in the mesian line, and the incision avoids the very thick tissues which lie at the junction of the septum narium and lip. One of these patients was operated upon on July 1st, 1868. In a photograph, taken on the 10th of the same month, the line of incision was scarcely perceptible. The material used for suture was horsehair, softened in warm water or liquor potassæ. Its advantages are: facility of tying and absence of kinks when removing, also that it may lie any period in the tissues. In one case, some wire had also been used, and the marks and thickening of the tissues in its track remained much longer than in the case of the horsehair. Mr. Collis is a staunch advocate of conservancy in these antral tumours, and never sacrifices the palate, teeth, or floor of the orbit where they can be saved with safety. The paper elicited much interesting discussion. Mr. Collis presented the specimen and a large book of photographs, illustrative of operations about the face, to the College. This book was exhibited at the Oxford meeting, and created much interest, as did also the lines of incision for removal of these tumours which Mr. Collis advocated.—Dr. MAPOTHER agreed with Mr. Collis in regarding the lines of incision advocated by him as a great improvement in these operations; but, in justice to the memory of the late Mr. O'Ferral, he was bound to say that Mr. O'Ferral had, some years ago, pointed out the value of this improvement. He thought it gave so much more room for the subsequent steps of the operation, that it could not fail to meet with general adoption.—Mr. HARGRAVE had the pleasure of being present at an operation by Mr. Wharton for the removal of a tumour from the upper jaw, performed according to this method, and he was astonished to observe the rapidity with which recovery took place. He advocated the use of the actual cautery at a white heat to check the hæmorrhage from some of the small arteries in these cases, and he considered the gas cautery but a very imperfect substitute for the old but highly valuable potential cautery.—Mr. CROLY had removed a myeloid tumour by a single incision. He thought it did not matter whether this passed through the mesian line or not, as there was remarkably little deformity in these cases. He agreed with Mr. Liston in condemning "grubbing operations" about the upper jaw, and thought that there would be great fear of a return of the tumour where the palate processes of the superior maxillary and palate bones were not removed. He was in favour of removing the entire jaw, or not operating at all.—Mr. WHARTON thought that, unless there were certain evidence of implication of the bones composing the palate, they ought not to be removed; it would be time enough to do so when they became diseased.—Mr. COLLIS was glad to find that he was not the first to advocate the operation. He was content to follow the advice of Mr. Fergusson respecting what had been termed "grubbing operations," and preferred it to that of Mr. Liston, who was notoriously a "slashing operator." He thought the gas cautery was useless where any mass of heat was required; and, as they could easily remedy the effect of radiated heat from the actual cautery by protecting the surrounding parts, he thought the latter was highly valuable in checking bleeding.

Mr. STOKES wished briefly to draw the attention of the Society to some points of interest connected with the Treatment of Hernia after Operation for the relief of Strangulation. He detailed the case of a man aged 24, who had been ruptured five years last August. The hernia, which was femoral, became strangulated, but was reduced under the influence of chloroform; there remained a fulness indicating that the sac was not reduced. On January 21st, it again became strangulated, and it was anticipated that there would be no difficulty in reducing it. But the most careful taxis failed even after the use of the warm bath, opium, or tobacco-fomentation and an emollient enema. The symptoms of strangulation continuing, the extra-peritoneal operation was performed, the neck of the sac having been detached from its connections, and a director was passed into the abdomen outside the sac. The hernia was reduced without opening the sac. Opium was administered for two days, when it was discontinued, as there were symptoms of narcotism. There was no motion of the bowels for seven days, at the end of which time a warm water enema was given, after which there was daily action of the bowels. The wound healed by the first intention without the so-called antiseptic treatment. He wished to have the benefit of the experience of the Society respecting the use of purgatives after operations for hernia. He was aware it was the practice of many London surgeons to give a purgative the day after the operation. During his pupilage, he had witnessed the use of calomel purges in many instances; it was the practice in Paris, when the mortality in these operations was unusually high, to administer an active cathartic draught the next day. He regarded the practice as bad, and thought it should be abandoned.—The subject was discussed at some length by the Society, and the unanimous opinion was that the use of purgatives was injurious, and had been in a great measure discontinued in the Dublin hospitals.

MEDICAL SOCIETY OF THE COLLEGE OF PHYSICIANS.

WEDNESDAY, FEBRUARY 17, 1869.

FLEETWOOD CHURCHILL, Esq., President of the College of Physicians, in the Chair.

PROFESSOR LAW read a paper containing the details of two cases of uncommon Hæmorrhages. The first was that of a girl, aged 21, unmarried, suffering from amenorrhœa, great fulness in the head, severe cephalalgia, throbbing of the temporal arteries, intense coldness of the feet, and various other distressing symptoms. At various periods, she had very abundant hæmorrhages from the lungs and stomach. The treatment consisted in the local application of leeches, the use of purgatives, astringents, of the hot pediluvium, etc.; and its effect for a long time was merely the increased interval between the attacks. She went to the country for some time, somewhat improved, but soon applied for readmission. The former symptoms had returned, accompanied by more distressing pain and fulness in the head, and especially in the ears, followed by *hæmorrhage from the ears*, which gave great relief. She had three attacks of erysipelas. Finally, the menstrual flow returned, accompanied by an attack of diarrhœa, and from this time her health improved, and, after a time, she was discharged, cured. There had been no return of the symptoms. The second case was that of a stout plethoric woman, aged 30, who menstruated regularly; complained of pains in neck, shoulder, and arm, followed by a sense of distressing fulness in the epigastrium, which was accompanied by nausea, and finally by severe hæmatemesis, which afforded temporary relief. Nine days after admission, the patient *bled freely from the eyes*. Dr. Law dwelt on the rarity of such cases, and pointed attention to the interesting fact, that, while the first case occurred in a girl suffering from amenorrhœa, the second patient menstruated regularly.—Dr. CHURCHILL gave the particulars of a case where, during pregnancy, hæmoptysis to an alarming extent had taken place at the usual monthly periods. This recurred during a second pregnancy.—Dr. BEATTY regarded the cases as extremely interesting and uncommon; they should be looked on as examples of aggravated hysteria. He thought the true basis for treatment was to endeavour to restore the menstrual discharge. He extolled the value of leeches to the vulva, etc., and thought that in extreme cases the use of the galvanic pessary was to be advocated.—Dr. STOKES had seen a great many cases, which, though not exactly the same, deserved to be placed in the same category. They were examples of a deranged nervous condition; they were not hysteria in the sense of being due to a lesion of the uterus. They were due to a neurosis; and this class of diseases abounded in phenomena truly "organic." He regarded them as "disease gone mad," as it were: men and women were subject to them; and he found that there was hardly a symptom belonging to the organic lesions that might not be met with in such cases; their obstinacy and virulence were remarkable. He related a case in which, during recovery from typhoid fever, a most extraordinary serous discharge had taken place from the ear; its amount might almost seem fabulous, but he assured them of its accuracy; it had reached to several gallons, and was so great that it soaked through the bed, mattress, etc., and dropped into a vessel placed to receive it.

Dr. GRIMSHAW read a paper entitled Thermometric Observations on Pneumonia. Having quoted the well-known remarks of Dr. Addison, with regard to the high temperature attained in this disease, and pointed out the close resemblance between its febrile symptoms and those of typhus, the author proceeded to summarise the observations of Drs. Parkes, Compton, Warter, and those just published by Dr. Maclagan, and to institute a comparison with those recorded by himself and pupils in the wards of Cork Street and Dr. Steevens's Hospitals, upon patients under his care, and the care of his colleague, Drs. Kennedy and Mason of Cork Street, and Dr. Burke in Dr. Steevens's Hospital. Dr. Grimshaw stated that the maximum temperature in pneumonia, as far as his observations went, was reached on the third, fourth, or fifth day—most commonly on the third or fourth day—and the minimum was usually reached on the sixth or seventh day. Comparing a case, selected by him as a typical one, with cases similarly selected by each of the other observers quoted, he found that the temperature attains its highest on the same day as in Dr. Warter's case, but does not rise so high; that the high temperature continues for about the same time, and the normal is reached about the same date. Dr. Compton gives the highest temperature on the third day, which agrees with the few observations which Dr. Grimshaw was able to note on that day; the high temperature does not continue so long, and the normal is reached sooner than in Dr. Grimshaw's case. Dr. Parkes gives the highest temperature on the second day; but Dr. Grimshaw expressed a doubt whether this were not really the third day; the high temperature was maintained until the fourth, and the normal reached on the sixth day, earlier than usually was met with by Dr. Grimshaw. A similar result followed from a comparison with Dr. Maclagan's cases. Dr. Grimshaw ended his paper by the following conclusions. 1. Pneumonia has, when uncomplicated, a tolerably definite range of temperature. 2. The highest temperature attained is usually between 103 deg. and 104 deg. Fahr. 3. The maximum temperature is usually attained on the third, fourth, or fifth days, after which the temperature falls, and usually reaches the normal on the sixth or seventh day. 4. The height of the thermometer does not necessarily indicate the intensity of the disease. 5. The fall of temperature does not indicate the cessation of mischief, but only that the disease is about to enter upon its third stage. 6. If a high temperature is maintained for a long period (more than three or four days), or a fresh rise takes place, it indicates a fresh attack in a previously healthy part, or the advent of a complication. 7. The temperature and the pulse usually, but not always, rise and fall together. 8. The temperature usually decreases before the frequency of the respiration diminishes. 9. A high temperature before the sixth day, in a doubtful case, generally indicates it to be one of pneumonia, and not of typhus.

A paper of Dr. HAYDEN having been postponed,

Dr. GRIMSHAW exhibited Sucquet's Sphygmograph. This instrument differs from that of M. Marey in not being attached to the arm of the patient. It is difficult to convey an accurate idea of this instrument by description; but a figure which appeared in the *Gazette Médicale* of November 14, and again in the *Medical Press and Circular* of Dec. 9th of last year, gives a pretty faithful representation of the instrument. Its essential part consists of a steel pin, terminating below in an ivory button, for application to the vessel under examination. The upper end of the pin is attached by means of a string to an axle, on which is fixed a wheel, to the circumference of which is attached, by means of a jointed arm, the pin for marking the indications, upon a piece of paper driven under it by clock-work in the usual manner. The slip of paper used may be six feet in length. The wheel which carries the pen-holder is graduated, and so arranged as to indicate the pressure upon the pulse, and the lifting power of the pulsation. The inventor claims the following (with some minor) advantages for this instrument over that of M. Marey. 1. There is less pressure upon the arm than in Marey's. 2. The instrument can be applied to children. 3. The pressure upon the artery is perpendicular, and more limited, therefore the tracings are more exact. 4. The pen is more manageable than Marey's. 5. The dynamometer. 6. A longer slip of paper can be used, therefore irregularities of the pulse can be shown. 7. It can be applied to other arteries besides the radial. The instrument had been slightly injured during its journey from Paris; and as it required repair before being used, Dr. Grimshaw had had it but a short time in his possession, but he believed that it would prove more correct than Marey's. The instrument was imported by Mr. Yates, of Grafton Street, from Paris, and Dr. Grimshaw believed that it was the first which had left that city.

SUPPLEMENTAL REPORT
ON THE
HYGIENIC CONDITION OF THE MERCANTILE MARINE IN THE PORT OF LONDON.

III.

BEFORE explaining the present inefficient supervision as to sanitary matters that exists in this port, it is well to record certain statistical facts in connection therewith. By an official return for 1867, it is found that 24,406 vessels were entered inwards, and 14,948 entered outwards during the year, giving a total respectively of 6,676,420 and 3,666,629 tons. This return includes, of course, repeated voyages. There are also 2,385 sailing barges and 4,000 dumb barges belonging to the port, and it is calculated that these latter craft alone represent a floating population of about 15,000 souls. During the year above quoted, 1,400 casualties occurred in the coasting trade of the United Kingdom, and 250 casualties of various kinds in the trade between Great Britain and the Continental ports. It is shewn that these casualties occur oftenest to small coasters, for of a total of nearly 2,000 casualties in 1867, 99 only took place in the case of vessels over 600 tons, and 150 only in the case of steamships. The waste of seamen in vessels belonging to the United Kingdom is at the rate of 16,000 annually, this total being exclusive of firemen, stewards, and others who serve afloat, but are not strictly connected with the working of the ship. We are permitted in this place to quote the valuable experience of Dr. Dickson, R.N., Medical Inspector of Her Majesty's Customs, who says: "I have often found the crew accommodation of the smaller vessels to be exceedingly defective, and it is marvellous that more sickness does not exist;" and of Dr. Letheby, who (in the Report quoted at the end of our first article on this subject), says: "In nearly all cases the sleeping accommodation is very insufficient, for the sailors' berths are in the forecastle, where the space is limited, and the ventilation most imperfect." An official report respecting vessels belonging to Sunderland and Seaham, a great many of which trade to London, records that the "forecastles of the ships are in a bad sanitary condition in height, length, and breadth, lumbered up with stores, the want of sufficient space, and the leaky condition of the deck overhead. The space is very badly disposed of, or badly arranged, the same varying in height from only 3½ feet upwards, which I consider is not fit at all for men to live in." The evidence of these latter authorities, with that adduced in our Report two years ago, goes to prove the magnitude of the evils enumerated; and the result of an inspection, as detailed in the last number of the BRITISH MEDICAL JOURNAL, shows that these evils still exist, because the legislative enactments at present in force are frequently ignored, and are, moreover, insufficient. We may here call the attention of our readers to a very able letter which appeared in the *Times* of the 18th ult. on this subject, and a leading article thereupon, both of which endorse the correctness of the foregoing remarks.

Next, as to the means provided for the hygienic control of the port: all our readers are probably aware that the metropolis is now parcelled out into forty-two districts, to each of which is appointed a medical officer of health. That part of the river (*i.e.*, from London Bridge to Woolwich) with which we are at present concerned flows through eleven of these districts—those on the north side of the river being the City of London, Whitechapel, Limehouse, Poplar, and West Ham; and those on the south side, St. John's and St. Olave's, Southwark, Bermondsey, Rotherhithe, Greenwich, and Charlton.

As the law now stands, each and every officer of health appointed to these districts is responsible for the sanitary condition of the floating inhabitants of that portion of the river that flows through his district.

For it is provided by the 32nd sec. of the Sanitary Act of 1866 that "any ship or vessel lying in any river, harbour, or other water, shall be subject to the jurisdiction of the nuisance authority of the district within which such river, harbour, or other water is, and be within the provisions of the Nuisances Removal Acts in the same manner as if it were a house within such jurisdiction; and the master, or other officer in charge of such ship, shall be deemed, for the purposes of the Nuisances Removal Acts, to be the occupier of such ship or vessel." Few words and no sophistry are required to shew that, in the case of the port of London, this is a sublime instance of the absurdity of piecemeal legislation, and that much-vaunted principle commonly called local self-government. If we premise for the nonce that every district is actively inspected, it is plain that, with little difficulty, the master of any vessel who has received orders to remove his garbage, and put the dwelling-places of his crew in order, may loose moorings, drop into another district, and laugh to scorn inspector and order alike. But we premise a condition of things that does not exist. The authorities of the City district alone, of all those above-mentioned, have instituted a systematic inspection under the Sanitary Act of 1866. This district comprises a space of two thousand two hundred and seventy yards, and that on the northern half of the river only, so that, practically speaking, two thousand two hundred and seventy yards only, out of a distance amounting to about twelve miles of water-way (reckoning both sides of the river between London Bridge and Woolwich) are at the present time under hygienic restrictions. Small, however, as the City District is, Dr. Letheby reports that "during the past two years there have been four thousand two hundred and twenty-three inspections of the ships and vessels within this jurisdiction, and on one hundred and forty occasions it has been found necessary to amend their sanitary condition." We may here remark that the City district does not include by any means the worst class of vessels; that only about six hundred and fifty yards of this part of the river are much frequented by shipping, and that a great proportion of this space is constantly occupied by steamships belonging to the General Steam Navigation and other companies, most of which are kept in very fair order.

We have purposely abstained from any kind of generalisation in the setting forth of this Report; and, having regard to the facts detailed therein, must inevitably arrive at the conclusion that there is as yet no sanitary supervision of the port, and that such supervision can only be conducted by uniting these fragmentary districts under one head. For it is as reasonable to suppose that the shore-police should be instructed to repress crime on the river, as that the medical officers of the districts through which the Thames flows should be expected to perform sanitary inspections thereon. But the river is provided with a very efficient body of police, and theft on the Thames has decreased to an almost incredible extent since its organisation. The real governing power on the river, however, is the Board of Conservancy, and to it is confided all matters relating to the commercial welfare of the port, and to the safety of the river as a main channel of intercommunication. The conservators superintend the moorings of vessels, keep the stream clear for traffic, dredge shallows, and have absolute power over all wrecks. And hence it is fit and proper that the sanitary supervision of the port should be placed in their hands, and that they should receive powers to appoint a medical officer of health. Such an officer would be specially useful in many ways; for, inasmuch as the Board of Trade, as well as the City Corporation, is represented at the Board of Conservancy, this officer could efficiently cooperate with the inspectors and surveyors recently appointed by Government under the Merchant Shipping Act of 1867, and at once communicate to them any breaches of the law. The consummation of the plan suggested would afford to the Board of Trade a surety that certain clauses of the Duke of Richmond's Act were fully and faithfully carried out; to the shipowner, an assurance that his crews were kept in good working order; to the ship-master, a valuable aid to discipline when his vessel is in port; and to the sailor, a material guarantee that the legislative enactments created for his benefit were applied with constancy and precision. Further verbiage on this subject is unnecessary. The evil is patent; the remedy is plain. We commend this Report to the consideration of the President of the Board of Trade and the Thames Conservators; and have to tender acknowledgments to Dr. Letheby and others, whose polite assistance in furnishing statistical information has greatly aided our work.

BEQUESTS.—The late John Griffith Frith, Esq., J.P., of Old Broad Street, merchant, and of Wimpole Street, Cavendish Square, has left, among numerous other bequests, to the Seamen's Hospital, the *Dreadnought*, £500; Middlesex Hospital, £500; St. Mary's Hospital, £500; St. Mark's Hospital, City Road, £150; Royal Hospital for Incurables, £200; Hospital for Sick Children, £200; Cripples' Home and Female Refuge, Marylebone, £100; London Fever Hospital, £200.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 20TH, 1869.

OUR SYSTEM OF ARMY HOSPITALS.

No. II.

IN a former article on this subject, we briefly epitomised the various views which, from correspondence addressed to us, appear to have the greatest number of advocates among the medical officers of the army. We also promised, from the materials supplied to us from the same sources, to contrast the regimental with the general staff system of organisation of the Army Medical Department, and to suggest such remedies as may appear necessary for the removal of existing causes of complaint. In doing so, we shall endeavour, uninfluenced by any partisan feelings, to give each side as fair a representation of their views as can be compressed into the limited space at our disposal, and to found our conclusion solely upon grounds of public utility and economy.

The chief charms of the regimental system, in the eyes of its advocates, are the advantages which it presents as a home for the medical officer; as a means of training to the juniors, by the social amenities into which it introduces them, as constituent parts of the regimental family; as being conducive to an intimate acquaintance with the men of the respective regiments, as regards their military characters as soldiers, their medical histories as patients, and their individual traits as fellow-creatures—such intimacy on the part of the medical officer leading, in many instances, to still closer bonds between him and the soldiers under his charge, through the powerfully humanising influences of dangers shared, and hardships endured, together through flood and field, and noisome pestilence.

On actual service, the regimental system is considered to present peculiar advantages, from the fact of the medical equipment of each regiment being complete in itself, so that it may act independently as a whole, or divided with the wings of the corps. On the other hand, the advocates of uniformity of system, in the organisation of the medical staff of our army, reply, with reference to the vaunted advantages of the regimental system, that, so far as the "home for the medical officer" is concerned, it has been computed that, for several years past, on an average no regimental medical officer has served, uninterruptedly, quite five years with the same corps; that the social position of the medical officer in the regimental family is necessarily subordinate to that of the other officers, from the fact that his tenure of interest in regimental affairs is short, and that it is of a character utterly different from that felt by the combatant officers, to all of whom there is open the prospect—at least *in posse*—of standing, at some future period, at the head of a "regimental family" in some corps, though not, perhaps, that in which their military career commenced: so that, notwithstanding that the combatant enjoys a life-interest of increasing value in regimental affairs, and the medical officer is limited to the actual period of his service with each particular corps, the latter is compelled to pay the same regulated contributions to mess and band funds, according to his relative rank, and is expected, also, to take a fair share of all incidental expenses of public and private entertainments, for the good of the regiment; at which entertainments, by the bye, some of our correspondents observe, their relative rank and precedence have been reduced to a negative quantity by the regulation directing that, after the commanding officer, there shall be no recognised second place, so that the seniority, theoretically conferred by their supposed relative rank, is practically ignored. It is also denied that the knowledge of the medical histories and respective characters of the men of a regiment possessed by a regimental surgeon is necessarily more accurate or discriminating than that which might be possessed by the same officer if he were a member of the general, rather than the regimental, medical staff. It is also maintained that no feeling of personal interest or attachment between medical officer and soldier under his charge can be more intimate and close than that which ought to, and which does in most cases, exist between the conscientious, skilful, and painstaking doctor, and the patient whom disease or injury brings under his care; and that the comradeship arising from dangers and hardships endured together, would be just as strong between soldier and medical officer, whether the latter belonged to the regimental or general medical staff.

As regards the dreaded impairment of discipline should the general medical staff system be adopted, we quote the following words of Dr. C. A. Gordon, C.B., Deputy Inspector-General of Army Hospitals, in his work on *Army Hygiene:*

> "Some medical officers of the army, although, in a manner, belonging to regiments, are, in reality, members of a distinct and separate branch of the military services; and many detachments and regiments are under the charge of staff medical officers. Yet, so long as these officers have such charge, they are, in regard to discipline and routine of duty, as much under the orders of the officer commanding as if in the Army List their names were borne upon the list of regimental officers, they paid mess and band subscriptions, and wore regimental instead of medical staff uniform. It does not, therefore, appear how this circumstance should in any way interfere with the ordinary routine system of duty in a regiment."

We believe we are correctly informed when we state that the distinguished writer of the above is not one of the advocates of the general medical staff system, so the admission carries with it all the more weight. In addition to the disadvantages above enumerated as belonging to the regimental medical staff system, which chiefly affect the status of the medical officers, there are others which exert a directly injurious influence on the mode of distribution of medical aid to troops. One example will suffice. Suppose that in a certain garrison there are two regiments, one of which has an overwhelming sick list, and the other only a small number under treatment—the local, military, and medical authorities are so encumbered by the regimental system, that the medical officers of the regiment' with the small number of sick cannot be made available for the assistance of their overworked *confrères* without considerable delay and correspondence, in order to obtain the consent of the officer commanding the healthy regiment, to his medical officers assisting in the treatment of the sick of the unhealthy regiment; and even then the consent is only given on the understanding that the medical officers may be recalled from such duty should an emergency arise in their own regiment. This inconvenience, it is considered, would be obviated by having in each garrison-town one hospital for the treatment of all sick soldiers, to whatever corps they may belong. The medical officers employed in such hospitals being selected according to professional acquirements, and being stationary for a certain number of years, the appointments would be sought after as professional prizes, and as valuable in a pecuniary point of view. Such a plan would be attended by additional advantages, if the present apparently capricious and unnecessarily frequent changes of station of troops were to be discontinued. For the care of troops on the march, on the voyage to or from the colonies and India, or of small detachments, a certain number of junior medical officers, or perhaps civil practitioners, would have to be employed; but it appears to us that for home duties, during peace, the number of medical officers engaged in the care of troops might, on such a system, be very considerably reduced, with advantage to the public purse, as also to those still employed in the service. We should then have a number of medical officers whose time would be fully occupied by professional pursuits, and who, being at the same time thoroughly trained in all that concerns military routine, could act as the nucleus for the superintendence of a more extensive staff of juniors, to be enrolled for limited service during war, as has been already urged in the *Pall Mall Gazette* with reference to men in the ranks. On foreign stations a similar system might be pursued, the length of service at each being regulated according to the healthy or unfavourable nature of the climate, the time so spent being allowed to have extra value towards retirement pension.

HOSPITAL ADMINISTRATION.

THE debate on Hospital Administration, commenced at a Meeting of the Metropolitan Counties Branch, on February 25th, was resumed on Wednesday evening last. The topics discussed were, the system of admission to hospitals by Governors' letters; and the advantages or disadvantages of special departments in general hospitals, and of special hospitals. On the first of these subjects, there was nearly unanimous opinion that the plan of admitting patients by means of subscribers' letters was liable to great abuse; but there was great diversity of opinion as to the manner in which and the extent to which remedies could be applied. On the question of special hospitals, there was a lively discussion between the opponents and the supporters of these institutions; many of the former admitting the necessity of the existence of hospitals for certain special departments of medicine and surgery, but condemning the institution of small hospitals for the treatment of those patients for whom accommodation is sufficiently provided in the general hospitals. The debate on Wednesday lasted upwards of three hours, and concluded with the adoption of the resolution proposed by Mr. Ernest Hart and seconded by Mr. Holmes for the formation of a Committee to take into consideration and to report on the several questions which had been submitted to the Branch. The Committee, as finally agreed on, consists of Dr. Stewart, Mr. Heckstall Smith, Mr. Curgenven, Dr. Hawksley, Dr. Morell Mackenzie, Mr. Maunder, Mr. Rivington, Dr. Holmes, Mr. Duplex, Dr. Druitt, Mr. Christopher Heath, Dr. Cholmeley, Dr. A. Clarke, Mr. Teevan, Mr. Lord, Dr. Meadows, Mr. Spencer Wells, Mr. J. Hutchinson, Mr. Paget, Sir William Jenner, Sir Henry Thompson, Dr. Sibson, and Mr. Ernest Hart. Dr. Rumsey, Cheltenham; Dr. Nicholls, Chelmsford; Dr. Heslop, Birmingham; Dr. Nankivell, and Mr. Beck, were also to be invited to join the deliberations of the Committee.

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MR. MAUNDER has been presented to the office of Surgeon at the London Hospital.

MR. HEISCH has been elected Gas Examiner for the City of London. The office is held subject to annual election. Salary, £500 a year.

DR. BUCHANAN has resigned his appointment as Medical Officer of Health for the St. Giles's District.

WE understand that Professor Beale has resigned the Chair of Physiology which he has held with so much distinction at King's College, as also the direction of the *Post Mortem* Examinations. The two offices will probably in the future be separated.

THE Senate of the University of Cambridge have just passed a grace for the admission of "unattached students," *i.e.*, for permitting students to reside and keep terms without their being entered at colleges. This will have the effect of diminishing the necessary expenses of a University course, which are now not very great.

LADY DOCTORS.

MISS GARRETT, a Licentiate of the Apothecaries' Society of London, has this week been admitted, by special order of the French Minister of Instruction, to the first of the series of examinations for the degree of Doctor of Medicine of Paris, without having complied with the usual conditions of residence, etc. The examination was public, and the theatre was crowded. Miss Garrett passed an excellent examination; and the complimentary words addressed to her by M. Broca, the President of the examiners, were cheered by the students and others present. Three ladies are now pursuing medical studies in the Paris School, in common with the male students of the medical classes.

THE DOVER REVIEW.

We understand that Deputy Inspector-General John Mure and the other authorities at Dover have received unusually full instructions from the War Office to give assistance to Surgeon Thompson in completing the volunteer medical arrangements for the Dover review. The Principal Purveyor of the district has, we believe, offered to supply and pitch marquées on the field, if thought desirable. These would prove of great service, and, we trust, will be adopted.

METROPOLITAN COUNTIES BRANCH OF THE BRITISH MEDICAL ASSOCIATION.

A MEETING of the Committee on Parliamentary Bills, etc., will be held at 37, Soho Square, W.C., on Tuesday, April 6th, to consider the Pharmacy Act Amendment Bill, the Poor-law Medical Officers' Superannuation Bill (Ireland), the Draft Medical Acts Amendment Bill, etc. All communications on subjects affecting the interests of the profession in Parliament should be addressed to Dr. A. P. Stewart, 75, Grosvenor Street, or to Dr. Septimus Gibbon, 39, Oxford Terrace.

WORCESTER INFIRMARY.

In reference to the recent death by misadventure at Worcester Infirmary, Lord Beauchamp has given notice of motion "to inquire into and report upon the organisation of the infirmary and the duties of all the officers and persons employed."

BABY-FARMING.

We are glad to see that Mr. Curgenven, who, as an Honorary Secretary of the Harveian Society, has done much to awaken interest and diffuse information as to excessive infant mortality, has availed himself of the impression produced by the reports in the BRITISH MEDICAL JOURNAL on baby-farming, to revive the subject at the Social Science Association, in a manner which promises progress towards legislation on the subject.

ENTOZOA IN FOREIGN HAMS.

THROUGH the kindness of a correspondent well known in botanical circles, we have had an opportunity of examining a remarkable specimen of prepared meat stated to be a "portion of a Westphalian ham," sold in London for sixteen shillings, as an article of food. The slice is about one inch square, and one-third of an inch in thickness, weighing considerably less than half an ounce. It could readily be swallowed as a single mouthful. From its odour and appearance, we should say that the only "smoking" it has undergone is such as would be imparted by a few hours' immersion in a solution of creasote. At all events, the muscular fibres have a glistening, fresh, carneous look; their transparency strongly contrasting with thinly scattered fat-masses, with tendinous and aponeurotic fibres, and more especially with a number of small cysts, most of which lay beneath the cut surface. These cysts, of which we have removed no less than twenty without breaking up the slice, contain each of them a larva of the well-known pork-tapeworm, better understood as the *Cysticercus cellulosæ*. On microscopic inspection, the latter were found to be alive, their characteristic hooklets, suckers, and corpuscles being all well formed. As we have probably not removed more than half the number of measle-vesicles present in this precious morsel, it would be safe to say that the "mouthful", if swallowed in the condition in which we received it, would give rise to the formation of more than thirty tapeworms in the intestinal canal of the person who ate it. That such meat should ever be sold in any shape, is simply disgusting. Fortunately, our English hams are free from these parasites. The small white chalky deposits which one often sees in them are formed during the salting and smoking of the flesh. Their irregular form, with a size varying from that of a mere speck to one, two, or more lines in length, at once reveals their true character. Nevertheless, these soft concretions are often mistaken either for trichina-capsules, or, more commonly, for degenerated and calcified measles.

LONDON UNION SOCIETY.

THE first debate of this now large Society came off at King's College on Wednesday evening at half-past seven o'clock, Professor Seeley, one of the vice-presidents, in the chair. The subject of debate was whether it is desirable or not to adopt the ballot in Parliamentary elections. A motion was carried in the affirmative after a warm and prolonged discussion.

REPRESSION OF CONTAGIOUS DISEASE.

A PRELIMINARY meeting of the Committee of the Birmingham Branch of the Association for Extending the Contagious Diseases Act to the Civil Population was held in the Town Hall on Tuesday, the 16th inst. The Mayor, the Bishop of Worcester, and most of the leading clergy of Birmingham, with leading members of the laity, attended, and warmly supported the movement. At Liverpool, the Steamship Owners' Association have resolved to memorialise the Government in favour of the extension.

THE ABERGELE INQUEST.

THE Denbigh magistrates have, upon the request of Dr. Pierce, the coroner, awarded £10 to the medical gentlemen engaged in the work of identification of the human remains after this calamity—Messrs. Gold, Edwards, and Weston. They reported that there were probably thirty-five bodies. One of the medical men was five days at the inquest, another three days, and the third two days. The remuneration was totally inadequate; and they asked the justices to reconsider their determination, which was refused. It was stated that there were no legal allowances for such work, and they might consider themselves lucky to get what they did. This is not a dignified or satisfactory state of things. Other claims were also refused, or recommended for special consideration by the Treasury.

THE MEDICAL DIRECTOR-GENERALSHIP OF THE NAVY.

CONSIDERABLE dissatisfaction and some disquietude are caused by the prolonged delay in filling up the vacant office of Director-General of the Naval Medical Department. By common professional consent, and the general feeling of the medical officers of the navy, which we have been in a position to ascertain, there is one man whose fitness for the office and whose claims to it are beyond question or comparison. Inspector-General Dr. Armstrong has, indeed, for some weeks been considered to be really, if not openly, the acknowledged and almost necessary successor to the office. We hear, however, whispers, not indistinct or doubtful, of "strong political interest" being employed to place over his head a junior officer of no special claims or pretensions. Such a proceeding would be most dangerous and improper; and we protest against it beforehand as a fatal error, and, if perpetrated, a discreditable and mischievous job, which will permanently destroy the confidence of the profession, and injure the probability of recruiting the department. The mere rumour of it has caused serious pain and discouragement, and excited warm remonstrances from various and independent correspondents in the service.

MEDICAL SOCIETY OF LONDON.

THE ninety-sixth anniversary dinner of this Society was celebrated at the Albion Tavern, on Monday, the 8th inst., under the presidency of Dr. Richardson. Amongst the guests were Sir William Fergusson, Bart.; the President of the Clinical Society (Mr. Paget); the President of the Obstetrical Society (Dr. Graily Hewitt); Mr. Hepworth Dixon, etc. Nearly seventy of the Fellows of the Society were present, and the evening passed off with great *éclat*. Previously to the dinner, Sir Duncan Gibb delivered the annual oration, after which, the President, with a few appropriate remarks, presented the silver medals for the year: one to the retiring secretary, Mr. Francis Mason; the other to Dr. Henry Day, of Stafford; and the diploma of the Honorary Fellowship, to Dr. C. J. Hare, one of the past presidents. The following is a list of the officers and Council for the ensuing year. *President:* Peter Marshall,

Esq.; *Vice-Presidents:* J. Gay, Esq.; G. Buchanan, M.D.; A. Clark, M.D.; W. Adams, Esq. *Treasurer:* C. H. Rogers-Harrison, Esq. *Librarian:* S. Day-Goss, M.D. *Secretaries in Ordinary:* A. E. Sansom, M.D.; J. W. Barnes, Esq. *Secretary for Foreign Correspondence:* J. Althaus, M.D. *Councillors:* W. Cholmeley, M.D.; C. Cogswell, M.D.; V. de Méric, Esq.; R. W. Dunn, Esq.; W. Tilbury Fox, M.D.; E. Head, M.D.; Abbotts Smith, M.D.; E. Symes Thompson, M.D.; W. Spencer Watson, Esq.; F. E. Anstie, M.D.; Henry Day, M.D. (Stafford); W. Harvey, Esq.; J. Hinton, Esq.; T. Hunt, Esq.; J. Hughlings Jackson, M.D.; B. W. Richardson, M.D.; H. Hyde Salter, M.D.; F. Simms, M.B.; J. Gregory Smith, Esq.; J. L. W. Thudichum, M.D. *Orator:* F. Mason, Esq.

DERMATOLOGICAL MUSEUM.

THE models and other illustrations of cutaneous disease which Mr. Erasmus Wilson proposes to present to the Royal College of Surgeons of England for the use of the profession, together with a donation of £5,000 to found a professorship, will include duplicates of those made for the museum of the St. Louis Hospital at Paris, which have lately been the subject of much deserved eulogy. We have seen twenty-seven of these, the work of M. Baretta. They are made of a new material, light, and comparatively indestructible; they are even capable of being washed, if necessary. Mr. Wilson has prepared a careful description of them, which will, we believe, be published in the next number of the *Journal of Cutaneous Medicine*, altering in some cases the nomenclature of our French colleagues. The models include seven varieties of eczema; impetigo; erythema; pemphigus; herpes; lepra; lupus; tinea; favus; and many others, including the syphilitic eruptions. They will constitute a very valuable addition to the great collection at Lincoln's Inn Fields.

THE REPRESSION OF CONTAGIOUS DISEASES.

ADVANTAGE will be taken of a proposed dinner, in aid of the funds of the London Lock Hospital, which will be held at Willis's Rooms on Tuesday, May 11th—H.R.H. the Duke of Cambridge in the chair—to bring together some of the most influential friends of this measure. It was at a Lock Hospital dinner in 1864, under the same presidency, that the measures now in force for the diminution of venereal disease in the army and navy, were first foreshadowed in the speeches of the Duke of Somerset, Earl de Grey, Sir J. Pakington, Lord Clarence Paget, and others. It is anticipated that on the present occasion an equally influential attendance will be obtained, and that it will be made subservient, not only to the interests of this most valuable charity, but to the elucidation of facts which will aid further legislation for the prevention of the formidable class of diseases amongst the civil population. We are informed that the Government have made arrangements with the authorities of the hospital for the reception of thirty additional patients under the Contagious Diseases Act, making one hundred and fifty in all; and that wards are in process of erection for this purpose, which will be ready for occupation in June next.

THE FACULTY OF SPEECH.

AT the Medical Society of London, on February 22nd, 1869 (Dr. Richardson, President, in the Chair), Dr. Day of Stafford made an interesting communication on Cases of Injury to the Brain. The author announced his purpose to be chiefly a record of the clinical history of cases of injury to the brain which bore upon the question of aphasia and the localisation of the faculty of speech. He first showed, from a review of the older writers from Galen downwards, that the question which was now agitated was not a new one. Theophilus assigned *memory*, and with it memory of words and philosophy of speech, to the third or posterior portion of the cerebrum. Dr. Wigan had used the same argument and almost the same words as Dr. Maudsley in the present day to illustrate the philosophy of speech by the philosophy of vision. In the first case related by the author, a man aged 27, syphilitic, suffered sudden pain in the right temple, progressive impairment of sight in the right eye, with signs of intraocular anæmia, after much exertion. He died eighteen months after the commencement of the symptoms. The *post mortem* examination showed complete disorganisation of the left cerebral hemisphere, adherent and opaque membranes, and thickening of cranial bones; yet there had been no signs of cerebral implication during life, except the symptoms referred to vision. A man, aged 30, had suffered from the bursting of a gun, shattering and driving in the forehead. He recovered from the primary effects, regained perfect intellect and consciousness, was committed to gaol for felony, and died there suddenly. At the *post mortem* examination, the right hemisphere was found completely disorganised, and a mass of iron gun-barrel, weighing eight ounces, was found in this side of the brain; yet in this case there had been perfect performance of the cerebral functions. A man, aged 53, had enjoyed apparent good health, with ordinary discharge of intellectual functions, till twenty-four hours before death. Disintegration of the left hemisphere by a cancerous mass was found; and the right hemisphere also was softened. A boy, after fracture of the frontal bone, recovered all his powers. He died suddenly; and, on examination, the dura mater was found to be inflamed throughout, and ulcerated in three points. A severe blasting accident has been recorded in an American paper. The surgeon who reports the case passed a director from the frontal laceration to the occipital bone, turning it round and round. He remarks, "Both hemispheres must have been made a complete puddle of." Yet the patient recovered health and function. These cases, Dr. Day thought, were completely subversive of the imagining of those who have given to the faculty of speech a habitation in a localised spot of brain-matter. One case opposed the view of Bell; for, though the hemispheres were disintegrated, vision was perfect. A vigorous discussion ensued, in which Dr. Semple, Mr. Jabez Hogg, Dr. Thudichum, and others, took part. The President also remarked that "he laid it down as a dogma, that definite lesions produced definite symptoms. *Post mortem* appearances of the brain may lead to false inferences, on account of the rapid decomposition of the brain; and this might occur even during the time occupied by the autopsy." Dr. Day, replying, said that, with one exception, the inspections were made within four hours after death; and, in the cases attested by himself, there was no symptom which could indicate, notwithstanding the undoubted physical disorganisation of brain, that the patients were intellectually wrong.

THE PRESERVATION OF LEMON-JUICE AS A MEANS OF PREVENTION OF SCURVY.

MR. J. H. BARTLETT, L.R.C.P.Lond., sends us the following account of a case which occurred on board the passenger-ship *Superb*, 1,700 tons, trading to Calcutta. He says:

"It is one of sufficient interest, both to the medical profession and the public generally, to warrant my request for its insertion in the BRITISH MEDICAL JOURNAL; the more so, as that publication has always been foremost in everything that relates to the sanitary condition of the mercantile marine. In 1867, a Bill was passed in Parliament—viz., the 'Merchant Shipping Act for 1867'—for the purpose of preventing scurvy amongst the sailors, and also for improving their health generally. This Bill enacts that the lemon-juice shall be obtained from a bonded warehouse, shall be certified to be good by a competent inspector appointed by the Board of Trade, shall contain 15 per cent. of proof spirit, and shall be labelled and signed by the inspector before mentioned. The *Superb*, when she left the East India Docks on May 27th, 1868, had on board forty-six cases of lemon-juice, each containing one dozen imperial quart bottles, obtained from a bonded warehouse, inspected, etc., as the law directs. The steward complained that, on the outward passage, 'a bottle or two' had blown the cork out 'in each case'. This did not attract much attention. But, on leaving Calcutta, after the ship had been out about ten days, six cases were opened, and only six out of seventy-two bottles contained lemon-juice, the contents of the others having fermented and blown out the corks. On November 14th, out of forty-eight bottles, seven contained lemon-juice; on December 18th, out of seventy-two bottles, twenty-three contained lemon-juice; on January 8th, out of seventy-two bottles, thirty-six contained lemon-juice,—making, in all, seventy-two bottles only containing lemon-juice, out of two hundred and sixty-four. Six cases were left unopened, but their weight showed that the contents of most of the bottles had escaped. The lemon-juice, when it was brought on board, was very good; the cases were placed on the hold and between decks; the bottles were well packed in straw; they were not exposed to damp, and not a bottle broken. This appears to me plainly to show that the means adopted by Government for the preservation of lemon-juice are almost useless, and that it is a matter for serious consideration; for if, in the present case, there had not luckily been a cask of lemon-juice on board, which was left amongst the stores of the previous voyage, the men could not have had their proper allowance; and the result of such an occurrence on board a ship not so well supplied would be, to say the least, detrimental to the health of the men. And, as the law rules that this, and only this, lemon-juice shall be used, it compels the owners of ships to purchase and supply it to their vessels; so that a ship is obliged to carry lemon-juice which will not keep (at least it did not in this case); and, of course, it must be a considerable pecuniary loss to them, to say nothing of the loss of service of the men, should scurvy break out. There is no doubt that lemon-juice keeps well in jars, if properly covered, and would answer very well; but, if it could be bottled, it would be much more convenient. The best means for preserving lemon-juice appear to me to be, that it should be put into strong bottles, the upper surface being covered with a layer of oil, and the corks wired down and hermetically sealed."

EXTENSION OF THE CONTAGIOUS DISEASES ACT.

On the 16th instant, a meeting was held at Birmingham for the purpose of petitioning Parliament to allow preventive restrictions to be instituted in that town. The meeting was attended by the Bishop of Worcester, the Hon. and Rev. Grantham Yorke, Rev. Dr. Burges, and the majority of the beneficed clergy of Birmingham, with the leading townspeople and medical men. The Rev. Dr. W. Wilkinson occupied the chair; Rev. J. C. Blissard and Dr. C. J. Bracey being the honorary secretaries of the Association in Birmingham. Dr. Bracey read a report, which, after shewing the prevalence of the "contagious disease" throughout the kingdom, proceeded to give some particulars respecting its extent in Birmingham. At the General Hospital, the number of cases registered is acknowledged to be far below the truth, yet four hundred and eighty-two cases were recorded last year. At the Queen's Hospital, Mr. Wilders, one of the surgeons, noted all the patients applying to him for relief during eleven weeks. This, he found, gave an average of thirty-eight per cent. of his patients to be cases of contagious disease. At the Children's Hospital, one-fifteenth to one-tenth of the patients suffer through inherited contagion. At the Birmingham Workhouse, on the 21st June, 1868, there were one hundred and thirty-one cases, of which sixty-four were hereditary. The late surgeon to the workhouse, Dr. Robinson, stated the direct cost to the parish from this cause to be £800 a year, and the indirect cost about as much more. After remarks from the chairman, Mr. Furneaux Jordan, and others, which, it appeared, a penny, or even a halfpenny, rate on the town would amply provide for the cost of working the act in Birmingham, the meeting resolved to petition both Houses of Parliament, and to form an executive committee, including a large number of the leading gentlemen of the town.

CONSUMPTION OF ALCOHOL IN THE UNITED KINGDOM.

The following will be found to afford accurate information as to the total quantity of alcohol consumed in this country in the shape of ardent spirits, wine, and beer—a subject which has lately engaged attention, and on which inaccurate statements have been made. According to the available data relating to this subject, it appears that the quantity of British spirits retained for use as beverage in 1868 amounted to 21,008,634 gallons, while the quantity of foreign spirits on which duty was paid amounted to 8,404,519 gallons, making a total of 29,413,153 gallons taxed at proof, or as containing 57 per cent. by measure of absolute alcohol. This would, therefore, be equal to 16,765,495 gallons of absolute alcohol. The quantity of foreign wine imported was 15,151,741 gallons; and, taking the average amount of alcohol as 15 per cent. by measure, that would be equal to 2,272,755 gallons absolute alcohol. The quantity of beer for the same period was 895,639,356 gallons; and, taking the amount of alcohol as 5 per cent. by measure on the average, that would represent 44,781,968 gallons of absolute alcohol. Altogether, therefore, the total consumption of alcohol would amount to 63,820,190 gallons of absolute alcohol, of which about 70 per cent. is consumed in the form of beer. On the assumption that one-third of the population are non-consumers, this would give an average consumption of about three gallons per head of absolute alcohol, or 1.31 fluidounce per head daily. The large proportion of the total consumption of alcohol that is drunk as beer is a striking illustration of the beer-drinking customs of this country, showing an average daily consumption per head of about three-quarters of a pint of beer, containing nearly one fluidounce of absolute alcohol.

PAYMENT FOR HOUSE-SURGEONS' CERTIFICATES.

On this subject, to which we last week referred, Mr. George Mowatt, House-Surgeon, Swansea Infirmary, writes:—"In consequence of the numerous applications I have had made to me where children have been entered in 'death-clubs', and duplicate certificates have been required in order to secure the payment of certain sums of money to their friends, and because it occurred to me that, when a patient belonging to a club the head-quarters of which are at a distance, and when no medical attendant is attached to a club in the town, receives medical attendance and medicines for nothing, and a certificate enables him to obtain pecuniary advantage, it is only fair that the institution which gives him medical relief should reap a proportion of that advantage,—in June last I prevailed upon our Committee to pass the following resolution; viz., 'That the house-surgeon be authorised to charge in future a fee of 2s. 6d. for duplicate, death, and other medical certificates signed by him; the proceeds to be applied for the benefit of the infirmary.' Hitherto this plan has worked pretty well; but I think now it would be more just to make the charge proportionate to the amount received from the club."

ST. THOMAS'S HOSPITAL.

Mr. Croft, the President of the Medical Society, gave a microscopical soirée to the students of the above hospital, on Thursday evening, the 11th inst. It was a great success, many beautiful preparations, illustrating healthy and morbid anatomy, and natural history and philosophy, were exhibited by Messrs Croft, Wagstaffe, Stewart, and Churchill. Every student attended who could possibly do so. The party broke up at 10.30, highly gratified by the entertainment.

NEW PROVIDENT DISPENSARY.

We hear that a provident dispensary and lying-in institution is about to be established in Leamington. It has the support of most of the medical men there, and many influential residents. Several of the magistrates, clergy, and leading tradesmen have taken the matter in hand energetically. Lord Leigh, with his usual readiness to forward any benevolent project, has consented to preside at the public meeting which is to be held shortly, and at which the institution is to be definitely established. We believe the Northampton Provident Dispensary, to the success of which we pointed last week, is to be taken mainly as the model for the one contemplated at Leamington.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

On Friday evening, March 12th, 1869, the sixth general meeting of the session of the West Kent Medico-Chirurgical Society was held at the Royal Kent Dispensary; Dr. J. C. Thorowgood, President, in the chair. Dr. James Louttit was elected an ordinary member of the Society. Dr. Robert Barnes read a paper on "Abdominal Shock and some forms of Peritonitis." After reading cases illustrative of retro-uterine hæmatocele; menstrual hæmatocele; extra-uterine gestation; the simultaneous advance of pregnancy with the growth of an ovarian tumour; and the axial twisting of ovarian cysts, with rupture of their vessels and hæmorrhage into their sacs; he alluded to the diagnosis of retro-uterine hæmatocele, and the symptoms of peritonitis and peritoneal shock. A discussion followed in which Dr. William Carr, Mr. George Roper, Dr. Ralph Gooding, Mr. Mitchell, and Dr. J. C. Thorowgood took part; and a vote of thanks having been unanimously accorded to Dr. Barnes for his excellent paper, the Society adjourned.

SCOTLAND.

THE Edinburgh Water Bill came before the Lords' Committee again on Wednesday. Their Lordships allowed the Bill to pass, except as to the New Works part. In fact the St. Mary's Loch Scheme has fallen through.

DINNER OF LICENTIATES IN DENTAL SURGERY, EDINBURGH.

THE anniversary dinner of the Licentiates in Dental Surgery and Odonto-Chirurgical Society took place on Saturday in the Douglas Hotel; the chair being filled by Mr. W. Williamson, L.D.S., Aberdeen, while Mr. P. Orphoot, M.D., acted as croupier.

NEW MEDICAL HOSPITAL, EDINBURGH.

THE acting committee have, since their last published list, received additional subscriptions to the amount of £1,251 : 15 : 8, bringing up the total sum subscribed and intimated to the present time to £72,306 : 18 : 10.

DR. REITH AND DR. DYCE BROWN.

THE homœopaths appear to be claiming fellowship with Dr. Reith and Dr. Dyce Brown, of Aberdeen. Their names appear in the list of distinguished guests invited to the annual meeting of the Northumberland and Durham Homœopathic Medical Association, who sent letters apologising for their absence.

MEDICAL RELIEF OF THE POOR.

THE whole sum expended on medical relief to the poor during the year ending 14th May, 1868, according to the annual returns of the inspectors, was £32,858 : 7 : 3, which is equal to 2.57 pence per head of the population of Scotland in 1861. The population of the 717 parishes that have resolved to comply with the conditions annexed to participations in the grant is 2,866,858, and of the 168 parishes that have not so resolved, 195,436. The sum expended by the former, according to the returns, was £31,772 : 2 : 10, equal to about 2.65 pence per head of the population; and that by the latter was £1,086 : 4 : 5, equal to about 1.33 pence per head of the population of these parishes.

THE CHAIR OF CHEMISTRY IN EDINBURGH.

THE appointment of a successor to Dr. Lyon Playfair, M.P., will be made shortly. The candidates for the vacant professorship are known to be the following, whom we have already named, Drs. Anderson, Crum Brown and Macadam, Mr. Chapman and Mr. Perkin. We have not heard of anyone else. From Poggendorff's *Biographical Dictionary*, we learn that Dr. Anderson was born in 1819. His most famous researches, viz., those on picoline, were published in 1847. Since 1853, he has occupied the Chair of Chemistry in the University of Glasgow. He is President of the Highland Society. He is likewise a Fellow of the Royal Society of Edinburgh, but strange to say, bearing in mind his high position as a chemist, he does not belong to the Royal Society of London. Dr. Crum Brown is a much younger man. He has had a very brilliant academical career, being the first Doctor of Science made by the University of London. As an investigator, he was comparatively little known until the appearance of his and Dr. Fraser's research on the physiological action of the alkaloids. Of Dr. Macadam's services to science, we know nothing. All three, however, are understood to have strong local support. Mr. Chapman and Mr. Perkin are the candidates from a distance. The former, who has recently surprised the Chemical Society by his activity, is known to chemists as the author of the Process of Limited Oxidation, which is considered by competent persons to be of great importance. Mr. Perkin was the first to apply aniline colours to the dyeing of textile fabrics, and in conjunction with Mr. Duppa, made glycocol artificially. Quite recently he has succeeded in making coumarine. The Chair of Chemistry in the University of Edinburgh is one of the richest, and every way one of the best chemical appointments in the country. It is surprising that (excepting the three Scotch candidates) no one holding any official position appears to consider it worth while to make an effort to secure so great a prize.

IRELAND.

DEATH OF DR. HOMAN, OF SLIGO.

WE regret to announce the death of Dr. Homan, F.R.C.S., who for many years past filled the important office of Physician to the Fever Hospital and to the Workhouse, Sligo.

AMALGAMATION OF DUBLIN MEDICAL SOCIETIES.

THE proposal to unite the London Societies into an Academy of Medicine has suggested to many here that a similar step in Dublin would be most advisable. The four Societies might be united as regards membership, publications, etc., but the medical, surgical, and obstetrical branches should be taken charge of by separate sections, meeting alternate weeks for eight months in the year.

THE DEATH OF MR. HARTE OF THE RICHMOND HOSPITAL.

WE have received from Dr. Gordon, and shall publish next week, notes of this case, showing it to be one of diptheria and not of scarlatina.

FEES TO MEDICAL WITNESSES.

THE 376th Section of the Common Law Procedure (Ireland) Act, of which Lords Granville and Dufferin have charge, confers powers on Judges to fix a scale for the payment of expenses and remuneration to witnesses." The profession should endeavour to influence members of Parliament in favour of the clause, for remuneration for such services has been often uncertain and always insufficient.

MR. STOKES'S CASE OF DELIGATION OF THE ABDOMINAL AORTA.

WE are sorry to announce the death of Mr. Stokes's patient between twelve and thirteen hours after the operation. The patient was a messenger in a commercial establishment, and was accustomed to carry very heavy weights. He was 50 years of age, temperate, and not the subject of any syphilitic or rheumatic taint. The tumour was first noticed four months ago; it had reached an enormous size, extending both above and below Poupart's ligament, by which it was divided into two unequal portions, of which by far the larger was situated above that ligament. There was no difficulty in the diagnosis, as a loud *bruit* could be heard, and a distinctly distensile pulsation felt in the tumour. Treatment by compression was at first thought of, but being found quite intolerable, this idea had to be abandoned. The various methods by injection, galvanic current, and manipulation, were out of the question. Mr. Stokes finally determined to adopt the method of temporary deligation or modified acupressure advocated by Mr. Porter, Surgeon to the Meath Hospital. His intention was, if possible, to apply Mr. Porter's instrument on the common iliac, and if that was found to be impracticable, to place it on the abdominal aorta. When, in the course of the operation, Mr. Stokes got a view of the right common iliac artery, it appeared to be implicated in the disease throughout almost its entire length; this appearance being, as the autopsy revealed, due, in a great measure, to the overlapping of the artery by the aneurism. Owing to this circumstance, as well as to the firm adhesion between the peritoneal wall and the common iliac, it was decided to place Mr. Porter's instrument on the aorta. This being the first time this instrument has been used on a living artery, we subjoin a description of the instrument in Mr. Porter's own words.

"The little instrument I venture to suggest to the profession is in reality a form of acupressure, simple in construction, easy of application, and yet powerful in restraining the current of blood, without rudely inflicting injury on the arterial coats. It consists of a piece of silver wire about the strength of an ordinary probe; this is bent into a triangular shape about four inches in length, and the apex surmounted by a small ring; the base is perforated by two little apertures just large enough to permit a fine wire to pass easily through. The wire is first carried round the denuded artery in an aneurism-needle with greater facility than a thick ligature, and each extremity of it passed through the holes in the compressor; one end should be fastened by twisting it through the little ring at the top, and the compressor may then be gently pushed down on the vessel, when, by pulling the free end of the wire, the requisite pressure may be made to arrest the flow of blood through the artery. When the artery is sufficiently occluded to stop the current, the free wire may be fastened also to the ring. The instrument can be removed with the greatest facility when pressure is no longer required, by cutting the wire at each side, lifting up the compressor, and then gently pulling the wire away from beneath the artery."

The operation was conducted with the loss of no more than about two drachms of blood. Little difficulty was found in isolating the aorta from the peritoneum, and passing the wire round the artery. When pressure was made by drawing the wire, all pulsation ceased in the arteries of both limbs, and the *bruit* was no longer audible in the tumour. The patient rallied well for some hours after the operation, and even enjoyed some sleep; he partook of stimulants and nourishment. About four o'clock in the afternoon a syncopal attack, very similar to those seen in cases of fatty degeneration of the heart, came on, and, notwithstanding the liberal use of stimulants, they increased with so much frequency and severity that, as the day wore on, it became evident he could not live. The patient died between 11 and 12 o'clock on the evening of the operation. Mr. Stokes exhibited the Aorta, both Common Iliacs, the Aneurismal Sac, and the Heart, at the Pathological Society on Saturday last. He said that, although the result was different from what he had hoped, he was convinced, with Sir Astley Cooper, that the operation would yet succeed. He directed attention to the rapid establishment of the collateral circulation which took place, pulsation having been restored in the left femoral within five hours after the operation. The heart was soft, flabby, and readily torn, and, when examined microscopically by his colleague Dr. Purser, was found to present well-marked appearances of fatty degeneration. To this he attributed the occurrence of death by those syncopal attacks so common in such cases. The aneurism was a very large one, implicating, to some extent, the common iliac, the entire of the external iliac, and a small portion of the femoral artery. It contained a considerable amount of coagulated blood and some recently deposited fibrine. The pelvic bones were slightly eroded. We had the pleasure of seeing Mr. Porter's instrument removed from the aorta when the wire which passed under the artery was cut; the triangular part of the instrument came away without the least difficulty, and the wire was then removed with the utmost facility, leaving the artery without the slightest injury to any of its coats. In fact, a slight degree of paleness of the internal coat, and a very small amount of recently formed fibrine were the only traces of any attempt at deligation. A ligature was then passed round the left common iliac, and tied, and Mr. Porter's instrument was applied at a short distance on the same artery, sufficient pressure being used to prevent the transit of fluid. When both were removed and the vessel slit up, the contrast was striking, for while, in the case of the ligature, the internal coat had been completely divided and even lacerated, no trace of injury had resulted from the arterial compressor. We trust that this instrument will yet prove, in the hands of some skilful surgeon, that deligation of such vessels as the arteria innominata and abdominal aorta are not necessarily fatal.

HOW TO MAKE CLARET.—At the meeting of the Polytechnic Association of the American Institute on the 7th of January, during a discussion on the adulteration of wines, Dr. Van der Weyde is reported by the *Chemical News* to have described a mode of making claret, viz., by allowing water to soak through shavings, and adding thereto a certain proportion of logwood and tartaric acid. This produced a wine hardly to be distinguished in flavour and colour from claret.

ASSOCIATION INTELLIGENCE.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE next meeting of this Section will be held at the Midland Institute, Birmingham, on Thursday, March 25th, at 3 P.M.

BALTHAZAR W. FOSTER, M.D., } *Honorary Secretaries.*
T. VINCENT JACKSON, }
Birmingham, March 15th, 1869.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at the Pavilion Hotel, Folkestone, on Thursday, March 25th, at 3 P.M.

March 1869. ROBERT L. BOWLES, *Hon. Secretary.*

WEST SOMERSET BRANCH.

THE spring meeting of the above Branch will be held at the Clarence Hotel, Bridgewater, on Thursday, April 1st, at 5 P.M.; W. L. Winterbotham, M.B., President.

Gentlemen intending to be present at the dinner (which will be served at 5.15), or to read papers after, are requested to give notice to the Honorary Secretary.

Taunton, March 8th, 1869. W. M. KELLY, M.D., *Hon. Sec.*

NORTH WALES BRANCH: GENERAL MEETING.

THE intermediate general meeting of this Branch was held on Thursday, the 4th inst., at the Black Lion Hotel, Mold, under the presidency of JAMES WILLIAMS, Esq., of Holywell. There were fourteen other members present, who all partook of an excellent luncheon kindly provided by Dr. Williams of Mold at his house, after which the business of the meeting was proceeded with.

Treasurer's Report.—The following is the report.

Receipts.	£	s.	d.
To balance in hand on December 31st, 1867 . .	0	4	11
Amount of half-crown subscriptions and arrears received from January 1st, 1868, to December 31st, 1868 .	6	7	6
	6	12	5
Disbursements.			
By Secretary's official expenses up to Dec. 31st, 1868 .	6	10	5

Balance in favour of the Branch on December 31st, 1868, 2s.

The above, having been duly examined, was unanimously agreed to.

New Member.—On the proposition of Dr. HUGHES of Mold, seconded by Mr. KENT JONES, Alfred Trubshaw, Esq., of Mold, was elected member of the Branch, he being previously member of the British Medical Association.

Branch Subscriptions.—The sum of £2 2s. 6d. was received from the members present.

Petition to Parliament.—A petition to the House of Commons, respecting the Direct Representation of the Profession in the Medical Council, similar to the one recently adopted at the special meeting of the Lancashire and Cheshire Branch, and printed at page 198 of the BRITISH MEDICAL JOURNAL for February 27th, was approved of, and signed by the President, James Williams, Esq., on behalf of the members.

Papers and Cases.—1. Mr. EYTON JONES related a case of Delirium Tremens relieved by the Application of Dr. Chapman's Ice-Bag to the Spine.—Dr. WILLIAMS (Wrexham) also related an interesting case where the ice-bag appeared to be doing good, and affording relief to symptoms apparently referable to morbid action in the brain, medulla oblongata, and spinal marrow, the particulars of which he intended recording at some future time.

2. Mr. GRIFFITH (Wrexham) made a few remarks on Diagnosis, illustrated by Cases; the object of which was to suggest the advantages, in cases of obscure difficult diagnosis, of taking clinically a retrospective view of the case from the standpoint of the remedies used and their effect, as a means of helping to correct or confirm the diagnosis aimed at in the first examination of the patient.

3. Dr. WILLIAMS (Wrexham) related a case of Ulceration of the Os Uteri, in which ptyalism was produced by a single application of the acid nitrate of mercury.

4. The **President** stated a difficult case of Strangulated Hernia, which elicited similar interesting cases from Dr. Hughes of Mold, Dr. Williams of Mold, Mr. Eyton Jones, and others.

5. Dr. **Williams** (Wrexham) mentioned a case of Compound Fracture, in which Mr. Lister's plan of treatment with Carbolic Acid was adopted. It was successful so far as preventing suppuration in the wound; but it produced troublesome superficial sloughing of the surrounding integuments when used of the strength recommended—one part of carbolic acid to three parts of linseed-oil. Dr. Williams suggested a weaker application, of one part of the acid to five of oil.—Dr. **Williams** (Mold) called attention to the fact of his having, a few years ago, and before Mr. Lister published his cases, introduced, at one of the meetings of the North Wales Branch, the subject of carbolic acid, more particularly its adaptability to several commercial uses, showing at the time several beautiful specimens.

6. Mr. **Lodge** (St. Asaph) had a case of Twins. The principal point of interest in the case was, that the first child presenting the arm necessitated turning; and, in doing so, the presence of another child was not detected.

7. Mr. **Lodge** also related a singular case of Self-Pollution.

8. Mr. **Jones** (Ruabon) brought forward the subject of Insurance Fees, which drew a long and animated discussion.

Dinner.—All the members present, with Rev. Thomas Williams of Berse and Rev. J. James of Mold as guests, then dined together at the hotel, and were very agreeably and hospitably entertained by Dr. Hughes and Dr. Williams of Mold.

CORRESPONDENCE.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL".

THE ANCIENT AND MODERN TREATMENT OF INJURIES.

Sir,—In No. 421 of our Journal, page 74, is a case, under the care of Mr. Lane, which astonishes me, and brings to my mind similar or apparently more serious cases treated by me by the most strictly antiphlogistic method possible, and with the happiest effects. I will give the particulars of three cases, and allude to probably a hundred more.

The first was that of a young man, who, with his companions, went to a wake about two miles hence; and, on his return home drunk, fell down in descending a steep part of the road, and was brought to me in a very ghastly state, the whole of the hairy scalp turned inside out, and hanging over the face, and covered with dirt. After cleaning the parts, the pericranium was detached here and here. I replaced the scalp, and kept it *in situ* by a few stitches. Seeing that he had not lost much blood, I took away from the arm about sixteen ounces, and enjoined not only abstinence from all stimulants, but the most meagre diet, quietness, and rest, for the next three weeks. With this, a few doses of calomel, and the bowels kept lax with sulphate of magnesia and rhubarb, he was quite well and at work at the month's end.

The second case was that of a boy ten years old, who, in the absence of his parents, was amusing himself by putting a lighted stick into a stone blacking-jar in which his father kept gunpowder. After a few trials, it exploded, and burst the jar in pieces, a piece of which, about an inch and a quarter long, and of the same breadth for about a quarter of an inch, when it rather gradually ended in a point, entered, in the middle of the forehead, into the brain, the broad part sticking out. With some difficulty I extracted it, and about two teaspoonfuls of the cerebrum followed it; the boy all the while perfectly sensible. The same mode of treatment for three weeks cured him.

The third case was that of a boy about the same age, the son of a blacksmith. He was kicked by a horse in the middle of his forehead; and a piece of the os frontis, about two inches long and half an inch broad, was driven into the brain, part thereof sticking out. On its extraction, about the same quantity of brain followed as in the preceding case. The same treatment as above was followed by the same happy result.

I dare say that I could adduce a hundred cases apparently as severe as that of the poor young man at St. Mary's Hospital, all treated as above, and all cured; but, if iron, wine, chloric ether, and probably diet accordingly, had been the *methodus medendi*, God only knows the sequelæ. Such a mode of treatment I consider illogical, unorthodox, and thwarting our great friend, the *vis medicatrix naturæ*.

I am, etc., Thomas Pope.

Cleobury Mortimer, Salop, February 1869.

THE CAUSE OF PHTHISIS.

Sir,—Having read the letters which have passed between Drs. Leared and Mac Cormac on this subject, I would make a few remarks, which appear to me fatal to the theory—for it is nothing more—of the last named gentleman; who assumes he has proved that the "invariable result"—I use his own words—of the habitual respiration of prebreathed air is phthisis. Where, I ask, is his proof? I have read plenty of his assertions; but none of his proofs. In truth, he starts with an assumption which I distinctly deny. For, if his theory were correct, in place of sixty or one hundred thousand dying annually of this disease, the numbers would be increased one-hundredfold. For myself, I have known a large number of persons who have been confined to the house or bedridden for years, and who have done their best to prevent even a draught of air from reaching them; and yet they have not got phthisis. Many, very many too, of our poor sleep constantly with their heads covered over by the bed-clothes. To say that none of these get the disease, would be going too far; but most assuredly all do not; and yet, according to the theory, every one should.

Again, is it not allowed by all that it is quite the exception when phthisis attacks a fat person? If the theory were true, however, fat persons should be only the more obnoxious to the disease; but while they do not get tubercle, they store up fat. And this reminds me that Dr. Mac Cormac, through the whole of his writings, speaks as if carbon and tubercle were identical. This, I consider a grave error; capable in itself of upsetting the entire hypothesis. If tubercle consisted of nothing but carbon, there might be some plausibility for the theory. But as it is not so, I need not pursue the point further here.

It seems to me that the question of Iceland being free or not from phthisis is only of secondary moment. It affects the argument much more to observe that here we have a whole people, living in a way that, according to the theory of Dr. Mac Cormac, must engender phthisis. Yet they have not died out; and are, I believe, as numerous as ever they were. Before going further, I call for direct answers to this and the other points brought forward in this letter.

I am, etc., Henry Kennedy.

Dublin, March, 1869.

Sir,—I shall only occupy your valuable space with a few lines in reply to Dr. Mac Cormac. It would be simply useless again to go over the same ground, to point out the one-sidedness of his views on the production of phthisis. "Why," he asks, "should we remove the trial of the question to Iceland?" It is, no doubt, inconvenient as regards the re-breathed air theory. "I myself," says Dr. Mac Cormac, "assert that Iceland is not less the seat of tubercle than the country in which we live." Yet I have quoted statistics from his own book, in my last letter, which prove that Iceland enjoys a remarkable exemption. Since this controversy commenced, Dr. MacNab has published a pamphlet on *Immunity from Consumption in the Hebrides*, to which I would wish to draw Dr. Mac Cormac's attention. Dr. Mac Cormac speaks of the "possible inhalation of tapeworm-germs". This is certainly novel, more novel than the inhalation-of-phthisis theory. I still pin my faith to Dr. Hjaltalin's statement; and, if Dr. Mac Cormac will be good enough to let this controversy lie over for a short time, Dr. Hjaltalin will, no doubt, answer for himself, and, unless I am much mistaken, will contribute valuable information on a subject which, *pace* Dr. Mac Cormac, is by no means settled.

I am, etc., Arthur Leared.

March 1869.

VESICAL ABSORPTION.

Sir,—In your issue of February 20th, appears a letter from Dr. Campbell Black, of Glasgow, upon "Vesical Absorption," in which he brings forward a case to prove "the great absorptive power of the bladder." The cause of his publishing this case, was a passage in one of Sir Henry Thompson's lectures on "Affections of the Urinary Organs," which states, that "the mucous membrane of the bladder appears to have no absorbing power, unlike the neighbouring tissue which lines the rectum." When I read Dr. Black's letter, two things occurred to me—either that the absorptive powers of those bladders, which I, as Sir H. Thompson's house-surgeon, have had the advantage of observing, have been peculiar, or that Dr. Black had attached too great importance to some soreness of the gums. The following case, I think, ought to satisfy Dr. Black, and prove the "fallaciousness" of *his* doctrine, and substantiate Sir Henry's statement: On the 10th instant, Sir Henry, after reading out Dr. Black's letter to the class, injected into a man's bladder half an ounce of the liq. opii sedat. This was retained for two hours and a half, without producing the least effect, although I carefully watched for it. No drowsiness, contraction of the pupils, or subsequent constipation. Before this, ℥iss, ℥ij, and ℥iij had been injected at various times, with the same negative results. What Sir H. Thompson meant, when he spoke of using anodynes, was this: they were of very little value; and since the bladder does not practically possess any absorptive power, they were to be largely used, if at all. In conclusion, it is needless for me to say that Dr. Black is somewhat hasty in calling in question a statement made by a man of Sir H. Thompson's position and experience, on an individual and somewhat doubtful case.

I am, etc., JOHN BOLTON, Senior House-Surgeon.
University College Hospital, March 12th, 1869.

P.S.—Twenty minims of the same preparation, administered by the mouth, produced sleep in forty minutes.

SIR,—Will you kindly permit me just one or two observations on the subject of vesical absorption, for the recent discussion of which, in your columns, I presume I must be held accountable? What I contend for is, that my case *clearly illustrated the absorption, by a diseased bladder, of a mineral solution.* In the case on which Sir Henry Thompson experimented, nothing being said to the contrary, I suppose the bladder was one in a healthy condition. To reconcile the differences of opinion on this interesting subject, I think it is very probable that the absorption may be determined by certain pathological conditions, such as abrasion, etc.; and I am glad to notice in your last impression that Dr. Braxton Hicks, who maintains the absorptive power of this organ, remarks that "in cases of over-sensitiveness, or of abrasion, etc., then the effect of morphia injections is well marked." It is clearly manifest that the bladder does or does not absorb; and the observation and experience of such men as Dr. Hicks and Sir Henry Thompson cannot be questioned, so far as accuracy is concerned, and cannot be reconciled save on some such assumption as I have made. May I suggest, with all deference to Sir Henry Thompson, that his *experimentum crucis*, to negative my conclusions, should be analogous in at least the more essential particulars.—I am, etc., D. CAMPBELL BLACK, M.D.
Glasgow, March 1869.

UNITED TWINS.

SIR,—After Sir James Simpson's exhaustive account of the Siamese twins and other similar anomalies, it may seem superfluous to offer any further communication on such a subject. However, as it appears that (with the exception of the Dundee case, where the children were not viable) none of the twins referred to were the offspring of British parents, I am induced to forward you the following description of a monstrous birth which occurred in England. The type appears to have been exactly similar to that of the Siamese. It is taken from a series of papers called *Philosophical Collections*, published in London by the printer to the Royal Society in the year 1680. There is one fact of physiological interest to which I would briefly allude. In all these *united* twins, the individuals were of the same sex; whereas, according to statistics quoted by Dr. Churchill, "we find that twin children are most frequently of opposite sexes." In some, however, of Professor Otto's fifteen cases alluded to by Sir J. Simpson there may have been an exception to the unisexual type.—I am, etc.,
Hull, March 1869. GEO. F. ELLIOTT, M.D.

A letter from Mr. A. P. in Somersetshire, giving an account of a strange birth that in May last happened at Hilbrewers in that County.

SIR,—I was yesterday to see the strange birth at Hilbrewers in our County. The thing is so much taken notice of, that I doubt not but you will have a full and learned account of it. For present I shall take leave to acquaint you with two things concerning it that seemed to me probable: 1st. That nature designed and made preparation for Twins. For, the joyning of these two Infant Bodies beginning at the Navel, each hath all its parts below to the very Toes proper to itself, and not only distinct all along but separate. Upwards beneath the Breasts these Bodies part again, and then all is, as below, distinct and separate. They, laid supine, seem to have but one Body where joyned; but when turned there is a deep furrow between both, each hath a distinct Spina Dorsi, etc.; each hath Nipples in their proper place respecting the several Bodies, but one of each is seen before, the other behind, respecting the whole; they do not wake and sleep together certainly, they suck and cry heartily, exonerate apart freely, and are likely to live, if the multitudes that come to see them (sometimes 500 in a day) do not occasion the shortening of their lives. They are Christened by the names of Aquila and Priscilla, though both Females; they were born by an easie Travel to the mother (who had been two years infirm) on the 19th instant, she had had five children before. 2d. The other thing I observe as credible is, That this accident might happen in some such way as this. Near the time of the first formation of the fœtus, the Navel strings of each chanced to be so joyned, that all along from within the Bodies of the Children to the end terminating in the Womb, they might seem as one. The Midwife said, the after burthen though but one was triple in bigness to what is usual; that the Navel string was very great, so that 'tis easie to conceive, there might be distinct though joyned umbilical vessels, which in likelihood parted within that common Navel, whence each Body had a just distribution of its proper vessels. There was such a croud of people there, that I could not give myself that satisfaction I desired, yet I thought it worth my pains to see and understand thus much of this unusual accident. One in an adjoyning Parish told us, that an ancient man living there remembered his wife (now dead) had about 40 years since seen such a thing in Wales; and that the Children lived so long as to be able to talk to one another, and that into Tears, when the one thought what the other should do when either should happen to dye; and that both died together.

THE BRITISH PHARMACOPŒIA.

SIR,—It would be useful to record in the pages of the JOURNAL the experience of the profession on the advantages or usefulness, or the contrary, of the preparations of the *British Pharmacopœia*, now that they have had time to test their relative merits. In this communication, I will point out the disadvantages of two preparations.

Linimentum Crotonis.—The oil does not mix well with the spirit, and the quantity of oil of cajeput makes the liniment offensive to the patient. The liniment is not strong enough for most patients. Croton-oil mixes perfectly with olive-oil, and a strength of 1 in 4 is more useful.

Linimentum Iodi.—The strength is 1 in 9; and is said, in Squire's *Companion*, to be the "proper strength to paint upon bursæ and enlarged glands." I gave it to one patient to paint on a bursa; but she suffered intense pain for nearly twenty-four hours afterwards. I ordered it for another patient, diluted to half strength with spirit, to be applied to the great toe joint for thickening. The second application blistered the skin, and produced inflammation of the skin and cellular tissue of the dorsum of the foot. I, of course, was blamed in both instances.

March 1869. I am, etc., J. BRENDON CURGENVEN.

ADMINISTRATION OF HOSPITALS.

SIR,—As the editor of a paper which is preeminently the mouth-piece of the general practitioner, you have opened your pages for the discussion of this most important topic. We must all feel convinced that the few pointed letters, published from time to time on the subject of hospital abuse, by no means reveal the deep-seated and malignant nature of the disorder: its very enormity keeps it from being fully disclosed. A case mentioned by a correspondent is by no means an isolated instance, but is almost his daily experience; and this experience is common to all general practitioners; so the aggregate is, in reality, overwhelming, the wonder is the profession does not rise as one man and for ever ban a system which is sapping the very life-blood of our honour and our welfare. Nearly every medical man I meet favours me with a list of cases which have come under his own observation; and in my own practice I have nearly daily experience of this pseudo-charity. At one interview, a gentleman thus described the position of three patients obtaining gratuitous advice in their turn—a butcher, with at least £30 worth of meat hanging in his shop; another with an income of £500 a-year; the third, a man worth £10,000, and who boasts of having the finest set of horses in the trade (a builder).

The fact is, hospital men cast their net in the best waters, in the hope of afterwards returning and angling on their own account. For direct refutation of the "*necessity*" for this state of things, your JOURNAL of the 13th instant gives us an account of the flourishing condition of the Northampton Dispensary. The provident system here in vogue has been abundantly proved applicable to all our medical institutions—modified, of course, as circumstances differ.

The provident institutions already in operation, and those to be established (to supersede the doomed gratuitous monstrosities), would, in my opinion, greatly add to their efficiency and success. If, instead of having a fixed number of medical officers, they would adopt an elastic system, whereby an additional medical practitioner could be added for every thousand members who join the institution, this would do away with all professional jealousies and monopolies, and provide a natural and healthy increase to the institutions, and gradually bring about the plan so ably advocated by Dr. Rumsey, of having all willing practitioners on the staff. Our highest honours should be reserved for medical teachers and professors, who also should be our consultants, to the exclusion of the host of self-made and incompetent physicians, who play a loose game between gratuitous advice, guinea fees, and general practice, in competition with their more straight forward professional brethren, who pretend to be nothing more than what they are—"the doctor."

I am, etc., PERCY LESLIE, M.D.
Birmingham, March 16th, 1869.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

MEDICAL OFFICERS' REPORTS.

THE subjoined memorial has been signed already by upwards of one hundred workhouse medical officers in town and country. It will be presented shortly to Mr. Goschen, the President of the Poor-law Board. Additional signatures may be sent to Dr. Rogers, 33, Dean Street, Soho, London, W., who has kindly consented to receive them on behalf of the gentlemen who originated the memorial. The Metropolitan Counties Branch made a similar representation to Lord Devon when he proposed to impose these duties on medical officers.

"*To the Right Honourable the Poor-law Board.*—My Lords and Gentlemen,—We, the undersigned, Medical Officers of Workhouses, looking forward to the time when it will again become our duty to make the "Statement" referred to in the General Order of your Board, dated April 4th, 1868, request to be supplied with an authoritative standard of requirements of your Board with respect to the several matters specified in the questions to be answered by us. We beg to express our desire that some other officers of the Guardians may be made responsible for supplying us with information on such matters as do not fall within the scope of our duties as medical attendants on the sick. We wish to be informed whether our Statement will be considered by your Board as private and confidential; whether it will be regarded as furnishing hints to guide and assist the official paid Inspectors in the discharge of their duties; or whether it will be deemed public, accessible to Guardians, and liable to be sent to them by your Board. In the latter case we beg to inquire how far we may expect the support of your Board, in the event of our "Statement" bringing upon us the displeasure of our respective Guardians. And on this subject we desire to point out the grievous hardships inflicted on those Workhouse Medical Officers who are not permanently appointed, in being called upon to make this "Statement." Should they tone it down to avoid offending their Guardians, they will be liable to censure or dismissal at the hands of your Board for "neglect of duty:" should they on the other hand make a strictly true, but perhaps necessarily unfavourable, "Statement," they incur the risk of not being re-elected by their Guardians, that is, of dismissal without explanation; and thus suffer stigma and injury for the faithful performance of their duty. We respectfully submit that this is not a position in which any officer should be placed. Lastly, we beg that your Board will be pleased to direct suitable remuneration to be made to us for the new and responsible work imposed upon us by being called upon to perform the highly important duties of the Inspectors, added to our already onerous and ill-paid labours as medical officers. We have the honour to be, my Lords and Gentlemen, your obedient Servants, ———."

OBITUARY.

SIR JOSEPH OLIFFE, M.D.PARIS, F.R.C.P.LONDON.

THE news of the death of the Physician to the English Embassy in Paris, which was announced early in the week, has been received with wide-spread regret. Few men out of England were better known than the popular, kind-hearted, and accomplished man who has for many years, so to speak, represented English medicine across the Channel. He enjoyed for many years a large practice and considerable social position. Inheriting, by marriage with the daughter of Sir William Cubitt, a large fortune, in addition to the handsome income derived from his practice, Sir Joseph Oliffe was able to exercise, on a liberal scale, the generous hospitalities which his kindly nature and his Irish blood prompted. Few English physicians at all familiar with Paris but must gratefully remember the pleasant *entrée* which his house afforded them to some of the best society in Paris, and the unfailing kindness of Lady Oliffe. The friend as well as physician of Count De Morny, as of a large number of other influential French families, he joined De Morny in extensive building operations at the French Brighton—Trouville—which they may be said to have created. The return for this very heavy outlay had not yet been obtained; and of late years the heavy responsibilities connected with this undertaking, together with the consciousness of declining health, had somewhat impaired his spirits, but without affecting his amiability. His judgment and skill as a physician, as well as his upright, courteous, and pleasing character, conciliated the esteem and regard of the most eminent of the profession in France, with whom he held intimate relations.

UNIVERSITY INTELLIGENCE.

TRINITY COLLEGE, DUBLIN.

BOTANY IN RELATION TO MEDICAL EDUCATION.—Several of the Resolutions passed by the Medical Council, on July 6th, 1868, have been recently under the consideration of the College of Physicians and of Trinity College. Among the Resolutions, was one that seemed to slight the importance of Botany in reference to Medical Education, as it was not placed among the subjects essential to medical education.—On the 20th January last, the Irish College of Physicians passed the following Resolution. "That this College disapproves of the resolution of the General Medical Council, of July 6th, 1868, No. 1, by which it appears that the Medical Council considers Botany to be a subject non-essential in Medical Education." A copy of this Resolution was forwarded to the Board of Trinity College, in compliance with the School of Physic (Ireland) Act. The Board of Trinity College showed their approval of the opinion of the College of Physicians, by proceeding to appoint a Professor to teach the "non-essential" subject.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 11th, 1869.

Atkins, Francis Day, Dalston Lane, Dalston
Coombes, Robert Gorton, Burnham, Essex
Ennals, Charles Thomas, Littleport, Cambridgeshire
Laking, Francis Henry, Addison Road, Kensington
McLean, George, High Street, Poplar, E.
Peacock, Edwin, Oldbury, Worcestershire
Turner, George Edward Waine, Stockport
Welsh, Joseph, Clun, Salop

As Assistants in compounding and dispensing medicines.

Hughes, Hugh Davies, Gurner Street, Walworth
King, Alfred, Blackman Street, Borough
Luff, William, Cornmarket Street, Oxford
Thrower, Edward Arthur, Diss, Norfolk

MEDICAL VACANCIES.

THE following vacancies are declared:—

BRADFORD (Yorkshire) INFIRMARY and DISPENSARY—Two Physicians.
CAMBERWELL PROVIDENT DISPENSARY—Resident Dispenser and Secretary (£60 per annum, with residence, coal, and gas).
CARMARTHENSHIRE INFIRMARY, Carmarthen—Physician.
CHARING CROSS HOSPITAL MEDICAL SCHOOL—Professor of Comparative Anatomy; Physician to the Skin Department.
CHELTENHAM GENERAL HOSPITAL AND DISPENSARY—Surgeon to the Dispensary.
CHESTER GENERAL INFIRMARY—House-Surgeon (£80 per annum to commence with, and residence and maintenance in the house).
CLIFTON UNION, Gloucestershire—Medical Officer for District No. 3 (£25 per annum).
EDINBURGH ROYAL DISPENSARY AND VACCINE INSTITUTION—Apothecary (£50 per annum, with proportion of fees from pupils).
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon
GRAY'S HOSPITAL, Elgin—House-Surgeon (£40 per annum, with board, etc.)
HAMBLEDON UNION, Surrey—Medical Officer for the Chiddingfold District (£40 per annum).
HOLYHEAD UNION—Medical Officer for the Holyhead District (£60 per annum, with extra fees for Surgical Operations and Midwifery, and Vaccination Fees).
ISLINGTON DISPENSARY—Surgeon.
KING'S COLLEGE HOSPITAL—Assistant-Physician; Professorship of Physiology.
LEEDS FEVER HOSPITAL—Resident Medical Officer (£100 for the first year, with rooms and board).
LIVERPOOL INFIRMARY FOR CHILDREN—House-Surgeon. (£60 per annum, with board, lodging, and washing.)
LONDON SURGICAL HOME FOR DISEASES AND ACCIDENTS OF WOMEN—House-Surgeon.
LOUTH UNION, Lincolnshire—Medical Officer for the Grimoldby District (£40 per annum).
LURGAN UNION, co. Armagh—Medical Officer for the Moyntagh Subdistrict (£100 per annum, and Registration and Vaccination Fees).
LUTON UNION, Bedfordshire—Medical Officer for the Markyate-Street District.
MAIDSTONE UNION—Medical Officer for District No. 2 (£120 per annum).
MIDDLESEX HOSPITAL—Physician's Assistant.
NEWPORT UNION, co. Mayo—Medical Officer for the Achill Dispensary District. (£80 per annum, and Registration and Vaccination Fees.)
OLD MEETING FRIENDLY FUND, Birmingham—Surgeon.
NORTHERN HOSPITAL, Liverpool—Dental Surgeon.
ROTHERHAM UNION, Yorkshire—Medical Officer for the Wentworth District (£20 per annum, and extra fees).
ROYAL ORTHOPÆDIC HOSPITAL, Oxford Street—Assistant-Surgeon.
ROYAL SOUTH LONDON DISPENSARY—District Surgeon.
ST. GILES AND ST. GEORGE, Bloomsbury—Medical Officer of Health (about £150 per annum).

ST. IVES UNION, Huntingdonshire—Medical Officer for the Somersham District (£70 per annum, and extras).
SHEFFIELD SCHOOL OF MEDICINE—Lecturer on Anatomy.
SHEFFIELD UNION—Medical Officer to the Workhouse.
STEPNEY UNION—Medical Officer for the Ratcliff, Shadwell, and Wapping District (£220 per annum, to include everything, except medicine).
STEYNING UNION, Sussex—Medical Officer for District No. 2 (£40 per ann.)
SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Physician; House-Surgeon (£100 per annum, with board and residence).
TOWCESTER UNION, Northamptonshire—Medical Officer for the Towcester District and the Workhouse (£110 per annum, and extras).
UTTOXETER UNION, Staffordshire—Medical Officer for the Abbots Bromley District (£40 per annum, and extras); Medical Officer for the Leigh District (£20 per annum, and extras).
VICTORIA HOSPITAL FOR SICK CHILDREN—House-Surgeon and Secretary. (£50 per annum, with board, etc.)
WESTBOURNE DISPENSARY, Queen's Road, Bayswater—Resident Dispenser: Registered (£100 per annum, with unfurnished apartments, coal, gas, and attendance).
WOBURN UNION, Bedfordshire—Medical Officer and Public Vaccinator for the Toddington District (£85 per annum, and extras).

BIRTH.

Hall.—On March 17th, at 3, The Crescent, Carlisle, the wife of *Cornelius S. Hall, Esq., Surgeon, of a son.

DEATHS.

Brown, William S., M.D., at Strood, Kent, aged 53, on February 26th.

Drawbridge, George H., M.B., at Rochester, aged 71, on March 7th.

*Pursell, John, M.D., at Brighton, aged 65, on March 12th.

Seaton.—On March 4th, at 8, Crescent, Scarborough, Sarah Ellen, for nearly thirty years the devoted and beloved wife of *Joseph Seaton, M.D., of Halliford House, Sunbury.

Shaw.—On March 9th, at Sutton Coldfield, Mary, relict of Adam Read Shaw, Esq., Surgeon, aged 81.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Medical Society of London. 8 P.M., Casual Communications. 8.30 P.M., Discussion on Dr. Jno. Thompson Dickson's paper "On Matter and Force in relation to Mental and Cerebral Phenomena."

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. Wm. Ogle, "Case illustrating the Physiology and Pathology of the Cervical Portion of the Sympathetic Nerve"; etc.

WEDNESDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Geological Society.—Hunterian Society, 8 P.M. Mr. Bryant, "On some points in the Treatment of Diseases of the Joints"; Dr. Daldy, "On Death in Scarlet Fever from Coagula in Right Side of Heart."

THURSDAY.—Royal Society.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the Journal, *to be addressed to the* Editor, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

We cannot undertake to return Manuscripts not used.

Correspondents not answered are requested to look to the Notices to Correspondents of the following week.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Authors of Papers, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

Cases for Binding the Volumes of the Journal may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each; by post, 1s. 8d.

Notice to Advertisers.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

F. W. F. asks for the address of the Medical Protection Society.

Enquirer.—Any registered diploma in medicine and in surgery qualify for Poor-law appointments throughout the United Kingdom. Of course, therefore, a candidate possessing medical and surgical diplomas of Dublin would require no other.

A Pupil of Flourens will find details of such cases in Carpenter's *Physiology*.

Sir,—Could any member suggest any remedy for the following case. A. B., a tailor, aged 40, complains of feeling coldness across the loins, which extends to the scrotum. He is very much worse at night when in bed; general health good. The physical signs and urine are normal. He has complained of it for two years; and has obtained no relief from any of the remedies prescribed by the numerous medical men who have seen him. I am, etc., M. A.

The Jump Fund.

Subscriptions already acknowledged, £357:4:6. H.R.H. the Prince of Wales, £20; Lord Sondes, £3; Dr. Evans Lombe, £1:1; — Perry, Esq. (Reepham), £1:1; Thomas Alderton, Esq., £1:1; Small Sums by Ditto, 18s.; Mr. Womack (Branford), £1:1; Mr. Lamb (Barnsbury), 10s. 6d.; Dr. Greenhill (Hastings), £1:16; Rev. Albt. Porter, £1:1; Mr. Pretty, £1:1. Total, £389:15. Signed, Geo. Wm. Winter, Litcham; Thos. Palmer, Swaffham. Mrs. Jump and family beg to express their very great gratitude for the kindness and liberality which they have experienced in the response to the appeal on their behalf.

Birmingham General Dispensary.

Sir,—I am desired to request that you will kindly insert the following corrections of inaccuracies made by your Birmingham correspondent in your Journal of March 6th. In the paragraph, it is stated that the number of patients has kept up, but that this is, to a great extent, due to the largely increased attendance at the beginning of the year, when it became known that the honorary medical staff were shortly about to resign; but the fact is, that, from the commencement of the year 1868 to the end of May, when the honorary medical officers resigned, there were 155 patients less seen than in the corresponding portion of the year 1867; whereas, from June to December, there were 440 patients seen by the present medical staff in 1868, in excess of the corresponding portion of the year 1867. The expense per patient for the year 1868, without an honorary staff, is as nearly as possible the same as it was in 1867 with an honorary staff. The Dispensary has, upon an average of years, spent more than their income derived from subscriptions, donations, and interest upon funded property, so that the present year is no exception in that respect. I am, etc.,
March 1869. G. F. De la Cour, M.D., Secretary.

The Smallman Fund.

Sir,—I have to acknowledge the following additional contributions for the Smallman fund. J. P., 10s. 6d.; A Thank Offering, £2:2.
London, March 1869. I am, etc., Barr Meadows.

Rusticus might address a private letter to Dr. Marion Sims, 47, Faubourg St. Honoré, Paris. We have no special information on the subject.

The pamphlets of "Dr. William Williams" and "Mr. Hammond", forwarded to us by Dr. Thursfield, Leamington, and Dr. Barclay, Leicester, shall receive our special attention. It is time that a firm and decided effort were made to put an end to this sort of thing.

Medical Fees.—In justice to Dr. Clark, whose medical fees were recently the subject of litigation in the case of Sanger *v.* Sanger, we may call attention to the fact that he announces a pamphlet on the subject this week, pending the appearance of which, it will be desirable to reserve judgment.

Vienna Beer.

Sir,—May we request the favour of a small space to reply to the remarks in your Journal of January 23rd, upon A. Dreher's Vienna Beer, of which we are the sole consignees in the United Kingdom. You are probably not aware, that a heavy duty is levied upon foreign beer, amounting to 7½*d.* per gallon, whilst the cost of transport is considerably increased by the circumstance that, in order to maintain the low and uniform temperature which is essential to its good condition, it is necessary in summer time to convey the casks in railway waggons, especially constructed, provided with ice; and in winter, with non-conducting material. Another considerable item is the cost of ice-cellars and ice-safes, in which the casks are kept cool here.

As regards its quality as compared with the beer principally consumed in Vienna and Pesth, we beg leave to state that this is generally of a much lighter kind, extra strength being expressly given to beer intended for exportation.

The sale of the Vienna beer on draught was first established by us on the Viennese system, in consequence of the popularity which it at once acquired at the Paris Exhibition, and the desire expressed by numberless persons of all nationalities, that they could obtain it in London, where it has certainly met with extensive patronage by no means confined to the German population, from which it was chiefly expected. The idea of its being a rival introduced to supplant English beer never entered our minds, as the two kinds differ widely from each other; but it is likely to take a permanent place as a supplement to it, from the fact that many persons, who find English beer not agree with them, can drink freely of that of Vienna with comfort and benefit to themselves.

The price, of which complaint is made, is precisely the same as in Paris, Brussels, and other non-German cities on the Continent; and similar arguments would answer the same question regarding English beer sold at Vienna or Pesth; besides, English beer is sold in many places in London at sixpence per pint. We are, etc.,
Andres Bros. Sole Consignees for Dreher's Vienna Beer.
97, New Bond Street, W., London, 1869.

⁂ In our remarks on Vienna beer, we were fully aware of the higher duty to which it is subject as compared with British beer; and it will be seen that, in our Report, we pointed out the fact of the beer principally consumed in Vienna being of a very light kind. We do not, however, find in our correspondents' remarks any reason to alter the opinion we formerly expressed as to the Vienna beer sold in London not being equal in general character to the *best kinds* of beer sold in Vienna, Pesth, or Munich.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

B. A. (Reading).—Any witness may be forced to attend to speak to facts upon a subpœna, but not as *an expert*, or to give any sort of opinion; and he may, if summoned against his will, refuse to give any opinion; and may warn the parties summoning him that he will do so, and that his evidence will not serve the case. It is on this ground, and from the knowledge that an unwilling witness is more likely to do harm than good, that London surgeons are rarely, if ever, compelled to enter the box against their will.

HOSPITAL ADMINISTRATION.

SIR,—In your report of the late discussion on Hospital Administration, I am made to observe, "that there were three chief evils. There were too many applicants. Secondly, there were too many patients to be seen." Instead of this iteration, I said that the first evil was, that a number of persons received medical aid for nothing, who could afford to pay; and the second, that there were more patients under individual medical officers than they could do justice to. If you will kindly allow me to make these corrections, I shall be much obliged.

I am, etc., WALTER RIVINGTON.

THE DUTIES AND FEES OF CERTIFYING SURGEONS.

SIR,—In answer to a letter which appeared in the JOURNAL of February 27th, signed D. V. V., I beg to state that the law does not compel the proprietor to contribute towards the expense incurred in the treatment of accidents, as Government pays for reporting of such cases. I held the appointment of surgeon under the Factory Act for some years. Upon one occasion, I was requested by the Inspector to visit all the brick and tile works in the district. This I did, and certified some hundreds of children. When I applied for my fees, the Inspector coolly informed me "that he had found out that such works did not come under the Act, so that I must take the good and bad together."

I am, etc.,
March 1869. M.R.C.S.Eng.

SIR,—D. V. V., who has recently been appointed Certifying Surgeon under the Factory Act, and whose letter appears in your Notices to Correspondents of Feb. 27th, should refer to the "Enactments relating to the Duties of Certifying Surgeons", which would doubtless be supplied him on his appointment, and he will then see that he has nothing to do with the treatment of any accident in his official capacity; his duty is merely to report the accident to the Inspector.

As to a club being formed amongst the operatives of any factory to which he may be Certifying Surgeon, the less said the better; as several gentlemen, friends of mine, have had to give up such clubs, before Mr. Redgrave would sanction their appointment to the office of Certifying Surgeon I have had for some time past two clubs for "operatives and their families": one, a large club, paying, men 2d., and boys 1d. per week; the other, smaller, only for men, who, as a rule, are married, paying 3d. Both these clubs are remunerative. Midwifery, 15s., not included.

I am, etc., A. B.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, March 10th; The Lincoln Journal, March 9th; The New York Medical Gazette, Feb. 27th; The Harrogate Advertiser, March 6th; The City Press, March 13th; The Brighton Times, March 12th; The Cambridge Express, March 6th; and the Irish Times, March 17th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—
Dr. Gervis, London; A Member, Wolverhampton; Dr. W. Fairlie Clarke, London; Mr. H. Sargeant, London; Mr. J. Sawyer, Birmingham; Dr. Robertson, Doncaster; Dr. Brown, Coventry; Dr. T. Davies Colley, Chester; Mr. Potts, Ilkestone; Dr. T. W. Thursfield, Leamington; Dr. D Campbell Beach, Glasgow; Mr. J. B. Ward, Wakefield; Dr. T. W. Evans, Paris; Dr. S. Wilks, London; Dr. H. Kennedy, Dublin; Dr. Seaton, Sunbury; Mr. G. Mowatt, Swansea; Dr. C. E. Fitzgerald, Dublin; F. W. F., Saffron Walden; Dr. Fuller, London; Dr. A. Walker, London; S. B., Hastings; Dr. Mackham, London; Dr. Drysdale' London; Dr. Paul, London; Dr. Gordon, Dublin; Mr. Golding, Chippenham; and Dr. Cobbold, Londen.

LETTERS, ETC. (with enclosures) from:—
Dr. T. R. Adams, Croydon; Mr. J. Gibson, Birkenhead; Messrs. Ellis and Son, Ruthin; Dr. Combe, Herbert Hospital, Woolwich; Mr. P. C. Horan, Whitehaven; The Honorary Secretary of the North Wales Branch; Mr. John Martin, Cork; Mr. J. Bolton, London; The Honorary Secretary of the Obstetrical Society; Dr. Lowe, Lynn; Dr. F. J. Brown, Rochester; Dr. H. Blanc, Brussels; Mr. E. Bush, Frome; Mr. James Dixon, London; Dr. G. Elliot, Hull; Mr. T. H. Bartleet, Birmingham; Dr. B. W. Foster, Birmingham; A Pupil of Fluorens; The Secretary of the Birmingham General Dispensary; Mr. E. F. Shaw, Sutton Coldfield; The Editor of the "City Press", London; Dr. G. M. Humphry, Cambridge; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. Barr Meadows, London; The Honorary Secretary of the Royal Medical and Chirurgical Society; Mr. J. Croft, London; Inquirer, Dublin; Mr. R. S. Fowler, Bath; Dr. A. R. Graham, Weybridge; A Former House-Surgeon and now a Club Doctor; Mr. H. S. Shaw, Louth; B. A., Reading; Dr. Heaton, Leeds; Dr. Barclay, Leicester; Dr. Hughes Bennet, Edinburgh; Dr. Haugeton, Dublin; Mr. Bird, London; and Dr. Septimus Gibbon, London.

Results of Meteorological Observations, for the week ending Saturday, March 13th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND.										RAIN.	
																Number of days it blew in certain directions.											
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.698	0.843	38.9	36.2	32.6	79	47.0	29.0	18.0	42.9	32.9	81.0	..	8.0	4	0.7	4	1	0	0	0.6	0	0	0.7	4.5	3	0.09
BOURNEMOUTH Dr. Compton, F.M.S.	29.714	0.840	38.0	35.6	32.3	80	46.3	29.2	17.1	42.3	31.3	95.0	25.4	4.4	4.2	1.7	1.3	2	0.3	0	0	0.3	0.7	0.7	1.9	4	0.61
DUBLIN Dr. J. W. Moore.	29.842	0.474	38.9	37.1	34.7	86	48.0	29.5	18.5	42.8	34.4	..	27.0	7.3	..	1.7	1.5	1	0.7	0.3	0.3	0	0.8	0.7	2.7	6	0.70
KEW Dr. Treutler, F.L.S., etc.	29.696	0.836	37.5	35.3	32.3	82	44.7	27.2	17.5	42.1	29.9	102.7	20.3	6.2	3.4	0.3	3.3	1.3	0.7	0	0	0.7	0	0.7	2.1	3	0.14
LLANDUDNO Drs. Nicol and Dalton.	29.722	0.614	39.7	36.8	33.1	78	48.5	30.3	18.2	45.0	34.2	..	..	5.5	..	1	4	1	0	0	0	1	0	0	2.2	2	0.14
MALVERN Messrs. W. and J. Burrow.	29.708	0.775	37.6	35.0	31.4	79	47.0	26.8	20.2	42.8	30.8	77.2	26.0	5.3	1.9	0.3	0.7	2	0	0	1	0.7	0.7	0.6	1	2	0.12
SCARBOROUGH Dr. Fox, M.R.C.P., etc.	29.734	0.716	38.0	35.4	31.8	77	46.4	32.5	13.9	43.0	33.5	..	..	7.0	1.0	2	3	0	0.7	0.3	1	0	0	0	3.6	5	0.67
SIDMOUTH Dr. Mackenzie, F. M. S., etc.	29.669	0.812	40.0	37.1	33.0	77	47.5	30.1	17.4	44.8	33.1	..	..	3.2	2.4	3	0	2	1	0	0	0	1	0	1.4	5	0.44
WORTHING W. J. Harris, Esq., M.R.C.S.E.	29.680	0.876	37.7	35.1	31.5	79	46.6	28.2	18.4	43.3	31.9	..	18.7	5.6	3.9	3	2	0.3	0.3	0	0	0.7	0	0.7	2.2	3	0.35

REMARKS.—Atmospheric pressure has during the week been considerably below that of last week, and its range has also been more limited. Temperature has been much lower and the range less. It has been very uniform at all stations, the greatest mean difference between any two places being only 2.5 deg. The highest range was observed at Malvern, and the least at Scarborough. Winds have been generally very moderate, and chiefly from E. and N.E. The amount of cloud has been considerable, though scarcely less than that of the previous week, and the amount of ozone has also been on the whole rather less. The rainfall (including snow and hail) has been general, but much below that of the week before; the largest amount was collected in Dublin, and the least at Bath. Snow and hail fell at nearly all stations: on the 8th at Kew; on the 9th at Worthing and Dublin; on the 10th at Kew, Worthing and Dublin; on the 11th at Bath, at Kew (heavy showers of hail), and in Dublin; on the 12th in Dublin, at Kew, Sidmouth (lying only on the hills), and Worthing; on the 13th in Dublin, at Kew, Bath, Bournemouth, and Worthing (heavy snowstorm between 4.30 and 5.30 p.m.); from Scarborough "occasional snow and hail showers during the week" are reported, and none are mentioned in the Malvern and Llandudno returns. A brilliant Aurora Borealis was observed in Dublin on the 9th, about 9.30 p.m. Generally speaking, the week has been the coldest of the present year, and has been marked by cold, dry, E. and N.E. winds, accompanied by a generally cloudy sky. Influenza is still prevalent about Sidmouth.

No additional Plants have come into flower at Kew during the week.

Kew, W., March 17th, 1869. W. J. TREUTLER.

We have received a communication from Dr. Fox, our meteorological observer at Scarborough, enclosing a form for the registration of meteorological observations. This will supply a want felt by many observers, some of whom have consulted us as to the best and most suitable form of journal. The form in question is very neatly got up, and so arranged that each page shall hold the registrations of one month, entered thrice daily. The pages are separate, and can be bound or stitched together so as to form a convenient volume. We would direct the attention of those of our observers who may not yet have a suitable arrangement for entering their observations to the forms of Dr. Fox, who states that his Printer will supply them, ruled on good paper, at 3s. 6d. per dozen, including postage. We would suggest, however, that the column headed "Remarks" should be somewhat wider, as some of the most valuable observations that can be taken can be entered under this heading only.

MASSAWAH:

HOW WE MANAGED TO LIVE AT MASSAWAH: THE NATIVES: DISEASES: NATIVE TREATMENT: PECULIAR CUSTOMS.

By HENRY BLANC, M.D., M.R.C.S.E., F.R.G.S., etc.,
Staff-Assistant-Surgeon, Bombay Army.

PART II.

OUR home ideas of comfort do not in the least agree with those of Eastern nations. The first, indeed, far from being welcome, would be quite ridiculous under such opposite and different circumstances; and when I say we endeavoured to make ourselves comfortable at Massawah, it implies that we did our best to protect ourselves against the fearful heat; to sleep at night and not faint during the day; to keep, in a word, body and soul together during those dreadful summer months. During the first three or four weeks, we remained on board the steamer. By dropping an anchor at the stern, the ship was made to swing round, so as to expose its breadth to the sea-breeze; and, with double awnings, we found living on deck, day and night, not so bad as we had expected. It is scarcely possible for the ordinary run of travellers to avail themselves of the same advantages; still, they can always make some arrangements with the native boats that bring them from Aden or Jiddah. The open sea is the only place where the intense heat is bearable; and as one and all must submit to make a more lengthened stay at Massawah, the best plan is to live on the boat (the same applies to any similar locality in the Red Sea), and only land in early morning, and late in the afternoon, to transact the necessary business.

However, our late friend Theodore not being in a hurry to reply to our letter, the time came when the steamer was ordered back to Aden, and ourselves were obliged to seek for lodgings elsewhere. We took up our abode on the island in a house near the sea, belonging to a native, but used during several years, as the British Consulate: rather clean, small, coral-built, composed of two go-downs on the ground-floor, and of a terrace and two small rooms above. The terrace we occupied as a bed-room, sleeping in the open air, as indeed we always did during our sojourn on the coast. The small rooms were our refuge during the day; luckily, one of them had a window looking towards the sea; and though we did not get quite as much of the sea-breeze as we would have desired, still, now and then, a few delightful puffs soothed our throbbing brains, and cooled for awhile our *well-heated* apartment.

Riding on the island was quite out of the question, and we soon had quite enough of our morning or evening strolls; the *perfumes* of the place had been too much for our olfactory organs, and, finding altogether time weighing very heavily upon us, we removed to the mainland, to some houses the property of actual or of former residents, about four miles inland, and in the vicinity of a village called Moncullah. We selected two of them, and, with a few repairs, rendered them more habitable. The weather was cooler, and, with riding and shooting, we enjoyed the change immensely. We spent there, Mr. Rassam and myself, the *cold* (?) weather of 1864-65; and, with the only novelty of the arrival or departure of a steamer, our days were passed very much alike. At daybreak, at the latest, we usually got up and strolled about, gun in hand, for a couple of hours; and, though game was not very abundant so near the sea, still frequently we would bring back a few hares, an antelope, or a few partridges. But, once half-past eight or nine, in the best of time, the sun was not to be trifled with, so back we went to our huts, took our daily morning cold bath, a light breakfast, and spent the day in doors as best we could. In the afternoon, a good long ride; at dusk, we sat down to our frugal dinner, under some trees near the well, and in the evening we wiled away the time with a game of cards; or, when visitors came, chatting over our deceptions. When we put up our quarters at the Europeans' *country seats*, near Muncollah, we found the wells there abandoned, the water being so very brackish as to be quite unfit for use. We had the deepest well emptied, several feet of mud and filth removed, and its original depth increased, until we came upon some hard rocks. The result was splendid. Our water, henceforth, was the best of the place. Nevertheless, we never used it unless filtered, and seldom, except boiled, in the shape of tea or coffee. Our Indian servants were made to submit to the same rules; and, with this and other precautionary measures, we had never, any of us, any serious sickness to deplore.

In May 1865, I was obliged to go to Aden, on account of a severe attack of ophthalmia. On my return, after my month's leave, the hot weather had begun to make itself felt, and the question naturally arose, where should we spend it. We thought, at one time, to repair to the highlands neighbouring on Abyssinia, but political reasons prevented us from following that plan. Our next idea, then, was to remain where we were, and try the system of tatties, so universal in the hot plains of India. I had seen serious illness in India resulting from their employ, and was rather against them; however, we thought we would try them for awhile at least. Mr. Rassam had wooden frames, filled with brushwood and grass, placed at the open doors and windows; water was constantly poured over them, and the hot, dry wind now reached us cool and pleasant. But, as I feared, the great difference in temperature between the cooled room and the exterior heated atmosphere proved unhealthy; and Mr. Rassam, who remained for some time faithful to his system, was seized with slight fever, and forced to abandon the place. Mr. Prideaux had, by that time, joined the mission, and we both pitched some large, double-roofed Indian tents on the sea-beach opposite the island of Massawah. Mr. Rassam made some very wise and important improvements in the first houses in which we had dwelt in the island, and he himself took up his quarters there.

The natives shook their heads when they saw us pitch our tents on the sea-beach. They all said that we would not be able to stand it: they were wrong; we had all the advantages of the sea-breeze, and our thermometer was generally one degree lower than in Mr. Rassam's house, though several degrees higher than on board the steamer. In that manner we spent the greater part of the hot weather of 1865. Occasionally we availed ourselves of the frequent visits of the steamer to take a trip to sea. We went also to the lower plateau of Ailat, and once spent a week amongst the Hababs, on the delightful hills of Azte Mariam; and, though by the time we left for Egypt to receive our instructions from Government we were all, more or less, exhausted, still no one of us was suffering from actual sickness; and we so much improved in health during that voyage, that on our return we all felt strong enough to venture on the long journey that lay before us.

The natives of Massawah, and of the neighbourhood, have but few characteristics of the African races; they differ but slightly from the Arabs of the opposite coast; and, though the scale from the purest type, to the degraded offspring of the Shankalla slave, is large, and offers many varieties, still the origin of the race is everywhere apparent. Examining them in a medical point of view, they are essentially asthenic, unfit for any great exertion; and, under sickness, completely wanting in stamina. Old men are very seldom met with. The prime of life is short in both sexes; men of thirty-five are grey-headed; at forty they are old. In women, the span of life is even shorter; they bud at ten, bloom at twelve, decay at twenty! It is wonderful, the change that even a twelvemonth makes. Some of our water-girls, when we arrived, were mere children; before we left, they were already larky, saucy, beautifully made girls; and, no doubt, before this time, are already faded. But in those who marry, it can hardly be credited that the ugly-looking hags, with long, pendulous breasts, skinny faces, and slovenly appearance, are the same nimble, lightfooted, fresh-looking maidens—the only pleasing sight that charmed our eyes, the only bright spot on the ugly picture.

Not only do the natives step at once from youth to old age, but they are, also, a short-lived race. Mortality at all times is great. Burials were very frequent during our stay. It is true that the year was somewhat exceptional. Scarcity at first, and then almost the horrors of a famine, desolated the whole country: fever, diarrhœa, and dysentery were, in consequence, very common and fatal. Many applied to me; to those I gave very little medicine—a little quinine, or opium, as the case might be, but a good deal of araki and brandy, and some meat to eat, as they liked best. It was wonderful to witness how quickly they rallied; how soon the emaciated features, with death written upon them, would assume a more hopeful appearance. I remember the case of a man, very ill indeed, and greatly reduced by semi-starvation, who proceeded with the steamer to Aden, having engaged himself to look after some cattle. He did his work as well as he could, took no medicine, but was well fed on board; on his return, a fortnight afterwards, I was perfectly amazed at his appearance; the broken-down, old-looking man of a few weeks before, had been transformed into a fine-looking young fellow. Evidently the race does not thrive under that exceptionally hot climate; it does not suit them. They manage to live, it is true, but how? Premature old age, or an untimely death, is all they can expect. And when, to the many disadvantages of the climate, scarcity comes on, and adds its baneful influence, debility and exhaustion marks them as easy prey—a few days of fever, or some bowel-complaint, and all is over.

In the best of times, fever and bowel-complaints make great havoc after a few showers of rain. The natives have no knowledge whatever of medicine. When they are sick, they send for the mullah, or for some man renowned for his sanctity. If the case be hopeless (I mean if there be no money in the house), the wise men take but little trouble, and satisfy their reputation for skill and knowledge, by merely predicting to the family the speedy release of the sufferer from this world's woes and troubles—a prognosis which, their experience has taught them, very seldom fails. But when a little hard-earned cash, carefully concealed, probably buried many days in the darkest corner of the hut, is, with many a sigh, dug up and made to shine before the greedy eyes of *the saint*, the case is then very different. Most wonderful prayers, on sacred parchment prepared in holy Mecca, are written by the good man; the ink, twice blessed by the words it has traced and the hand that held the pen, is carefully washed away with water, and this all-powerful remedy religiously drunk by the patient. Should, however, the mighty spell fail, stronger incantations, if possible, are again swallowed; others, bound up in leather, are tied around the forehead or arms of the dying person. But sickness does not abate, and perhaps a dollar still remains; the last and greatest charm is then applied. The saint, after muttering long and deep-sighed prayers, spits three times on the moribund; but after this, no hope can be entertained should the magic influence fail in its effects. Mussulman fatalism then takes the upper hand, and the last moanings meet with no sympathy; after so much has been done to save the patient, they must bow to the will of Allah. Has he not refused to withdraw the angel of death, when so strongly appealed to by his beloved saint: to try to avert death after the failure of the holy spittle, if not heresy, at least would it not be blasphemy?

Small-pox, the natives say, generally makes its appearance every ten years; but I believe that it only disappears from one locality to spread in another; and that at any time it will be found to be prevailing in some of the various tribes inhabiting the Samhar, the Bogos, the Soudan, etc. It is a greatly-dreaded and the most terrible scourge the inhabitants were aware of, as cholera only broke out for the first time in the autumn of 1866. The natives practise inoculation on the fore-arm; to that effect an incision, half an inch in length, is made with a razor, and in the wound some pus, taken from a mild case, is rubbed in. The success or failure depends, in great measure, on the character of the existing epidemic; if mild, the practice is not attended with much loss of life; but, should it be severe, the mortality is considerable.

Many women die in childbirth, a result greatly brought on by the practice in use. There are no regular midwives; every old woman in the place is supposed to be a master of her art; and, as this consists but in a jumble of puerile and noxious practices, there is no doubt that she certainly is! Women are confined on all fours; the child is allowed to fall on the ground, and the woman made to remain in the same position until the after-birth follows of its own accord. Never is any interference allowed; and, as the same practice is also followed in Abyssinia, I saw there several women dying of hæmorrhage, all the bystanders howling and crying, when a few simple tractions and frictions on the abdomen were alone necessary. In such cases, amidst the screams and yells of a numerous assistance, I was fortunate enough to save several lives; but my responsibility was indeed great; as, had they died, I would have been held responsible; and in those lands responsibility is no myth, but involves a serious punishment, even death, if it cannot be compromised by a fine. As soon as the after-birth falls on the ground, the woman is placed on a small native bed (a rude wooden frame, lashed together with leather ropes), a dirty cotton cloth is thrown over her, and under the bed the midwife puts a large earthen jar, filled with burning charcoal, into which she now and then throws a handful of aromatic herbs, filling the well-closed hut, and half smothering the woman with a dense, suffocating smoke. As it not unfrequently occurs, should the recently delivered woman faint from great loss of blood, she is at once supported on her bed in a sitting posture, a string of amulets is tied as tight as possible around her forehead, and all the persons present rush around her, shout and scream, ring bells, beat together pieces of metal; in a word, do their best, if noise be the remedy, to bring back even the dead from the grave! No sooner does she show any signs of animation, than a looking-glass is held before her face. At this she is told to stare with all her might; the visitors cease in their noise; but, probably to cheer her up, moan and groan, as if in great pain themselves. The patient is still seated, and, in consequence, before long she faints again; and as nothing can induce the spectators to withdraw, and allow the poor creature to breathe a little fresh air, nor to desist from keeping her bent in two, the only resource left, when all arguments have failed, is to turn every one bodily out, and force the relatives to allow the patient to lie down. Let us suppose these first accidents over; the next thing is to give her the *medicine*—a large tumblerful of a melted butter, honey, and spices. The woman, *nolens volens*, must swallow it. Luckily, it usually only acts as a mild emetic, and afterwards she is left to herself. When strong enough to run the gauntlet of the midwife's attendance, and the sympathy of her friends and neighbours, she rallies to a certain extent; and though in all probability broken down for life, a few days afterwards she can be seen painfully crawling about and resuming her domestic occupations. The child's first food is fresh butter. In young women, the breasts are so enormous after confinement that often for weeks the child cannot suckle. All this time it is fed only on butter; and even when it takes the breast a certain amount of butter is still given daily. The children seem to thrive well on this diet. They are not weaned before they are two, sometimes three years old. Until they can walk, the mother constantly carries her child on her back, where it is held by means of a square piece of leather, tied in front around the chest and waist.

A very curious fact occasionally met with in the lowlands, but more frequently still in the highlands, is the very fair colour of the new-born children. Some, indeed, have all the appearance of European children for a day or two; but soon, however, the darker colouration of the skin gradually makes its appearance; and if even for a while there may have been a suspicion, the true characters of the breed are too certain to allow even a doubt to remain.

I saw, whilst at Massawah, several cases of rheumatism—some of syphilitic origin, no doubt contracted in Abyssinia. One of my rheumatic patients was an old Mussulman merchant, a native of Abyssinia, who had fled to the coast when he heard that Theodore had taken a fancy to his wife. On his departure, she was confiscated and sent into the harem; the old man, lamenting his fate, and groaning over his rheumatism, remained under Turkish protection. I once gave him a prescription, telling him to go on board the steamer, where the apothecary would prepare it for him, as I had none of the required medicine with me; but from what followed, he must have misunderstood me. Meeting him some time afterwards, and inquiring as to his health, he replied that he had done what I had told him, but felt no better; "and I can assure you that I have made frictions very regularly with the medicine you gave me, but now hardly any remains." On saying that, he pulled from his pocket a small, dirty piece of paper. I could not well make out his meaning. I took the shreds of the paper, and was rather surprised on seeing on it my handwriting. A few words explained all. Under the belief that the curative power of the medicine dwelt in my written words, he had not carried the prescription on board, but had simply been frictioning his aching limbs, morning and evening, with the written paper I had given him—certainly a great compliment to my sanctity. I only saw a very few cases of syphilis, all contracted in Abyssinia. In the bazaar at Massawah, a certain number of wretched old hags cumulate the double profession of pimps and prostitutes, but their *clientèle* seems to be limited to the Turkish garrison. Gonorrhœa, I heard, was not uncommon, and I attended several cases of stricture, due to that cause. I expected, on my first arrival, to meet with scurvy on a large scale, but was rather surprised to see but very few cases, and those almost all amongst strangers, or slaves from the Shankalla country. I suppose that the natives of the place, born and bred in that land of brackish water and no vegetables, grow up and gradually become accustomed to that mode of life; and that the effect of that regimen is more marked in their general constitution than in any actual morbid manifestation. We must also take into consideration the great amount of meat the people partake of; it is, in ordinary times, cheap, and even the poorest live partially on it.

Poor, badly clad, worse lodged, indifferently fed, we cannot expect people under those circumstances to be active, boisterous, and merry. We find, therefore, the natives of that region lazy, or rather apathetic. There is nothing lively about them except in their youth. Their songs are monotonous in the extreme, and their dances mere lascivious looks, a peculiar swinging of the head, accompanied by a hissing, labial sound. The wailing for the dead, though in some respects similar to the same customs on the highlands, is, in all its manifestations, something much more *tame*. The howling is more dreary, less expressive, and soon ceases, to give place to a quiet, regular moan. From the instant a death takes place, until the burial, all the relatives, friends, and neighbours, assemble in the house of the deceased, or in front, should it be too small. All cry, or at least pretend to do so. When a general silence occurs, a friend rises and relates, in a voice choked by tears, some anecdote concerning the one they mourn. "I remember," he will say, "that one day, feeling very tired, I longed for a pinch of snuff. As good luck would have it, I met him, and, with his generous heart, he at once complied with my request." Every such tale of the deceased's virtues is followed by the groaning being taken up in chorus, and on a higher key.

Not a bad test of the superiority or inferiority of a race is to be found in the appearance of the genital organs. There is, no doubt, that the less intellectual they are, the greater is the development of those parts; and those tribes remarkable for the preponderance of the basilar over the frontal conformation of the skull are not what can be called great in mental powers: and though somewhat less lascivious than the races of the plateaux (a mere question of climate, I believe), their only aim in life is sensuality. In that resides their pride and happiness. Even life seems to wane when their procreative powers are less vigorous; and, as I have already mentioned, after a short prime of life in both sexes, the whole frame seems to wither and decay.

From the Somali country to the banks of the Atbara, all the various tribes inhabiting that large tract of country practise a very peculiar operation on the females. Seven days after birth, the midwife, with a sharp knife, makes a deep incision on both sides of the vulva, removing a strip of the skin, and all the mucous membrane. The thighs are then firmly lashed together, and left bound for five days. The operation very seldom fails; the reunion is generally perfect, leaving only at the inferior part a small aperture for the passage of the urine, menses, etc.

It is hardly to be credited, but, nevertheless, true—cases of rape occur under those adverse circumstances. Several came to our knowledge during our residence at the coast: however, there can be little doubt that it must be a consented rape; and the woman, whatever her denials, must have been a willing party, or in her ignorance a willing sufferer.

For weeks after marriage, the parts are lacerated and frightfully swollen. In some instances the laceration is such, that it would hardly be considered as produced by a simple cause, were it not that the unusual proportions of the male's organ explained the mystery.

All these tribes are Mussulmans: and, however heretical it may read, their faith is their only redeeming feature. It is evidently the creed that suits them best; the one the better adapted for Africa. Mussulmans, no doubt, despise and inwardly curse the Christians; but after awhile, by considerate treatment and non-interference in their prejudices, they attach themselves to their masters, and turn out faithful followers. The *Eastern* Christian is an anomaly: all travellers who have visited those lands, however they may disagree on many points, at all events have but one opinion on that subject. All will say, like myself, that the European can, now and then, trust a Mussulman—an *Eastern* Christian, never!

One of the advantages of having to deal with Mussulmans, and no trifling matter, is, *that they wash.* They do not habitually drink; they *can* speak the truth; they are, towards their masters, more reserved and less demonstrative; they do not, in good times, lavish upon them the grossest adulation; nor, in the day of trouble, turn round upon the unfortunate with all the animosity of flattering menials. But I hope I shall not be misunderstood: *Eastern* Christians are not what *we* call Christians—a fact I trust to explain satisfactorily when we come to speak of our brethren of Abyssinia.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE V.

WITH regard to vertebrates above the class of Fishes, all the Amphibia, except the lowest, have a further regional differentiation of the spinal column, as, in addition to trunk vertebræ and caudal vertebræ, there is a sacral vertebra which is connected with the pelvis.

As to the long-tailed Amphibia, all have transverse processes which appear, at first sight, to be simple, but each of which has a longitudinal groove on each side of it, if it do not actually bifurcate so as to consist of two superimposed processes, as is the case in the Salamanders and Labyrinthodonts The proximal end of the rib, in such cases, likewise bifurcates, the two arms of the fork representing the head and the tubercle of the rib respectively. There is normally but one sacral vertebra, but its transverse process is large and broad, and the moveable rib which is attached to it is large and broad also. In some species one, two, or more caudal vertebræ are also furnished with moveable ribs.

The caudal vertebræ are generally provided with processes which have the same relation to certain of the soft parts as have the chevron bones of Fishes. These chevron-bone like processes certainly, however, do not answer to ribs, as they coexist with transverse processes, to the extremities of which moveable ribs are articulated.

Although there can hardly be said to be any cervical region, yet in the Urodela there is a decided atlas vertebra with two facets to correspond with the two occipital condyles.

In the Anourous Amphibia a wonderfully different condition obtains. The vertebræ are very few in number—not more than nine free ones, and not more than eleven altogether. They are generally procœlous, and are provided with long and simple transverse processes, to which, sometimes, rudiments of ribs are attached. There is one sacral vertebra with very elongated transverse processes, which appears to take the place of sacral ribs. The spine ends posteriorly in a coccygeal style, the nature of which can only be known by the study of its development. In the Tadpole, the notochord behind the sacrum never becomes divided into definite vertebræ, but becomes surrounded by cartilage like the end of the spinal column of osseous fishes. Ossification takes place in the cartilage, and also in the neural arches which anchylose with its upper surface towards its proximal end.

In the Vertebrata, generally, above the Ichthyopsida, a greater number of distinct regions can be defined. Taking the Crocodile as our type, we find five distinct regions; viz., cervical, dorsal, lumbar, sacral, and caudal. There are nine cervical vertebræ, the first dorsal being defined as the first vertebra, the ribs of which are connected, by sternal ribs, with the sternum. There are three or four lumbar vertebræ; and the vertebræ in front of the sacrum are, in all, twenty-four in number. There are two sacral vertebræ, and these have expanded ribs. The caudal vertebræ are devoid of moveable ribs, and the chevron bones are attached to the intervals between the bodies of the caudal vertebræ. The crocodile has a distinct axis vertebra as well as an atlas: the latter consists of four pieces which remain separate throughout life. There is a large bone between what might be thought to be the body of the atlas and the body of the axis; this is the os odontoideum, and is probably the true body of the atlas; and the median inferior piece of the atlas is, probably, an ossification of the intermediate substance between the body of the atlas and the skull. The upper median piece of the atlas is no true vertebral part, and there is no bone like it in any other animal.

The third cervical vertebra has, on each side, two transverse processes like those before described as existing in some amphibians, and similarly a rib is annexed with a bifurcated proximal end. Further back in the neck the ribs become more elongated. In the trunk, as we pass backwards, the essential duality of the transverse process becomes more and more disguised, and simultaneously the tuberculum of the rib approaches the capitulum until both are on the same level. The apparently large transverse processes of the sacral vertebra are really large ribs attached to short transverse processes; the apparent caudal transverse processes are really ribs. In the Ichthyosaurus no region can be distinguished in the spinal column other than those existing in fishes. The structure of each vertebra in this animal is quite peculiar. The neural arch never unites with the centrum: there are no transverse processes, but only little tubercles. The atlas and the axis are both biconcave, and a small ossicle exists beneath and between them, and another larger one beneath the atlas between it and the occipital condyle.

In Ophidians there is no sacrum. The transverse processes are short; and the vertebræ are not only articulated by a ball-and-socket joint, but their neural arches interlock by means of a special prominence (the Zygosphene) which fits into a corresponding concavity (the Zygantrum).

In Lizards there is generally a sacrum, also in the Plesiosauria, the vertebræ of which are provided with long but simple transverse processes. The Chelonia have quite peculiar vertebral characters; there are no transverse processes in the trunk, but the neural spines are widely expanded, horizontally, at their summits; the expanded ribs join by their heads the vertebral bodies, while their elongated and broadened capitula unite with the margins of the expanded neural spines.

In the Dinosauria and Pterosauria all the vertebræ are formed more or less on the Crocodilian type, but the sacral vertebræ are five or six in number. In some Dinosauria the sacral ribs become thin, and are raised up on to the sides of bodies of the vertebræ, thus presenting an approximation to the structure of birds. The last named animals have their vertebræ in the main Crocodilian, but with many peculiarities. The atlas is a continuous ring of bone. The cervical ribs are distinct in the young; the articular surfaces of the vertebral bodies are generally cylindroidal, but in the Penguin they become spheroidal and opisthocœlous. The vertebræ of the dorsal region in Birds become curiously fused together, and the sacrum is very singular, not merely from the extent of anchylosis but from a change in the characters of the vertebræ. Sometimes, as in the Ostrich, there are twenty-one vertebræ united with a sacrum, but of these some are really dorsal, others lumbar, and others caudal. Now, the transmission of the nerves of the sacral plexus is the only available character to determine which are the true sacral vertebræ, and not more than four or five such have been found in any bird. The vertebræ in front of these are lumbar, and those behind are, of course, caudal. The true sacral vertebræ have no ribs, and in this circumstance birds differ from all other vertebrates. On the other hand, the caudal vertebræ anchylosed with the sacrum, have on each side of each vertebra two transverse processes which join the ilium. The lower of these transverse processes includes a costal element.

COAL-OIL AS A MEDICINAL AGENT.

By JOHN MULVANY, M.D.,
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COAL-OIL, as an illuminating agent, has been in use from the most remote antiquity. Mention is made of it in the writings of Herodotus and Pliny. Its name, petroleum, was given to it on account of its being found issuing from crevices in the rocks in Agrigentum, Zante, Persia, etc. Its more modern and less classic designation, coal-oil, was given to it on the supposition that it is produced by a subterranean destructive distillation of coal, effected by means of the internal heat of the earth. Whether this theory or its converse—viz., that coal is formed from petroleum—hold good, is a subject worthy of the attention which it at the present moment excites, but one in no way bearing on the subject of the present paper. It may not, however, be irrelevant to state, that petroleum is now universally considered to be the result of a slow process of decomposition of the woody fibre of plants, and, in a minor degree, of the tissues of the lower animals; that it is found issuing from the soil in various parts of Canada, and exuding copiously from the Devonian sand-stones, in several states of the great Republic, south of the New Dominion, and in connection with limestone and rocks of all ages, Palæozoic, Lower Silurian, and others, up to the tertiary period. As it issues from the "springs," it is unfit for either lighting or medicinal purposes. Although used by the Indians as an external application, the hydrocarbons with which it remains charged—naphtha, benzole, benzine, etc.—render its application exceedingly risky; high inflammation, and even mortification, having resulted from its incautious application to abraded surfaces. For medicinal purposes, therefore, oil of great purity should be procured. As a general rule, that refined in Canada will be found sufficiently free from impurities, the temptation to adulterate it with the more volatile hydrocarbons being comparatively slight, on account of the much smaller demand for it for exportation, and the vast number of coal-oil wells in the dominion. When pure, petroleum is of a clear slightly amber tint, having a bluish tinge when examined by reflected light. In composition, it is a hydrocarbon, having its two constituary elements in equal proportions, its formula being $C_{24}H_{24}$ according to some, whilst others place it in the marsh gas series, and state its composition to be $C_{18}H_{20}$. Its odour is penetrating and disagreeable; specific gravity, 815; point of ignition, 117 to 128° Fahr. Specific gravity, as a test of its purity, is worthless. Fraudulent manufacturers sometimes substitute a mixture of heavy coal-oil and naphtha for the pure article, which has the same specific gravity. Its point of ignition will be the surest index of its purity; the volatile hydrocarbons with which it is sometimes adulterated being much more explosive and inflammable at a lower temperature. Petroleum at one time, I believe, was officinal in our *Pharmacopœias*; but, owing to its impurity, and its *modus agendi* not being, perhaps, correctly appreciated, it fell into disuse, and at the present day is but little used, except by Indians and quacks. I was first led to suspect that it might possess therapeutic properties which would repay investigation by accidentally discovering that it was an excellent application for

Burns or Scalds.—In the summer of 1867, an engineer on board one of the boats on Lake Erie was accidentally scalded in the right wrist. The scald, measuring three inches in diameter, was produced by steam, and corresponded in severity to the third order of burns, according to Dupuytren's classification. Petroleum being the nearest species of oil at hand, he applied it freely to the part, and kept it constantly applied until I saw it next day. I was equally surprised at the application which he used, and at its results. The part looked so healthy and nice that I advised a continuance of the treatment, and watched its effects. From day to day the improvement was rapid and uninterrupted. No flabby nor unhealthy granulations formed, and cicatrisation took place with remarkable celerity. Its application was momentarily painful, but assuaged in a very short time the intense pain of the scald.

Ulcer.—The patient, a young man, aged 25, came under my care on March 5th, with an ulcer situated over the right gastrocnemius. He had been suffering from it for a fortnight previously to applying to me. At the date of his application, the sore measured one inch and a quarter in diameter, was partially covered with a thick scab, and surrounded by a purplish zone, which measured two inches and a half from the edge of the ulcer to its circumference; it was the seat of a severe burning pain, which almost entirely prohibited locomotion. Under the usual orthodox treatment—cataplasms and water-dressing, etc.—less than twenty-one days would not suffice for a cure. On the morning of the 5th, I applied a poultice to remove the scab, and in the afternoon I dressed the entire sore, ulcer and zone, with lint saturated in coal-oil, and a bandage. On the 6th, at 9 A.M., the inflammatory zone had quite disappeared, and the swelling had so much subsided, that the part looked wrinkled and had a whitish brawny appearance, as if shedding its epithelium. There was no pain. The oil was continued. In the evening, the pain which restrained his movements on the previous day having completely subsided, my patient got up a little impromptu pugilistic drama on the forecastle, with one of the jolly tars, in which he gave a grand exposition of the science and mysteries of the art. The only advantage which accrued to him from the elegant performance in which he figured as principal actor was simply a confirmation of the old adage, "*Joco di mano joco villano*"; an advantage which, if his mind had been more philosophically disposed, might compensate for the sundry *meurtrissures* sustained by his body, and the aggravated condition in which I found his leg, which was more swollen, more red, and more painful than when he came under treatment. However, I again applied the coal-oil, and had the satisfaction of witnessing on the following morning (the 7th) the same gratifying results which I had observed on the preceding day. The patient now remained quiet, and in a few days the coal-oil was changed for water-dressing, the surrounding inflammation having entirely subsided, and the ulcer commenced to cicatrise healthily. I have since employed it with equally satisfactory results. In bringing forward coal-oil as a remedy of incalculable value in the treatment of ulcers, I do not claim for it any specific virtues, its action consisting simply in dispersing the surrounding congestion, and reducing inflammatory action to a condition favourable to the proper development and organisation of healthy lymph, at the same time that it exerts a healthy influence on the ulcer itself, be it indolent, irritable, or sloughing.

Phlegmonoid Inflammation.—W. M., aged 31, applied to me for an extensive phlegmonoid inflammation of the leg. The whole of its middle third was much swollen, the swelling shading off towards the ankle and the tubercle of the tibia. Over the centre of the crest of the tibia there were considerable pain, redness, and pitting on pressure; and the heat was so great, that cold applications to it became immediately vaporised. This patient wished to be married in four days. Here was a predicament! Were I to treat his leg by cold applications, there would not be the least likelihood of his becoming a Benedict in less than seventeen days; were I to apply cataplasms and make incisions, the chance of his putting his head into the matrimonial noose would be equally remote; accordingly, I enveloped the affected part in lint saturated with coal-oil, and applied a bandage, strictly enjoining him to remain quiet, which he did. Next day, the swelling and heat were much reduced; the part seemed wrinkled and brawny, and the pain was much less. The application was continued. On the third day, the swelling over the shin had quite disappeared. There was no pain nor pitting on pressure, and no abnormal heat; but, on each side of the tibial crest, there was a slight degree of redness, and minute papulæ-like sudamina had formed about the roots of the hairs from the constant contact of the oil. The application of coal-oil was omitted, and cold water-dressing was applied. On the fourth day (Sunday), he was well.

If coal-oil has such a controlling power over congestion or inflammation of external parts when applied topically, I reasonably inferred it would exercise a similarly curative influence over the same diseased conditions in internal parts, if we could only apply it topically to them. But not knowing at this time but that it might be possessed of toxic qualities when administered internally, I tried the effects of a small dose on myself, and became satisfied that it was neither poisonous nor palatable. I accordingly determined to try its efficacy in a case of

Chronic Duodenitis, and prescribed it as follows:—℞ Olei petrolei ℥ss; chloroformi ʒss; tincturæ cardam. co. ʒi. M.

From fifteen to twenty drops were dropped on sugar, and taken three hours after each meal. My object in mixing the chloroform with it was to disguise the smell and taste. The cardamoms were simply intended to give it a colour, and still further disguise its taste. In giving it three hours after meals, I expected that it would pass from the stomach with the end of the chyme, and come directly into contact with the inflamed portion of the duodenum. After taking a few doses, the pain subsided, and did not return as long as the patient continued the drops. When these were out, the pain again returned; and, as I was not quite certain whether the beneficial effects were attributable wholly to the coal-oil, or in part to the chloroform, I reduced the quantity of this in the next bottle from half a drachm to ten drops, and gave the same dose as before. The pain again disappeared, and never returned.

Dysentery.—Soon after this, in the cold weather towards the end of February 1868, I became the subject of a rather smart attack of dysentery. The same reasoning which led me to administer it in the above case, determined me to employ it *in propriâ personâ*. So, mixing an ounce of it with two ounces of water, I injected it into the bowel—not, I must confess, without some little timidity, and with but little advantage. An hour subsequently, I injected two ounces of the oil, and the same quantity of water, with immense relief to the painful feeling of fulness in the rectum and the tenesmus. Encouraged by the almost instantaneous improvement, I in two hours afterwards threw up between four and six ounces of the pure oil, retained it as long as possible, took a dose of castor-oil, and was free from all dysenteric symptoms next day.

Erysipelas.—At my suggestion, petroleum was used as a topical application to facial erysipelas, by a civil practitioner in Dunnville, with much benefit. At the same time I had a case of erysipelas of the velum and uvula under treatment, over which nitrate of silver, solution of tannin in glycerine, and various other remedies, exerted no control whatever. The velum was much congested, relaxed, and of a dusky violet colour. The uvula was enormously elongated, of the size of a small pear, ulcerated on each side, and covered with albuminoid patches. As a *dernier ressort*, I applied coal-oil freely to the velum and uvula three times a day, with an almost immediately perceptible improvement.

Erysipelatous Laryngitis.—March 22nd. G. D., aged 30, came under treatment for congestion of the spine, which yielded to the treatment employed. Two days, however, before its final disappearance (April 8th), erysipelas of the fauces set in, which slowly extended down the pharynx, from which it passed into the larynx, producing total inability to swallow either solids or fluids; these seemed to pass to the root of the tongue, remain there a second or two, and be entirely ejected. The back part of the tongue became quite black, the tip remaining whitish and moist. The breathing became embarrassed; air entered and passed out through the glottis with a hissing sound. Dyspnœal paroxysms from laryngeal spasms set in, increasing in severity as they augmented in number. From the forenoon until 4 P.M., he had three of these attacks. The last proved nearly fatal; the poor fellow staggered about the room like a drunken man, clutching at his throat, as if to remove the obstruction; and at his ribs, as if to forcibly inflate the lungs; his eyes were fixed and staring; and the perspiration stood in large beads on his forehead. Lest a fourth paroxysm might prove fatal, I made preparations for opening the larynx; but, before proceeding to operate, I applied the stethoscope, and found evidence of the disease having extended two or three inches into the trachea. Deeming the case, therefore, badly suited for laryngotomy, I, instead, by means of an atomiser, threw about a drachm of coal-oil, in the form of spray, into the larynx and trachea every two hours. The relief to the dyspnœa was immediate; the breathing became easy; and, after a few inhalations, the power of swallowing was regained. Towards morning, he felt the premonitory symptoms of another paroxysm coming on; so, jumping out of bed, he seized the atomiser, inhaled the coal-oil spray, and returned to bed, feeling comparatively comfortable, and thankful that the impending attack was averted. He had no more dyspnœal paroxysms, nor did he again experience difficulty in deglutition; but, I regret to say, the onward march of the erysipelas was not arrested. Inch by inch it invaded the air-passages, until it passed into the most minute ramifications of the air-tubes, and terminated fatally by hæmoptysis.

Ischio-rectal Abscess.—A poor man, aged 60, placed himself under the care of a person practising as a homœopathic doctor in Dunnville, on the Grand River, Ontario, in the month of June 1868, for ischio-rectal abscess. The bump of caution must have been developed to an enormous extent on this son of Hahnemann, or his ignorance must have been profound; for he poulticed and poulticed the poor man until not only both ischio-rectal fossæ became involved, but the scrotum also. When the case came under the care of Dr. McCallum, a regular practitioner of the village, the scrotum had attained the size of the head of a nine months old fœtus; and extensive incisions into it, as well as into the fossæ, had to be made. When I saw him, in a few days afterwards, he was in the most miserable plight I have ever witnessed. His right fossa resembled a rabbit-burrow; fœtid matter ran in streams through an enormous gash by the verge of the anus. The left fossa was distended with matter, which could not escape against gravity. The patient lay on his left side. The scrotum was sloughing, and the smell was most intolerable. The poor man's agony was extreme. I received Dr. McCallum's permission to apply coal-oil. So, having thoroughly cleansed the abscess with warm water by means of an enema-machine, I inserted the nozzle into the abscess, and Dr. McCallum pumped coal-oil into it until it must have come into contact with every portion of its walls. The scrotum was dressed with lint soaked in coal-oil, and he was given a morphia pill. The poor man rested better that night than he had done for many nights before. When I met Dr. McCallum a few days afterwards, and asked him how his patient was getting on, and how the coal-oil was doing with him, "The right fossa," he said, "is granulating nicely. The coal-oil is an admirable application. I omitted it one night, and the patient did not get a wink of sleep. Next night, I applied it again, and he slept until morning."

Sprains.—As an application to sprains, coal-oil is probably unsurpassed, reducing pain and removing the swelling with remarkable celerity. M. Y., aged 30, was knocked down by a dog on the 10th ult. He fell on the back of his right hand, and started some of the ligamentous structures of the carpus. Immense swelling succeeded, which, in the course of a day or two, extended to the middle of the forearm. The part was exceedingly painful from the first; but, about the fourth day, it extended up to the shoulder, and for this I had to give opiates. To the swelling I applied cold lotions; but these produced neither an alleviation of the pain nor a diminution of the swelling. Warm fomentations, for which I had to change them, produced a more soothing effect; but, these being of little use, I had the shoulder well rubbed with coal-oil, and the same applied to the hand and forearm by means of lint, and retained in position by a bandage. This was on the 15th. On the morning of the 16th, he informed me that he slept pretty well during the night; that the pain was much less. The swelling had very much decreased. On the 17th, the pain was all gone from the shoulder; the swelling nearly gone. On the 18th, the swelling was almost quite gone from the hand and forearm; but the skin was a little red, and had a number of papulæ around the hairs. The petroleum oil was omitted, and water-dressing applied. On the 20th, he was well.

Rheumatism.—Petroleum enjoys an extensive and well-deserved reputation as an external application in chronic rheumatism.

Black Knot on Fruit-Trees.—Some of the fruit trees in the New Dominion, more especially the plums, are annually attacked by flies which pierce the bark and deposit their eggs in the trees; the punctured part swells, and exudes a resinous fluid which forms what is popularly known as the black knot; in this, the young flies are brought into existence, and, by-and-by escaping, sting the fruit and cause its destruction. Such, at least, is the history of the black knot, which I received from an accomplished gentleman, a Catholic priest, but lately a medical man. However, it is a fact, that the destruction of the eggs or young flies in the black knot has been found by gardeners to be the surest means of preserving their fruit. For this purpose, they incise the knot and swab it freely with coal-oil.

Itch.—Acting on the hint thus furnished me, I made use of coal-oil for the cure of itch, with an almost unvaried success; out of about forty cases, only one proved rebellious to its influence. For the cure of the pruriginous affection which attacks many at the setting in of cold weather, it is equally successful. In cases of itch it is peculiarly invaluable, since it removes the necessity for segregation or suspension from duty.

Mode of Action.—These few cases which I have selected from many others, will, I trust, suffice to call the attention of the profession to what, in my opinion, will be found to be one of our most invaluable antiphlogistics. As a topical application to inflamed parts, it is, judging from my limited experience, unsurpassed by any other known remedy. It possesses also two other advantages which materially enhance its value as a remedial agent. First, it is always at hand; and, secondly, it is extremely cheap, the very purest not costing more than 18 or 20 cents per gallon. Its mode of action is simple, combining, as it does, stimulant and astringent with anodyne properties. It acts by restoring tone to the paralysed contractile textures of the small arteries and veins, whereby the retardation of the blood-current is overcome, the stagnant corpuscles urged from the capillaries and venous radicles into the general circulation, and the condition on which the transudation of serum and blood, etc., depends, removed; whilst, at the same time, it so materially expedites the absorption of the effused fluids that the parts, swollen by the products of effusion or capillary rupture, shrink with such celerity as to give the part a shrunken, wrinkled, and brawny appearance in, at least, twenty-four hours. It may be that it is owing to this shrinking that the rapid cessation of pain is produced. It does, however, unquestionably relieve pain even where there is no inflammatory effusion, and, I am inclined to think it exercises an anodyne influence, by directly acting on the nervous filaments distributed to the cutis. When rubbed on the skin, or thrown on it in a fine spray by means of an atomiser, it produces a sensation of numbness and of partial insensibility, which soon passes into a pricking sensation, then becomes hottish, and soon passes off. Trying to remove its disagreeable smell, I passed it, in a state of vapour, into a bottle of chlorine gas. A heavy oily compound resulted, devoid of the characteristic odour. I applied some of this to my wrist, but it caused so much pain and smarting that I imagined I had discovered an instantaneous blistering fluid. It did not, however, vesicate, and the pain soon passed off.

The efficacy of coal-oil in the treatment of black knot and itch shows it to be destructive to the lower organisms; on which account it might probably be useful in those cases in which carbolic acid is employed.

OBSERVATIONS ON A CASE OF SUDDEN DEATH AFTER DELIVERY, FROM EMBOLISM OF THE PULMONARY ARTERY.

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It is with some hesitation that I have employed the word "embolism" in describing the following most interesting case, since its use has been roundly denounced by so high an authority as Dr. Richardson, in his recently published lecture "On the Deposition of Fibrine from the Blood within the Circulation."

When one who has devoted so much attention to this subject expresses his hope that "in England, at least, where practical common sense, as apart from jargon, is so boasted of, we shall give up the use of a term which means nothing but obscurity," it requires considerable boldness to express a contrary opinion. It must be confessed, too, that Dr. Richardson has some good grounds for his objection, and that much confusion has arisen from the indiscriminate application of the term to two very distinct and easily distinguished classes of cases.

What these are, he thus describes:—"In the ready twang of the word 'embolism' are now confounded two distinct series of facts—the fact of a floating of a mass (*of fibrine*) from one part of the circulatory system to another part, and the fact of the separation and fixation of a mass at the very point where it is found after death."

It is scarcely the case, however, that the confusion of these two pathological states is so universal as Dr. Richardson would seem to imply. Dr. Barnes, Dr. Humphry, and others, have clearly pointed out the difference between them; and, in a series of papers published in the *Lancet* in 1867 (July 20 and 27, and August 10) "on Thrombosis and Embolism of the Pulmonary Artery as a Cause of Death during the Puerperal State", I have myself laid considerable stress on the importance of distinguishing them. Nor does it seem to me that Dr. Richardson in any way puts the matter in a clearer light by abolishing the term embolism altogether, since he proposes no substitute for it, and describes both the classes of facts above alluded to, under the somewhat cumbrous designation of "Separation of Fibrine from the blood within the Circulation." It appears to me that the real and important difference between the two classes of cases is as entirely lost sight of, as it is when the word "embolism" is indiscriminately applied to them both. Without defending the term from the stigma of barbarity, which Dr. Richardson attaches to it, it seems to me to be as practically useful as any that can be suggested, and now to be too firmly fixed in medical nomenclature to be changed. It is of primary importance, however, that the exact meaning of the word should be borne in mind when it is used.

By *embolism* we mean those cases in which a portion of fibrine is detached from a clot in a blood-vessel, and is carried through the circulation until it becomes impacted in another, and possibly very distant, part of the circulatory system, where it may become the nucleus round which fresh fibrine is subsequently deposited. When the fibrine is deposited *in situ*, in the place where it is found after death, the term *thrombosis* is the one which should be used; and it is to be observed that every case of *embolism* must necessarily be preceded by *thrombosis*, for, unless a thrombus or clot exist in some part of the circulatory system, there is no deposited fibrine from which an embolus can be detached.

Although the words can be used in reference to any part of the vascular system, I would wish to be understood as referring more particularly to those cases in which fibrine is found obstructing the right side of the heart and pulmonary arteries; cases which, in reference to the puerperal state, are of extreme importance to the accoucheur, and deserve the most careful study.

There can be no doubt that embolism in this situation has been more generally considered the cause of sudden death after delivery than thrombosis. This is the view that has been maintained by Virchow, and by Wade and others who have written on the subject in this country. In fact, the possibility of the coagulum forming *in situ* has been almost entirely overlooked. In the paper above alluded to, I ventured to maintain a contrary opinion. I then said: "I believe that a careful examination of the now numerous instances of sudden death after delivery will show that in a large proportion of them there was no history whatever of peripheral phlebitis or venous obstruction from which an embolus could be derived." I am pleased, therefore, to find that Dr. Richardson, who has devoted much attention to the point, considers true embolism to be comparatively rare; and points out, very graphically, how the heart and pulmonary arteries are, from their anatomical arrangements, a likely situation for the separation of fibrine.

It seems to me that the term *embolism* should never be applied to cases of fibrinous obstruction in the heart and pulmonary arteries, unless two conditions are met with on *post mortem* examination. One is the existence of a clot in some part of the peripheral venous system, from which an embolus can be derived; the other is the existence in the pulmonary clots of separate travelled portions of fibrine, corresponding in structure to the peripheral thrombus, round which more recent fibrine is generally deposited. If no clots exist in any of the veins, the case clearly cannot be one of embolism.

Many cases have been carefully examined in which the existence of true pulmonary embolism is beyond all doubt.* The following, in which the travelled embolus was not only found, but the exact site from which it was detached also determined, is so remarkable that it seems to me to be well worthy of record.

Jane W., 21 years of age, was admitted into King's College Hospital, under the care of Mr. Henry Smith, early in the month of December 1868, suffering very severely from intense pain on defæcation, which was, ascertained to depend on a fissure in the rectum. She was then in the sixth month of her third pregnancy. Two years ago she had suffered in the same way, and her symptoms were then so severe that Mr. Smith had operated on her, although she was then also far advanced in pregnancy. No unfavourable results followed, and she had gone to the full time, the rectal symptoms having been greatly alleviated. Encouraged by his former success, Mr. Smith determined to operate again, and this was accordingly done on the 5th of December.

On December 7th, she began to complain of pain in the back, accompanied by a slight discharge of blood, when she was at once removed into a separate ward. Opiates were administered, and the usual treatment for averting premature delivery resorted to. For several days it was hoped that labour might be prevented; for, although slight uterine contractions recurred every now and then at long intervals, the os remained unopened, and there was no discharge. The appetite was good, the pulse quiet and regular, the pain on defæcation much diminished, and the patient was in every other respect apparently in perfect health.

Things went on exactly in the same way until December 13th, on the morning of which day she had one or two very slight pains, but was otherwise cheerful and well. Late on the evening of that day, however, her pulse and temperature gradually rose without any evident cause, and at 10 P.M. her pulse was found to be 160, her temperature 103, and her respirations 40. She complained of no pain, and there was nothing to show what could be the cause of this sudden change. Shortly afterwards she vomited a large piece of undigested meat, showing no sign of mastication, which, she stated, she had swallowed accidentally when disturbed during her dinner on the same day.

At 1.30 A.M., uterine contraction had increased in strength; the pulse being now 104, the temperature 100. At 5.45 A.M., the entire contents of the uterus were expelled, the membranes being unruptured.

The condition of the patient was noticed by Mr. Pedler, the resident accoucheur, to be at this time as follows: "She was suffering from extreme dyspnœa, the countenance was excessively pale, her lips white, the face generally expressing *extreme* anxiety. The uterus was well contracted. No pulse could be felt at the wrist, nor at the posterior tibial artery. The sounds of her heart were almost *nil*." In fact, she had all the symptoms of obstruction at the right side of the heart, most characteristically developed. Stimulants were administered freely. The patient called incessantly for air, and said she was being suffocated. She died at 7.45 A.M., and during the last few seconds of her life the face was convulsed.

A *post mortem* examination was made eight hours after death by Dr. Kelly, the pathological registrar to the hospital, from whose notes the following account is abridged. On opening the thorax, the lungs were found collapsed; there were no adhesions or fluid in the pleura; the lungs themselves were quite healthy, unusually light, and containing very little blood. The bronchial mucous membrane was a little congested, and there was no frothy mucus nor pus in the tubes. The heart weighed nine ounces, and was quite healthy in structure. The right side of the heart was extremely distended, and also the large veins of the neck and the two cavæ; the left ventricle was small, and the pulmonary veins were nearly empty. The right side of the heart was filled with a soft black coagulum, on the upper surface of which was a little discoloured fibrine; it had all the appearance of a recent *post mortem* clot. At the bifurcation of the pulmonary artery, plugs of firm fibrine were found obstructing the passage of the blood, more especially on the left side, where they extended for about an inch and a half into the primary divisions of the pulmonary artery. Beyond these the arteries were nearly empty, containing only a little fluid blood. These clots were of a yellowish or buff colour, very firm, but not moulded to the vessel in which they lay, and were very different from the soft gelatinous clot in the right ventricle. They were of a leathery consistence, and were not surrounded by any black coagulum. On section, they were all uniform in colour, and partially laminated, with the exception of one, which lay across the pulmonary artery, and was nearest to the heart. In the centre of this, was found a piece of fibrine, of the shape of an almond, and three-quarters of an inch long, surrounded by, but separate from, the remainder of the fibrine, which was of less firm consistence. At its base was an irregular surface, which fitted closely to a corresponding rough surface in a clot in the iliac vein. The valves of the heart and large vessels were quite healthy in structure, and none of the clots were adherent. At the junction of the internal and external iliac veins on the right side was a clot of fibrine about two and a half inches long, adherent at its distal end to the internal iliac vein, while its other extremity was free and lay in the common iliac vein, but not filling up the whole of its canal. About its centre was the roughened portion previously described, from which the nucleus in the pulmonary clot seems to have been detached. The uterus was perfectly healthy and well contracted, and its veins contained no coagula.

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* See especially Dr. Benj. Ball's valuable work, *Des Embolies Pulmonaires* Paris: 1862.

The symptoms which caused the death of the patient were so characteristic of obstruction of the right side of the heart and pulmonary arteries, that no other diagnosis was possible. They are precisely those which have been described in numerous cases of the kind which have been recorded. The very careful *post mortem* examination conducted by Dr. Kelly clearly showed that this was a true case of embolism. For, first, was found the firm coagulum obstructing the right iliac vein, showing a ragged portion at the juncture of the right with the common iliac vein, which looked exactly as if a piece of fibrine had been detached from it, and markedly different in appearance from the smooth surface of the coagulum at every other part. Then in the pulmonary arteries were found various masses of fibrine obstructing their calibre, and in the centre of one of these a separate nucleus of fibrine, differing in texture from that surrounding it, and presenting at one extremity a jagged portion, *which accurately fitted the corresponding point in the iliac clot.*

It is very clear, therefore, what had occurred. At some period during the eight days which elapsed between the operation and death, a coagulum had formed in the iliac vein. The portion found in the centre of the pulmonary coagulum had become detached, and was carried through the venous circulation until it was arrested in the pulmonary artery. This, probably, corresponded with the sudden rise in the pulse and temperature on the evening preceding delivery. During the night, the fresh fibrine which surrounded it was deposited, and the pulmonary arteries became more and more obstructed until death ensued. The original coagula in the iliac veins seem to have caused no symptoms, or at least none that were observed.

This explanation of the phenomena is necessarily theoretical, but it is, I believe, the only one which will fully account for the symptoms, and it is strictly in accordance with what has been observed in other cases which have been recorded. There is one difference, however, between this and every other other case of undoubted pulmonary embolism after delivery, which I have yet met with, which is worthy of remark. I have shown by an analysis of twenty-five cases after delivery that, in twelve which were probably due to embolism, the death occurred a considerable time after delivery—generally after the nineteenth day; while, in the remaining fifteen, where the coagulum apparently formed *in situ*, the fatal result occurred at a much earlier period. I explain this curious difference on the supposition that embolism must be preceded by the formation of a blood-clot in some of the peripheral veins, in consequence of a similar blood-dyscrasia to that which produces primary coagulation in cases of pulmonary thrombosis, and occurring about the same time after delivery, and it is not till then the clot so formed has had time to change and soften that a portion of it becomes detached and carried through the circulation to the heart.

In the case above narrated, however, the embolus seems to have been detached *before* delivery. The difference is probably due to the fact that the iliac clot was formed during some portion of the eight days which elapsed between the operation and the death of the patient; and its original deposition may have been produced by some blood-changes resulting from the operation itself. In the absence of any definite data as to the exact time at which it was formed, there is nothing to prevent us from believing that a sufficient period had elapsed to allow of those retrograde metamorphoses of the fibrine which favour the separation of a portion. As this is the only case in which death so nearly coincided with delivery, and as it was preceded by an operation, it seems a very fair inference that the operation was in some way the determining cause of the coagulation in the iliac vein, from which the embolus was derived. There can be no doubt that the alteration in the blood due to pregnancy favoured the occurrence; but, beyond this, it is questionable whether the delivery itself had anything to do with it; and I see no reason to alter the conclusion at which I formerly arrived, "That embolism usually occurs at a much later period after delivery than thrombosis; and that spontaneous thrombosis probably corresponds with, and is due to, some cause similar in its nature to that which produces the obstruction of the peripheral veins in true cases of embolism."

NOTES OF A CASE OF SEPARATION OF THE UTERUS FROM THE BODY BY LACERATION DURING LABOUR.

By THOMAS PAGET, F.R.C.S., and EDWARD R. C. DENTON, M.R.C.S., Leicester.

THE distressing imputations which Mr. Popplewell has recently incurred by attendance upon a case of entire separation of the uterus from its vaginal attachments, prompts us to offer the following report of a similar sad occurrence which has come under our own notice. The more frequent such records become, the less liable will our professional brethren be to suffer from misconstruction on the part of the ignorant.

February 11th, 1869. S. F., aged 24, the mother of two children, was confined of her third full-grown child this morning early. The labour was described by the midwife and others present as not unusually severe, and it was over in three hours. The placenta was removed with but little traction twenty minutes after the birth. To this, however, on examination, a large fibrous mass was found to be attached, and closer investigation showed that this mass comprised the whole uterus, Fallopian tubes and ovaries; with, of course, their usual peritoneal covering. The vaginal membrane hung loose and was jagged by laceration. Surgical aid was sought; but the poor woman collapsed and died in full retention of her senses about three quarters of an hour after delivery, and before Mr. Denton's assistant could arrive. The quantity of blood lost does not appear to have been large or above the average of labour.

Post mortem section showed the pelvis occupied by coagula; and the hand passed from the abdomen to the os externum, through which the fingers readily made their way out.

If it appear at first as probable that in these cases the dreadful result has for its cause an undue force used by the obstetrician, let us take a view of the uterus at the point of mature gravidity, floating in the abdomen, moored, so to speak, to the pelvis only by the round ligaments and the unsubstantial vagina. Then let us see it in labour as the power for forcing the fœtus through the pelvis, the only power, indeed, except the abdominal muscles, attenuated as they are at the full period. Whether their aid be much or little, or whatever may be the force left for the uterus to exert, its capability and habit of violent effort is great, and may be estimated by the pinching and extrusion of the hand of the operator in cases of turning and hour-glass contraction, and cannot be lightly considered by those who have had their hand paralysed for the time by it.

For the exertion of the detrusive power of the uterus, there is no *point d'appui*, no purchase, except the forenamed slender moorings—the round ligaments and sheet-like attachments of the vagina. Who shall wonder that they occasionally give way? Nor, looking further at the mechanism of parturition, and the opportunities of doing mischief open to the practitioner, do we find more than the bare possibility of this damage arising from such a source. It is certain that no force can be applied to lacerate the uterus from its pelvic attachments until it is inverted and wholly outside the vulva; and surely not the most wretched meddler would be so mindless as to continue traction beyond this point —to remove a placenta when twice its substance was already in hand. The uterus, too, after dilaceration, would remain inverted, which condition has never yet been named in connection with the accident, and certainly did not obtain in the present case. If any one, then, be ready to believe that in turning or hour-glass contraction of uterus sufficient force can be used by the operator simultaneously with the paralysing contraction of the womb itself to tear away the womb itself, we cannot think that he has ever had his hand cramped into a powerless state as above.

It may be mentioned that the verdict at the inquest expressed that there was not sufficient to show that undue force had been exerted by the midwife, who had previously attended more than 500 labours.

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

KING'S COLLEGE HOSPITAL.

EXTRAVASATION OF URINE: DEATH FROM ULCERATION OF THE URETHRA AFTER CHANCRES.

(Under the care of Mr. PARTRIDGE.)

FOR the notes of the following interesting cases, we are indebted to Mr. Napper, House-Surgeon.

T. B., aged 40, was admitted on January 5th, 1869, with phimosis and sloughing of the prepuce. On admission, the patient, a spare unhealthy looking man, was covered with a well marked secondary eruption all over his body. He stated that nothing had ever been the matter with him till a week before his admission, when a sore appeared on his foreskin, and he was unable to uncover the glans. On the following day, circumcision was performed under chloroform. Two chancres were removed with the foreskin, and a large one was found at the orifice of the urethra. The wound healed quickly, and the patient went on well till February 23rd. He then became feverish, with a brown dry tongue, sordes on the lips, and some pain in the perinæum. He passed urine freely, and there was no swelling of the parts. The sore at the orifice of the urethra nearly healed. The pain was relieved by poultices. On the morning of the 25th, the patient was noted to be still feverish. Temperature 104°$\frac{2}{5}$. Pulse 140, small and compressible. He had had a slight rigor. His appetite was bad. There was, however, now no pain or swelling in the perinæum. Next morning at 11 A.M., the patient complained of severe pain in the scrotum and perinæum. On examination, extensive extravasation of urine into the scrotum and penis was found, extending into both groins, and as high as the umbilicus. The scrotum was perfectly black, and urine was draining away. Free incisions into the scrotum and over the pubes gave exit to about two pints of urine. The patient sank and died about 5.30 P.M.

The *post mortem* examination was made twenty-four hours after death by Dr. Kelly. The lower part of the abdomen and the perinæum were much discoloured; and the cellular tissue was infiltrated with blood and urine. On removing the penis and bladder, the cause of the extravasation was seen to be due to the perforation of the urethra by ulceration. Just in front of the veru montanum, were three ulcers forming, as it were, a ring at this point; the one on the right side was merely superficial with a dark slough and vascular edges; the other two had caused an opening which led into the cellular tissue, and so formed an outlet for the urine. They were each nearly circular in form, about half an inch in diameter, and had soft, vascular edges; there was no thickening around; the bladder and the rest of the urethra were healthy. There were also two soft chancres on the glans penis. The other organs in the body were not affected.

STRICTURE OF URETHRA OF LONG STANDING, AND URINARY FISTULA.

(Under the care of Mr. PARTRIDGE.)

H. B., aged 63, was admitted into King's College Hospital on February 8th, 1869.

When fourteen years of age, he struck his perinæum, causing his urine to pass in a smaller stream than usual, but producing no other inconvenience. When about eighteen years old, he became intemperate, and had repeated attacks of gonorrhœa, followed by a stricture, which continued to become worse till he was thirty-two. He then went to a London hospital, suffering from retention of urine, where a false passage was made. Five years afterwards, perineal section was performed at Guy's Hospital, and a catheter kept in for six weeks; after remaining under treatment seven months, he went out relieved. A fistula remained, and when he was fifty-one years old the fistula was enlarged and the stricture divided at St. Bartholomew's Hospital, but no instrument could be got into the bladder. He was, however, relieved and went out, the stricture again becoming worse and worse up till the present time. On admission, the patient was found to have a fistula in the median line of the perinæum, communicating with the urethra. There was a tight sticrture in front of the opening, preventing the passage of urine. No instrument could be passed through the stricture, but the urine was drawn off by the fistula. There was great œdema of the prepuce and scrotum, and, to some degree, of the abdomen. There was, however, no albumen in the urine. The rectum had become prolapsed from frequent straining to pass urine. The catheter was passed by the fistula for several days, when it was discontinued as it produced irritation. He became feverish, the anasarca increased, and he died on March 7th.

The *post mortem* examination was made twenty hours after death by Dr. Kelly. The body was emaciated and the abdomen much distended by ascitic fluid. The thoracic organs were healthy. The liver was full of nodular deposits of medullary cancer, and weighed 149 ounces. There was no other deposit of cancer in the body; the abdominal glands were healthy. The kidneys and spleen were healthy. There was a fistulous opening in the perinæum, through which a probe could be passed obliquely into the urethra; this opening was one inch and a half in front of the veru montanum; in front of this fistula the urethra was perfectly obliterated for three quarters of an inch by firm fibrous tissue. The rest of the urethra was healthy, uniform in calibre, and would admit a No. 9 catheter. Behind the obstruction, the urethra was dilated and the mucous membrane thickened and reticulated; the prostate was healthy; the bladder was about as thick as usual, but very much dilated. The ureters were normal.

ST. BARTHOLOMEW'S HOSPITAL.

BADLY UNITED FRACTURE OF THE FEMUR: REFRACTURE OF THE BONE, AND RESTORATION OF THE LIMB TO ITS PROPER SHAPE.

(Under the care of Mr. HOLMES COOTE.)

A HEALTHY little boy, aged 7, slipped while getting into a cab six weeks ago, and fractured the right femur. He was taken to another hospital, where he was put into bed and splints were applied. When the splints were removed at the expiration of from four to five weeks, it was found that the broken ends of the femur were united at an angle, the limb being strongly curved with the convexity forwards; there being also an amount of shortening equal to one half-inch.

On Saturday, January 23rd, rather more than six weeks after the accident, the newly united bone was re-fractured. The boy having been rendered insensible by chloroform, Mr. Coote pressed steadily on the most projecting part of the arch; a slight crepitus as of breaking bone was heard; then continuous pressure restored the limb to its proper shape. The union did not seem broken through, but the deformity was entirely removed, and the normal length of the limb restored.

Proper splints were applied, and the case has gone on well to perfect recovery.

ADDENBROOKES HOSPITAL, CAMBRIDGE.

PRIMARY CANCER OF THE BRAIN.

(Under the care of DR. P. W. LATHAM.)

Cerebral Symptoms for Years; Aggravation of Symptoms; Optic Neuritis; Erysipelas; Death; Effusion into Lateral Ventricles; Cancerous Tumour of Fornix.—The following notes were taken by J. Gedge, M.B., Medical Registrar of the Hospital, by whom also the microscopical examination was made.

J. M., aged 22, single, farm-labourer, Haddenham, Cambridgeshire, was admitted into Addenbrooke's Hospital, under the care of Dr. Latham, on September 26th, 1868. [Intense headache disinclined the patient to do more than answer questions very curtly. On this account, the greater part of the history had to be obtained from his sister.] He was "never hearty." From childhood he had been subject to twitchings of the arm and leg on one side. These involuntary movements only occurred in winter (on this point the sister was quite confident). Of late years he had had attacks of headache and sickness. At Michaelmas, 1867, he had such an attack, and, on this occasion, the vomiting and headache lasted for nearly five months. Still he did not consider himself sufficiently ill to consult a doctor. Just a month before his admission the headache came on again. This was followed in four or five days by vomiting, so severe that he could keep nothing on his stomach. He had medical advice, but the medicine was not retained; everything was rejected. At the same time the headache became so intense that he could not sleep, nor even lie still in bed. Severe constipation was present throughout his illness. On admission, he appeared a well-nourished man. He had a congested face, and dull heavy expression, but he answered questions shortly and to the point. The headache and constipation continued: the vomiting had ceased; the urine was healthy. At night he rolled about in agony, called out with the severity of the pain, and was continually getting in and out of bed; but there was no delirium.

On the following day (September 27th), at noon, he was found lying on his face in a state of stupor. No flinching took place on touching his eye-balls. His tongue had been bitten recently, though the patient in the next bed was not aware that he had had a fit. When he was roused up, distinct twitchings of the muscles on the right side were manifest. His pulse was then only 74. Dr. Hughlings Jackson, who happened to be in Cambridge, made an ophthalmoscopic examination, and found the condition he has described as the first stage of optic neuritis. (See *Royal London Ophthalmic Hospital Reports*, vol. iv, pl. IV.) In the course of the afternoon, the patient had a well-marked epileptic fit. Later in the day his pulse was down to 58. Under purgative treatment he improved. The pain became less severe, and he had no more fits; but the twitchings on the right side were several times noticed. On the ninth day after his admission, erysipelas made its appearance on the right cheek, and rapidly spread over the face and scalp. There was no delirium or sickness. But by the third day he had became very low. On rousing him with questions, he gave the replies "nearly dead," "no pain." His pulse was then 90. He remained sensible up to the time of his death, which took place sixteen hours later, at 4 A.M., October 7th. There was no paralysis, and no previous history of epilepsy.

SECTIO CADAVERIS, twelve hours after death.—The brain externally was very much congested. There was no subarachnoid fluid, but in front and behind the optic commissure there was an appearance like a distended cyst. On slicing the hemispheres, the lateral ventricles were soon found to be enormously distended with the fluid, particularly the left, which measured 3¼ inches in width. The shape of the cavities was completely altered. The septum lucidum was at one point thrust nearly three-quarters of an inch over to the right side. Instead of cornua there were globular cavities. In length, the right ventricle was 3¾ inches; the left, 4½ inches. The fluid was estimated at ten ounces. It was clear, and nearly colourless. In the distorted left anterior cornu, lying along the inner side of the corpus striatum and extending in front of it, there was a tuberculated tumour, having the appearance of the so-called fungus hæmatodes. The projecting part of the tumour was about 1¾ inches by 1¼ inches. The posterior part was preventing the return of blood from the corpus striatum, the veins of which were very much engorged. On dissection, it was found impossible to distinguish the boundaries of the tumour from the grey matter of the brain with which it was continuous. The growth was in connection with the outer surface of the left anterior pillar of the fornix, extending backwards to involve the left half of the soft commissure, and continuous with all the structures on the floor of the third ventricle. It was not connected with the corpus striatum or velum interpositum, and only adherent to the septum lucidum. Disease was searched for in all the other organs of the body, but none was found.

On examining the cerebral tumour minutely, the superficial part was found to be the softest, and to contain large loosely made capillary loops distended with blood. Around these there was a great preponderance of nuclear matter. Often there were considerable collections of free nuclei. These varied in shape: some were dumb-bell, other figure-of-8, and others mulberry. All showed signs of rapid proliferation. They were surrounded by cells with ragged outline, and tailed-cells, among which a few of the conventional fusiform and oat-shaped cells could be found. Even here a stroma of rudimental fibrous tissue could be traced; but deeper in, nearer to the origin of the tumour, a delicate gossamer network of fibrous tissue could be washed out, leaving no doubt on the mind of the observer, that the tumour had its origin in the neuroglia, the fibrous skeleton of the brain.

BIRMINGHAM GENERAL HOSPITAL.

WOUND OF THE KNEE-JOINT INJECTED WITH SOLUTION OF CARBOLIC ACID: RECOVERY.

(Under the care of T. H. BARTLEET, M.B.Lond.)

T. L., carpenter, aged 45, but looking at least ten years older from irregular living, was admitted into the General Hospital, Birmingham, December 11th, 1868. He was suffering from a wound of the knee-joint, caused by a blow from his axe. It had been done half an hour, and he had walked a distance of a mile to the hospital. The wound was on the inner side of the left knee, two inches in length, running obliquely in a direction from the upper part of the ham towards the tubercle of the tibia. The articular surfaces of the joint were felt on exploring the wound. The joint was full of blood and air which could be felt all over it and seen bubbling from the wound. At the suggestion of Mr. Addenbroke, our house-surgeon, I determined to treat the case on Lister's method. From experience of the frequent fatal termination of this not uncommon accident at our hospital, and also from the unhealthy appearance of the patient, and the very unsatisfactory condition of the joint, I had little anticipation of any treatment saving his life or his leg. The limb was carefully bandaged to a well padded anterior splint with a bridge over the joint, and was swung. The splint was applied previously to the injection, lest, during its application, air might be drawn into the joint. The anterior splint appears to me to keep the knee-joint far more quiet than the ordinary posterior McIntyre; in the present case, the bandages did not require readjusting during the whole time the splint was in use, a period of eight weeks. One or two small vessels were tied; and a solution of carbolic acid in water, one part to sixty, slightly warmed, was forcibly injected into the joint. This injection was repeated four or five times, and the wound was covered; free hæmorrhage, however, continued; one of the larger articular arteries was tied, and the injection repeated five or six times. Lint with carbolic acid and oil, carbolic putty on the foil, and a piece of lac plaister were put over the wound, which was lightly bandaged, and suspended, resting on it, was a bladder containing ice. The dressing was changed every other day, the wound not being exposed. The patient felt no pain, was reading a newspaper at each morning visit, slept all night, ate and drank well, and complained only of having to lie in bed. After four or five days a little febrile disturbance was set up, and the patient's tongue became very red. This last symptom proved intractable, but did not give much inconvenience.—January 29th. The wound was uncovered for the first time, and was found granulated up to the surface. It was dressed with zinc ointment, and the leg was put on a McIntyre splint for the purpose of giving a change of position.—February 8th. The wound was quite healed. The knee-joint was very slightly moveable. There was no fluid to be detected in the joint, but the knee and the leg and thigh near were swollen and hard. The joint was quite free from pain.—February 15th. The splint was removed, friction to the limb was prescribed, and he was ordered to use it a little.—February 18th. He went out at his urgent request.—February 28th. He walked a mile to the hospital with crutches, but bearing a good deal on the limb. He could walk about his house without crutches.

REMARKS.—The condition of the above patient, from previous intemperance, and the air and blood which filled the knee-joint, caused me to give a very unfavourable prognosis, and led me to adopt a treatment which I then believed to be novel, and, perhaps, a little hazardous, though I have since seen a very similar case reported by Mr. Syme, in the BRITISH MEDICAL JOURNAL of January 4th in the present year. I consider that the important points of detail in the treatment are, the complete and forcible injection of the joint; the perfect quietude of the joint, which, I believe, is best obtained by the anterior splint, which should be applied previously to the injection; and the scrupulous carrying out of Lister's principles in the after treatment of the injury.

DUBLIN HOSPITAL REPORTS.

MATER MISERICORDIÆ HOSPITAL.

CASES OF RHEUMATISM.

(Under the care of Dr. HAYDEN.)

THERE has been, for the last few months, an unusual prevalence in Dublin of rheumatism of a low or asthenic type, characterised by pallor of surface; moderate elevation of temperature; occasional but not copious perspiration; soft and feeble pulse, from 108 to 120; engagement of the fibrous structures in and about the joints; with severe pain and tenderness, but no tumefaction or synovial implication, except as regards the joints of the hands and fingers, which, in the majority of cases, are swollen, red, and acutely painful, but only for a very brief period and in succession. It has repeatedly happened that, in the course of a single night, the pain and swelling have been transferred from one hand to the other in all their intensity, leaving the former member free in all respects save as to the presence of stiffness. The fibrous envelopes of the forearm and thigh, and the tendinous laminæ between the scapulæ, are likewise usually the seat of much pain and tenderness. The urine is copious, feebly acid, and not presenting much deposit. The tongue is coated, and in many cases denuded and red in the centre; and, finally, there are nervous restlessness, inability to sleep, and occasionally incoherence and muttering delirium. In the greater number—indeed, in nearly all these cases—the heart or pericardium has been implicated, and occasionally both. Emaciation has been considerable, and convalescence protracted.

Case I.—Margaret F., aged 28, bookfolder, was admitted into hospital January 27th, 1869. She had rheumatism ten years ago; never spat blood. On Monday, Jan. 18th, she had shivering and pain in the hips, hands, and fingers; the pain was localised now in the hips and shoulders. The pulse was 124, full, and soft; the tongue slightly coated. The apex-beat was felt in the fifth intercostal space over an area of one inch in diameter, and extending half an inch outside the nipple-line; here the characteristic murmur of mitral stenosis was audible, but not elsewhere. She was ordered to have a sedative at night; lemon-juice and four ounces of wine daily. The further progress of the case was chequered by invasion of the wrists, and migration of pain to several joints in succession, but without swelling of any, save those of the hands. On February 15th, she was convalescent, and out of bed, but remarkably weak, with feeble pulse and stiffness of the joints. The heart-signs were unaltered; and on the 26th she was discharged.

The heart-complication in this case was undoubtedly due to a former illness, and of several years' standing. The state of the mitral orifice, indicated by the murmur (præsystolic) heard at, and confined to, the apex of the heart, and persistent in specific character and rhythm throughout the period during which the patient was under observation, could not have been the product of her recent illness; it probably dated from her former rheumatic attack ten years previously. Cardiac disease of this particular form is remarkable, and exceptionally so as a valvular lesion for the slowness of its progress, and the immunity from suffering and the comparatively good health enjoyed for many years by those who are the subjects of it,

Case II.—Margaret B., aged 25, was admitted February 10th. Ten years previously, she had an attack of rheumatism. On February 5th, she was attacked with pains in the knees and thighs. The tongue was somewhat crisped; pulse 96. At the apex of the heart, a soft systolic murmur was audible. She was ordered to have lemon-juice, four ounces of wine daily, and strong beef-tea.—Feb. 12th. Pulse 108. The metacarpo-phalangeal joint of the left index finger was swollen and red. The heart's action was very weak, and the first sound scarcely audible. —Feb. 26th. Pulse 72. She was convalescent. The cardiac murmur was unaltered.—March 4th. She was discharged.

From the absence of alteration in the volume of the left ventricle, embarrassment of respiration, and of pulmonary engorgement, Dr. Hayden concluded that the valvular lesion was due to the recent, rather than to the former, attack of rheumatism. Mitral reflux due to structural alteration of the valves is followed, according to Dr. Hayden's experience, at a comparatively early period, by pulmonary engorgement and its consequences; and in this respect differs from mitral obstruction, exemplified in the first case. This difference may be due to the fact that, in mitral obstruction, dilatation with hypertrophy of the left auricle is the rule; whilst in mitral regurgitation the left auricle is simply dilated.

Case III.—Catharine D., aged 11, was admitted February 18th. She was taken ill with pains in the knees and thighs a fortnight previously, and, a week later, with pain in the region of the heart. When admitted, she was pale and weak; pulse 132, feeble, but regular. At the apex of the heart, the first sound was remarkably clear; it was preceded by an obscure "rub" of suspicious significance, and succeeded, without interval of time, by a soft "blowing" murmur ("postsystolic"), carried far into the short or systolic pause, but infringing neither upon the first nor the second sound. She was ordered to have porter, animal food in the liquid form, and three grains of citrate of iron and quinia thrice daily.—Feb. 20th. Pulse 108; breathing tranquil. At the apex, which beat in the usual situation, the postsystolic murmur was loud, soft, and prolonged; here the second sound was not audible. At the base, however, the second sound was heard; it was equally distinct in the aorta as in the pulmonary artery. Over the left third costal cartilage, a rough murmur accompanied the first sound, but was not audible elsewhere.—Feb. 27th. Both a presystolic and a postsystolic murmur were audible at the apex; the former short and obscure. She was convalescent.—March 4th. There was no alteration in the character or rhythm of the murmur. She was discharged.

This case affords an example of incipient disease of the mitral valve giving rise to a combination of auscultatory signs of a rare and peculiar character, and no doubt leading to ultimate formidable consequences. Of the relative significance of these two kinds of mitral murmur, Dr. Hayden has given an exposition in his paper read before the Medical Section of the Association at Oxford in August last, but not yet published. The rheumatic poison at first invaded the fibrous structures of the lower extremities, but subsequently expended itself on the heart exclusively.

PROGRESS OF MEDICAL SCIENCE.

SURGERY.

The Treatment of Joint-Affections by Continued Extension.—Professor Volkmann reports favourably of the method of continued extension in the treatment of diseases of certain joints. He has applied it with great success for hip-joint disease and affections of the vertebral column. In disease of the knee-joint, the results of this proceeding have not been found equally satisfactory. The cases in which continued extension was practised by Volkmann were generally those of acute, painful, and rapidly progressive coxalgia, and Pott's disease of the spine without much deformity. Anchylosis, extensive infiltration of the soft parts, periarticular suppuration, and chronic disease accompanied by formations of granulations between the bones, are all contra-indications of this plan. The application of a weight, generally a sand-bag, to the extremity of the affected limb, in disease of the hip, removes pain and the tendency to muscular contraction, and also, by bringing the femur parallel to the axis of the body, serves to prevent great deformity and a faulty position of the thigh with regard to the pelvis. Professor Volkmann bases his practice upon the view that ulceration in joint-disease is produced by the close contact and pressure of inflamed synovial and cartilaginous surfaces. This, he thinks, is proved by the facts that the caries is most intense at the hard parts placed in contact, and that a cure is generally brought about after luxation of the limb, after resection, and even after removal of only one of the diseased articular surfaces.

Urethrotomy.—Dr. Jüngken, in a long contribution on the pathology and treatment of stricture of the male urethra, states that, when the canal is completely closed, recourse should be had to the proceeding of urethrotomy recommended by Syme. This operation the author holds to be one of the most difficult that can be undertaken by the surgeon, as cases often occur in which the operator cannot distinguish the urethra contracted to a capillary fistulatous passage from a true fistula. The knife is frequently carried through a firm cicatricial mass, which is traversed by several old fistulous passages lying close together. Dr. Jüngken, in the performance, observes the two following precautions. 1. The bladder should not be emptied before the operation; because, when it becomes difficult to distinguish the urethra from a fistulous passage, assistance may be given by pressing with the hand above the symphysis pubis and over the bladder, so as to cause the urine to flow away, and thus to indicate its canal. A fine button-sound is then passed into the contracted urethra; and over this a fine hollow sound, upon which the passage is slit upwards and downwards. 2. The skin-incision should be sufficiently extensive, so that a full view may be had of the exposed parts, and a clear idea obtained of their relative positions. In many instances, the diseased urethra has been found forced quite away from the normal position. Dr. Jüngken holds that the use of the catheter and of bougies cannot be dispensed with after this operation. The immediate introduction of a catheter is indicated after the operation, and the use of bougies is necessitated after cure during the whole of the patient's life.—*Deutsche Klinik*, No. 51, 1868.

Indirect Osteoplasty.—Professor Billroth, in a contribution on the results of operative proceedings for favouring the regeneration of bone from periosteum, states that, in diseased conditions of the full-grown hollow bones of adult subjects, the periosteum resembles that found in early life, in being lined by a layer of cells, which may be converted into irregular and luxuriant masses of osseous tissue. This process is observed in cases of ostitis and acute periostitis, particularly in syphilitic subjects, in whom there is a great tendency to the formation of osteophytic growths. The sanguine expectations with which periosteal osteoplastic operations were undertaken have not, however, been fulfilled. In the first place, the surgeon has no power to limit or control the abundant formation of bone-cells from diseased periosteum; and, again, the newly formed bone after a time contracts like all other regenerated connective tissue, and finally wholly disappears. Artificial osteogenesis may be produced in children, after resection, when the wound heals by primary intention; but it fails in adults, and when the wound remains open for some time, with profuse suppuration. Rhinoplastic operations, in which flaps of periosteum had been detached from the frontal bone, though followed by formation of osseous tissue in the new nose, were ultimately unsatisfactory in their results, in consequence of the absorption of this tissue, and of the formation of an immoveable and tense cicatrix on the forehead. The transplanting of periosteal flaps in operations for cleft palate is not approved of by Billroth, in consequence of the great difficulty of the proceeding, and of its slight utility. In cases of necrosis of the gums from phosphorus-poisoning, success has frequently attended periosteal resection when the formation of new bone was not prevented through profuse suppuration. The formation of a perfect maxillary bone must not be expected: in regeneration of the upper jaw, the antrum is lost, the bone itself is flattened, and the cheek sunken. In resection of joints, periosteal operations, in consequence of the softened and relaxed condition of the membrane, have not resulted in marked success, except in a few cases, in which they were practised on young subjects, and where healing was perfected without severe symptoms.—*Allgemeine Wiener Medizinische Zeitung*, No. 49, 1868.

THERAPEUTICS.

Oil of Turpentine in Affections of the Skin.—Professors Von Erlach and E. Lucke have recently communicated the results of their experience in the external use of oil of turpentine for parasitic affections of the skin. This agent is preferred to alcohol and tincture of iodine, as it acts quickly, and upon the whole of the diseased structure. Alcohol, it is stated, does not extend its action to the spores, etc., seated deeply at the bottom of the follicles; and iodine requires frequent applications, and is often useless. Cases of herpes tonsurans and mentagra are reported, in which a rapid cure was brought about by brushing oil of turpentine over the diseased surfaces. The same agent has been employed in a similar manner by Lucke in cases of surgical erysipelas, with great success. According to the results of nine reported cases, recovery takes place in about three days. The local application of the turpentine was followed by a rapid disappearance of the eruption, and by an immediate fall in the temperature of the body. The last fact is explained by Lucke as due to a destruction of septic material at the inflamed surface, and a consequent diminution of the general fever.—*Berliner Klinische Wochenschrift*, 45, 1868.

Injections of Corrosive Sublimate for Constitutional Syphilis.—Dr. Grünfeld has recently given the results of extensive investigations made by Professor Sigmund on the treatment of constitutional syphilis by the subcutaneous injection of corrosive sublimate in solution. This method was applied in more than sixty cases of syphilis, in all of which the disease had been manifested by some exanthem. The injected solution consisted of one ounce of water containing four grains of corrosive sublimate. Of this, from ten to fifteen minims—consequently, from one-twelfth to one-fifth of a grain of the salt—were used at one sitting. The usual quantity was fifteen minims. In every instance, the injections were followed by a more or less intense burning at the seat of operation, which either quickly ceased, or gave way to a less severe smarting, which lasted for several days. An infiltration of the parts around the injected spot was also produced, and this persisted for several weeks. In some few cases, dermatitis, mummification, and suppuration resulted. According to Dr. Grünfeld, the parts of the body most fitted for these hypodermic injections are the sides of the trunk and the buttocks as high as the crest of the ilium; the parts least fitted are the extremities, particularly the surfaces of flexors. The general dispersion of these small quantities of corrosive sublimate throughout the organism was proved by the frequent appearance of stomatitis, in several cases after four or five injections; and by the presence of mercury in the urine. The statistics of sixty cases of syphilis treated in this manner furnished several interesting results. The smallest quantity of the salt by which a cure was attained was one grain and three-quarters; the largest quantity was six grains and a half. The smallest number of injections was thirteen; the greatest number, forty-four. The maculous syphilides disappeared after an average number of eight injections; the maculo-papular eruptions, after fifteen injections; and psoriasis, after twenty-five. Dr. Grünfeld has derived from the above investigations the following general conclusions. 1. Subcutaneous injections of corrosive sublimate, applied in cases of constitutional syphilis, furnish favourable results. 2. They have the advantage of perfect precision both in the dose of the agent and in its application. 3. The facility of execution and the slight inconvenience to the patient are important advantages; whilst, on the other hand, the pain, the inflammation of the integument, and the suppuration, constitute a great disadvantage to this method of cure.—*Wochenblatt der k. k. Gesellschaft der Aerzte*, No. 49, 1868.

Tincture of Aconite in Tetanus.—Dr. C. A. Wunderlich has reported two instances of recovery from tetanus. In the first case, that of a lad aged 14, a surgical injury was followed by opisthotonos and other tetanic symptoms of a severe and very painful character, associated with profuse perspiration and a miliary eruption. The second patient, a man aged 30, suffered from well-marked idiopathic tetanus, complicated with a short attack of pneumonia. Both patients were treated with morphia, chloroform, and warm baths; but these means produced only a temporary relief of the muscular spasm. Tincture of aconite was then administered internally, with great and permanent relief, resulting in a speedy cure. During the progressive improvement under the use of the aconite, the body temperature remained normal, and the frequency of the pulse fell below the normal standard. In the first case, the tincture was given in ten-drop doses three times in the day; twenty-four grammes of the tincture, containing two grammes of aconite, were administered. In the second case, the remedy was given in five-drop doses, and was associated with the subcutaneous injection of morphia.—*Archiv der Heilkunde*, Heft i, 1869.

Papaverin in Mental Affections.—The following conclusions have been derived by Dr. Leidesdorf and Dr. Breslauer from investigations made into the sedative and soporific action of papaverin on lunatics. 1. Papaverin acts upon man as a soporific. 2. It lowers the muscular power, and, for this reason, is beneficial in mania. 3. It diminishes the frequency of the pulse, both in cases where this depends upon violent muscular action, and in melancholic subjects who keep quiet. 4. The sedative action of papaverin is not preceded by a stage of excitement. 5. It does not produce, whether applied subcutaneously or internally, any vertigo or cerebral disturbance; it does not cause constipation, but in many cases has a contrary action. 6. The subcutaneous administration of hydrochlorate of papaverin does not cause any prejudicial action at the seat of injection, or in the neighbouring parts. 7. The action of papaverin is, as a rule, manifested slowly, from four to seven hours, in most cases, after the injection; and its power is not quite spent until after from twenty-four to forty-eight hours. 8. Papaverin acts effectually in cases where opium and morphia, even in large doses, have been administered without effect. 9. A toleration of this remedy does not take place early, and an increase in the dose is not required even after a prolonged use. 10. Papaverin acts as a palliative in cases of mental excitement, mania, and loss of sleep; on the mental affection, or rather on the morbid processes on which this depends, it exerts no direct perceptible influence. 11. The improvement in the nutrition of the patients, which takes place in many instances after a long continued use of papaverin, depends upon the greater tranquillity and the restoration of sleep.—*Vierteljahrschrift für Psychiatrie*, 1868.

NEW INVENTIONS, &c.,

IN

MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

VAN HOUTEN'S COCOA.

The number of candidates for favour amongst cocoa-drinkers waxes constantly more numerous. Van Houten's extract is admirable. In flavour, it is perfect; and it is so pure, well prepared, and rich in alkaloid, that it may with great advantage be largely used in public institutions, as well as in private families. It is difficult to say how much harm is done by the excessive tea-drinking which is prevalent amongst women of all classes, and especially amongst the poor. For health, strength, and good digestion, cocoa, properly prepared, is infinitely to be preferred. We doubt whether anybody could drink too much cocoa. The sole agent and consignee for Van Houten's cocoa is H. Eschwege, 6 and 7, Coleman Street, E.C.

IRON-SUGAR (SOLUBLE OXIDE OF IRON).

Numerous as are the medicinal preparations of iron, we predict for this one great popularity. It is neither constipating, as are the most valuable preparations of the insoluble salts of iron, nor chalybeate in flavour, as are the best known soluble salts; nor has it the disadvantage of introducing an excess of alkali into the system, as have the double salts with potassium or sodium bases. M. Chanteau has succeeded in producing an entirely soluble hydrated sesquioxide of iron, granulated with sugar candy, which is chemically true to the most stringent tests, and which, in aspect, flavour, and pharmaceutical qualities, may be pronounced an absolute success. We recommend it for trial for children and delicate invalids. The agents are Messrs. Dinneford and Co., New Bond Street.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, MARCH 27TH, 1869.

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VITAL FUNCTIONS AND VITAL STRUCTURES.

In a previous article, we gave our readers an historical summary of the doctrines concerning the "Correlation of the Forces"; not only of the physical forces *inter se*, but also as to the correlation of the so-called vital and the physical forces. It was there seen that purely speculative philosophers, as well as experimental investigators, had alike been gradually tending towards the recognition of the essential oneness and indestructibility of force, notwithstanding its never-ceasing mutations—now manifesting itself to us in the form of heat; now as motion; and again as electricity, magnetism, and even as such modes of activity which we have hitherto looked upon as essentially vital. Matter is indestructible; and so also is force. The one may undergo metamorphoses, owing to different collocations of its atoms; and the other may manifest itself to us in different ways, but in its essence it remains an indestructible attribute of matter, incapable, moreover, of independent existence. We cannot conceive force save as inhering and appertaining to some body; we cannot conceive a body or matter existing devoid of all attributes or force-manifestations. Both are mutable; both indestructible, and both alike, so far as we know, incapable of existing alone. During the present century, the most violent assaults have been made by earnest workers of all kinds against the ancient and long predominating metaphysical conceptions of Life. Chemists and physiologists, especially, have striven manfully to dispel the mists and darkness which previously enshrouded all vital phenomena; and that their labours have not been altogether unsuccessful, that they have let in some little gleam of daylight into corners previously unillumined, few, we think, would deny. Whilst it was formerly believed that the manifestations of life in organic beings took place independently of physico-chemical laws, and were regulated solely by occult influences, it was left for Lavoisier to demonstrate the real nature of many of the phenomena taking place in living beings, and to show that they were essentially chemical in the ordinary acceptation of the word. He showed that respiration was, in the main, a process of oxidation; and subsequently, in conjunction with Laplace, he announced that the evolution of heat in the animal body was owing to a real process of combustion in every way analogous to that which takes place in an ordinary fire. Even in the last century, too, Spallanzani and Reaumur commenced experiments which tended to show that gastric digestion was an essentially chemical process—results which have been abundantly confirmed in later years, not only concerning the gastric, but concerning the other stages of the digestive process. Then it has been shown, too, how much the phenomena of absorption are dependent upon the ordinary physical processes of osmosis, and how the circulation of the blood is not a little influenced by the physical properties of the elastic tubes in which this fluid is contained. Thus, however much that is mysterious and occult may still remain, some of the phenomena, at least, formerly looked upon as essentially vital, are now to be regarded as dependent in great part upon purely physical processes. We may certainly say so much concerning respiration, digestion, absorption, and the evolution of animal heat—all important processes, it must be admitted, in making up the sum total of life.

Whilst the labours of one set of inquirers have thus been directed to attempts at the elucidation of the real nature of the phenomena taking place in living beings, those of another set have been concentrated upon attempts to build up artificially in the chemical laboratory, from their elements, by a real process of synthesis, substances which have hitherto been regarded as the peculiar products of the living organism. The labours of Wöhler, Pelouze, Kolbe, Wurtz, and Berthelot have been especially successful in this direction; and we now know of a goodly array of compounds previously known only as constituents of animal or vegetable organisms, and previously supposed to be capable of coming into existence only under the influence of vital forces and vital structures which can at the present time be artificially built up by the chemist.

Whilst thus much has been done to elucidate the phenomena of life in living beings, and the possibility of artificially constructing organic compounds, efforts, not altogether unsuccessful, have been made by other observers to throw light upon the genesis of organic forms, and to reveal how such shapes as are met with amongst the structural units of an organism, as well as that of the entire organism itself, are the resultants of physical forces acting upon plastic and modifiable tissue. Mr. Rainey has sought to show that the mode of formation of the shells of animals, of bone, and of other structures, may be explained by a process of molecular coalescence; and Dr. Montgomery has shown how myeline, under different conditions, can be made to assume almost all the different forms of cells at present known; whilst, in the second volume of his *Principles of Biology*, Mr. Herbert Spencer has handled the subject of morphological development, in all its details, with that fulness and philosophic grasp for which he is so distinguished. The shapes of plants, branches, leaves, flowers, and vegetable-cells, are considered on the one hand, and those of animals and their several parts on the other; and it is shown that very many of the peculiarities actually met with can be fully accounted for by a consideration of the incident forces to which they have been subjected during the progress of growth. Indeed, he goes so far as to say that "it is an inevitable deduction from the persistence of force, that organic forms which have been progressively evolved must present just those fundamental traits of form which we find them present. It cannot but be that, during the intercourse between an organism and its environment, equal forces, acting under equal conditions, must produce equal effects; for to say otherwise is, by implication, to say that some force can present more or less than its equivalent effect, which is to deny the persistence of force. Hence those parts of an organism which are, by its habits of life, exposed to like amounts and like combinations of actions and reactions, must develope alike; while unlikeness of development must as unavoidably follow unlikeness among these agencies. And, this being so, all the specialities of symmetry, and unsymmetry, and asymmetry, which we have traced, are necessary consequences."

We are bound to admit, after all these results, that the mystery surrounding the word life has been somewhat diminished. *All* is now no longer darkness and mystery, though enough still remains to fill our minds with awe, and impress us with the magnitude of the work that still remains to be achieved before we can hope to get any more real knowledge concerning all the most intimate problems of life, if such knowledge be ever attainable. To show that the processes taking place in living beings are in great part amenable to and governed by ordinary physical laws, instead of being processes altogether occult and *sui generis*; to show that products hitherto believed to be the peculiar resultants of vital actions can be built up by the chemist in his laboratory; and to show that the shapes and forms assumed by such organic structures are the natural resultants of incident forces acting upon the plastic and modifiable tissues of which they are composed—all these results certainly tend to prove that many of the phenomena taking place in living bodies (and hence called vital) are no longer subjects of mystery belonging to a different category, but should rather be considered as ordinary physical phenomena. But, whilst fully admitting this, it should never be forgotten that the most intimate process and phenomena of life still remain inexplicable. We have removed the thick husks; but the kernel of the nut still remains hidden, enveloped in what at present we must acknowledge to be an impenetrable shell. Without prejudging the question, as to whether or not it is possible that organised beings should come into existence *de novo*, without a miraculous interference, and in the very teeth of the old physiological dogma *omne vivum ex ovo*—which has so long reigned in the schools, but now seems tottering on its throne, we may still ask what we know of the actual genesis of Life—that is to say, of the particular set of conditions which is to lead to that kind of collocation of atoms in which the ordinary physical forces may be so modified that the sum total of atoms and forces shall present us with a living being. How, again, can we account for that profound mystery, Death? Are we one jot the nearer any real solution than we ever were? When a highly organised animal is suddenly killed by a minute puncture through its medulla oblongata, how, in intelligible terms, shall we account for that abrupt cessation in the action and interaction between the organism and its environment, the presence of which had previously characterised it as a living being, but the absence of which now converts it into a mere dead inert mass of matter, about to undergo a more or less rapid molecular dissolution? Let us not deceive ourselves by mere words, and fancy that the ready answers which would start to the lips of many are any real solutions of the enigma. Let not those approach the sphynx who have no wish to be devoured! What more do we know concerning the actual phenomena of nutrition? They are still inscrutable mysteries. By what molecular or other laws does an organic unit assimilate to itself matter of a particular kind, convert it into its own substance, and endow it with its own properties of doing likewise? Believing, as we may, that sensation and thought are the products of molecular changes taking place in nerve-tissue, does this belief assist us one iota in explaining the deeper facts? Can we at present frame to ourselves any possible or conceivable way in which mere molecular motion can result in the evolution of such phenomena as sensation, thought, and all the various modes of self-consciousness? Whilst such problems remain for our solution, let us not be over-arrogant. Let us not suppose, because we have cleared some of the approaches, that we have lifted the smallest corner of the real veil hiding the mysteries of life from our view. Is not the veil as one of iron? and may it not resist for all time the efforts of handicraftsmen, however numerous and however cunning? Fully to appreciate our ignorance, nevertheless, is the best and the surest preparation for widening the sphere of our knowledge.

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DR. LIONEL BEALE, while resigning the Professorship of Physiology at King's College, will continue to hold office as Physician in the hospital. The highest tribute is due to the zeal and original power which he has shown during the many years that he has held this chair. Dr. Beale has increased the fame with which Todd and Bowman invested it. It will be most difficult to find a successor, so rare are the inducements and opportunities for high scientific training in this country.

THE MEDICAL COUNCIL.

THE Branch Council for England will meet on Wednesday next. The day of meeting of the General Council will be probably discussed. It is hoped that it may not be postponed so late as last year. There is, however, at this moment little hope and no intention of any interference by Government for the amendment of the Medical Act. The opposition to the wishes of the profession, so far as they are expressed by our Association for direct representation in the Council, is likely to lead to further postponement of amendment of the Act.

DIETARY OF SAILORS IN THE MERCANTILE MARINE.

WE are informed that a practice has lately been introduced of engaging sailors for steam-vessels by the week, instead of for the voyage, and allowing them to provide their own food, instead of being victualled on a proper scale by the owner of the vessel. In this way, many serious evils arise; and, amongst others, the health of the men is found to suffer; for, as the wages are, under this system, paid to the men in advance, that they may be enabled to lay in their supply of provisions, there is a great risk of the money being otherwise spent, and consequently of the men being badly or insufficiently provided with food. The habitual absence of forethought in regard to such matters among sailors, and the probability that provisions laid in by the crew of a vessel individually would be less well adapted for their wants and less efficiently preserved and cooked in that case than when the captain and owners of the vessel were responsible for the proper victualling of the crew, are quite sufficient to show that this system is no less pernicious to the health, morals, and general condition of sailors, than it has been found to be in regard to discipline and in many other respects. Mr. Bright, in answer to a question on this subject, expressed himself of the opinion that this was a matter beyond the cognisance of the Board of Trade; but we venture to think that, as it is calculated to influence in many ways the condition of British seamen, it is not altogether so foreign to the functions of that department as might appear to be the case at first sight.

CONTAGIOUS DISEASES IN GARRISONS AND CAMPS.

THE difference in the rate of admissions into hospital from venereal diseases, according as the Contagious Diseases Act is or is not in operation, is strongly exemplified by the fact that in the camp at Aldershot during the week ending March 12th, in a strength of about 10,500 men, the admissions from this class of disease were only 22; whereas, in Dublin during the same period, among 5,000 men, the admissions from the same causes amounted to 49. Enthetic diseases have latterly increased to an almost alarming extent in Dublin; and the sooner the Contagious Diseases Act is brought into operation there, the better will it be for the health of the garrison and of the general public.

FORMATION OF A MEDICAL SOCIETY AT PRESTON.

ON February 16th, a Medical Society was established for Preston and the neighbourhood, having for its objects the reading of papers and discussions upon all subjects relating to medicine and surgery, and the allied sciences, and the formation of a medical library. A room has been secured for the use of the Society in a central part of the town, and will be open daily and supplied with all the leading medical journals. The Society's meetings will be held on the first Tuesday of every month, at 8 o'clock P.M. The Society has met with nearly the unanimous support of the profession. Officers for 1869—*President*, Dr. Haldan. *Vice-Presidents*, W. Howitt, Esq., Dr. Hammond, and Dr. Gilbertson. *Committee*, Dr. Arminson, Dr. Smith, Mr. Rigby. *Honorary Secretary and Treasurer*, Mr. John H. Gornall.

THE MAURITIUS EPIDEMIC.

THE inhabitants of the Mauritius were just beginning to congratulate themselves upon the disappearance of the fever in an epidemic form and the favourable prospects of agriculture last month, when a slight increase in the mortality was again observable in the returns. Is this the beginning of a fresh outbreak, or merely a trifling and casual increase? We should be but too glad to believe the latter; but, when we consider the causes of the epidemic, there seems to be little room for believing that the island of Mauritius has seen the end of its scourge. What has been done to remove the frightfully inadequate sanitary measures, if we can with truth employ the word sanitary to any of the efforts in the island? Hardly anything. The Poor-law Commission has doubtless done much towards staying the progress of the epidemic in supplying medical relief and food to the poor, and the intramural cemeteries have been closed, and dispensaries and hospitals have been established; but, beyond these palliative measures, we fear there is little change for the better to chronicle. The Report of Dr. Edwards, the Sanitary Inspector, just published, states that the inodore establishments at Saint Louis are in a more dangerous state than ever, and that the nuisances arising from the municipal slaughter-houses remain as before; still the same old story of utter and disgraceful opposition to the laws of health. Sixty thousand, or more than one-sixth of the population, have died within the last two years, and yet government looks on and allows a system of legislation to go on which is simply disgraceful.

The local and general boards of health go on quarrelling as before, and do nothing but stop the way. The Fever Inquiry Commission framed two reports embodying much valuable information amongst much verbiage, but nothing has come, or is ever likely to come of it, and until the Government institutes a *proper* commission of suitable unprejudiced and non-local men, or sweeps away the useless boards now in power, and institutes one efficient substitute, we cannot see any prospect of the disappearance of an epidemic which has been and remains a scandal to the nineteenth century.

MEDICAL SOCIETY OF LONDON.

AT the meeting of the Medical Society of London on March 15th, Mr. Peter Marshall, President, in the chair, votes of thanks were accorded to the officers and Council for their labours during the past year. Mr. de Méric, in proposing a vote of thanks to the retiring president, Dr. Richardson, took occasion to point out that his untiring zeal had led to an unexampled prosperity of the Society. He also alluded to the unflagging interest of the subjects brought forward on the evenings of meeting, as well as the success of Dr. Richardson's plan of gathering into the folds of the Society members from the provinces, and to the embellishment of the meeting room. The vote was seconded with much enthusiasm, and Dr. Richardson returned thanks. Mr. Peter Marshall, the new President, followed with an address, in which he embodied a retrospect of the labours of the Society during the past year. Dr. John Thompson Dickson read a paper on Matter and Force in Relation to Mental and Cerebral Phenomena, the discussion upon which was deferred to the following Monday.

HOW TO PREVENT TYPHOID FEVER FROM SPREADING.

WE gave lately the rules recommended by Dr. Budd of Bristol to prevent scarlatina from spreading. In the following will be found condensed, by the same physician, the rules which a triumphant experience has shown to be effectual in preventing the spread of the fatal typhoid or enteric fever. The value of these rules will be recognised by all; and, in the following form, it will be found convenient to issue them as a placard in any districts where the fever may have become epidemic through previous neglect of sanitary precautions.

"*How to prevent Typhoid Fever* (*otherwise called Gastric Fever, or Low Fever*) *from spreading*.—The means by which typhoid fever may be prevented from spreading are very simple, very sure, and their cost next to nothing. They are founded on the discovery that the poison by which this fever spreads is almost entirely contained in the discharges from the bowels. These discharges infect—1. The air of the sick-room; 2. The bed and body linen of the patient; 3. The privy and the cesspool, or the drains proceeding from them. From the privy or drain, the poison often soaks into the well, and infects the drinking-water. This last, when it happens, is of all forms of fever-poisoning the most deadly. In these various ways, the infection proceeding from the bowel-discharges often spreads the fever far and wide. The one great thing to aim at, therefore, is to disinfect these discharges on their very escape from the body, and before they are carried from the sick-room. This may be perfectly done by the use of disinfectants. One of the best is made of green copperas. This substance, which is used by all shoemakers, is very cheap, and may be had everywhere. A pound and a half of green copperas to a gallon of water is the proper strength. A teacupful of this liquid, put into the night pan every time before it is used by the patient, renders the bowel-discharge perfectly harmless. To disinfect the bed and body linen, and bedding generally, chloride of lime or MacDougall's powder is more convenient. These powders should be sprinkled, by means of a common dredger, on soiled spots on the linen, and about the room, to purify the air. All articles of bed and body linen should be plunged, immediately on their removal from the bed, into a bucket of water containing a tablespoonful of chloride of lime or MacDougall's powder, and should be boiled before being washed. The privy, or closet, and all drains communicating with it, should be flushed twice daily with the green copperas liquid or carbolic acid, diluted with water. In the event of death, the body should be placed, as soon as possible, in a coffin sprinkled with disinfectants. Early burial is, on all accounts, desirable. In towns and villages where the fever is already prevalent, the last rule should be put in force for all houses, whether there be fever in them or not, and for all public drains. As the hands of those attending on the sick often become unavoidably soiled by the discharges from the bowel, they should be frequently washed. The sick-room should be kept well ventilated, day and night. The greatest possible care should be taken with regard to the drinking-water. Where there is the slightest risk of its having become tainted with fever-poison, water should be got from a pure source, or should at least be boiled before being drunk. Immediately after the illness is over, whether ending in death or recovery, the dresses worn by the nurses should be washed or destroyed, and the bed and room occupied by the sick should be thoroughly disinfected. These are golden rules. Where they are neglected, the fever may become a deadly scourge. Where they are strictly carried out, it seldom spreads beyond the person first attacked. W. B.

"N.B.—A yard of thin wide-width gutta percha placed under the blanket, under the breech of the patient, by effectually preventing the discharges from soaking into the bed, is a great additional safeguard."

LIEBIG'S BAKING POWDER.

IN the notice we published some time since of the new method of making bread recommended by Baron Liebig, the proportions of the ingredients to be used were not stated; and, in answer to various requests, we now furnish the necessary data for preparing the powders, which are not stated in Liebig's papers. The acid powder, consisting of superphosphate of lime, may be made by mixing one part of tribasic phosphate of lime with 0.632 part its weight of concentrated sulphuric acid, so as to convert two-thirds of the lime into the state of sulphate of lime, and produce a soluble acid phosphate of lime. The mixture is then to be washed with water to dissolve the acid phosphate, and the insoluble sulphate of lime is separated from the liquid by filtering. The solution is then evaporated to a small bulk, and when the residue begins to become thick, some flour is mixed with it, in sufficient proportion to absorb it and form a dry powder. For each unit by weight of tribasic phosphate of lime represented by this powder, 0.954 part by weight of ordinary bircarbonate of soda is to be used in making the bread. The tribasic phosphate of lime for this purpose may be prepared by first dissolving bone-ash with hydrochloric acid, then mixing the solution with excess of ammonia to precipitate the phosphate of lime, thoroughly washing this precipitate with boiling water, and drying it. Liebig recommends the addition of some chloride of potassium to the alkali powder, and the same object might be effected by using bicarbonate of potash in place of the soda salt, in which case the quantity to be used of that salt should be 1.290 part by weight for each unit of the tribasic phosphate of lime represented by the acid powder. In making bread with bicarbonate of soda, or of potash and hydrochloric acid, the proportions to be used are 382 grains of bicarbonate of soda for each fluid ounce of hydrochloric acid, of specific gravity 1.162, or 454 grains of bicarbonate of potash for the same quantity of acid. In using the acid phosphate of lime and bicarbonate of soda in making bread, the products of the reaction between these substances are probably in part tribasic phosphate of lime, and in part ordinary phosphate of soda.

CHARING CROSS HOSPITAL MEDICAL SCHOOL.

AT a general meeting of the junior students, held on March 16th, Mr. W. Harry Pearce, Assistant-Demonstrator of Anatomy, was presented with a surgical dressing-case and a written testimonial (bearing twenty-one signatures) as an acknowledgment of the benefit derived from his Osteological lectures during the past session.

REIGATE COTTAGE HOSPITAL.

WE learn from the report that since the opening of the hospital in September 1866, 93 cases have received treatment with various results; while since September 1st, 1867, 53 cases have been admitted. Of these 38 were discharged well or convalescent (71 per cent.); 8 were discharged benefited; 3 died; 2 were discharged as not likely to be benefited; and 2 remain under treatment. The accounts are not made out so as clearly to admit of analysis from the administrative point of view; but the expenditure for the year appears to have been £348 : 18 : 8, a little more than six pounds a head. We observe that there is only one medical officer to the hospital, but all the medical men of the parish are allowed to follow up their own cases in the hospital in conjunction with the medical officer, Mr. Walters, of which regulation only two, Dr. Holman and Dr. Craigie, appear to have availed themselves. The details of the cases show that the surgical attainments of Mr. Walters are of no mean order, and include a knowledge of ophthalmoscopic diagnosis and familiarity with the most recent advances in ophthalmic surgery.

SCOTLAND.

UNIVERSITY OF EDINBURGH: THE CHAIR OF CHEMISTRY.

THE Curators of the University will, we understand, appoint a successor to Professor Playfair on April 14th.

UNIVERSITY OF ST. ANDREWS; INSTALLATION OF LORD RECTOR.

ON Friday last week, Mr. Froude the historian was installed as Rector of the University in the Library Hall, St. Mary's College. The degree of LL.D. was conferred on Mr. Froude at the same time.

GLASGOW MATERNITY HOSPITAL.

ON the 17th inst., the students attending the Maternity Hospital presented R. D. Tannahill, Esq., M.D., one of the physicians of that charity, with an elegant silver mounted walking cane, as a mark of their appreciation of the benefits derived from the excellently practical lectures on midwifery delivered by that gentleman during the present session.

MUNIFICENT BEQUESTS FOR CHARITABLE AND EDUCATIONAL PURPOSES.

THE late Dr. William Smith, some time Provost of Forfar, has, says the *Dundee Advertiser*, bequeathed, among numerous other sums to charitable and religious institutions, to the Edinburgh and Forfar Infirmaries, £1,000 each; the Dundee Infirmary, £500; the Aberdeen and Arbroath Infirmaries, £200 each; and £500 to the Aberdeen University to found a Bursary on certain conditions.

THE NEW EDINBURGH HOSPITAL: ADOPTION OF THE WATSON'S HOSPITAL SITE.

ALMOST every one interested in the Medical School of Edinburgh will rejoice to hear that at the meeting of contributors to the Royal Infirmary held on Friday (last week) it was resolved to build a complete medical and surgical hospital on Watson's Hospital grounds at Lauriston. The common sense and facts which were then brought to bear upon the matter by Mr. Syme, Mr. Arnott, and others, were so apparent, that not a doubt remained but that the present or any similar site would be discarded while the grounds of Watson's Hospital were open to the contributors. However strange it must have appeared that there were advocates for retaining the present site, it must have seemed almost incredible, that there were those who proposed extending the hospital towards the filthiest of localities—the Cowgate; whilst a situation almost priceless, and such as almost any other city would be proud of, lay at hand as if put there by nature for the required purpose, and capable of affording every chance of recovery to patients that fresh air and the cheer of a beautiful view could afford. Now, however, that the matter is settled, it cannot be too strongly urged that every care should be taken to supply a hospital in every way suited to modern requirements. Let a fair field be given to architects to send in plans, so that every chance may be afforded of obtaining a building which shall shed fresh lustre on Edinburgh and on its medical school. We trust also that Sir James Simpson's proposal to build a new maternity hospital will receive the attention which it deserves. We are mistaken if old medical graduates and alumni of Edinburgh, now that Watson's Hospital grounds have been adopted, do not come forward in double strength to add their mite to an undertaking which must prove of vast importance in many ways, not only to Scotland, but to the world at large.

IRELAND.

CEREBRO-SPINAL FEVER.

WE regret to hear that this fatal disease has made its appearance in Dundalk, and has proved fatal in many instances. Dundalk has always been remarkable for its salubrity.

JUNIOR SURGICAL SOCIETY OF IRELAND.

AT the seventh meeting of this Society, Mr. Donaldson read a paper on "The Physiological Effects of Heat and Cold in the Treatment of Disease"; Mr. Malone, a paper on "Sensuous and Mental Illusions". Mr. Raye exhibited some original experiments demonstrating the effects of carbolic acid on the red cells of the blood; he also read a paper on the use of carbolic acid as a remedial agent.

THE APOTHECARIES' HALL AND PHARMACY IN IRELAND.

THE Governor of the Apothecaries' Hall has written a letter, which has appeared in some of the daily papers, denying some aspersions that have been cast on the Company. He maintains they have no intention of abandoning the guardianship of pharmacy in Ireland, and states that the proposed Pharmacy Bill continues to them their legal right of control. He argues, and we think with great truth, that the standard of education required by the Hall for its licence is, both in a scientific and practical sense, a high one; and he states that the number of candidates for examination has been as large as ever, and that many who have not reached the required degree of proficiency have been rejected.

ROYAL DUBLIN SOCIETY: SCIENTIFIC LECTURES.

THE first of this course of lectures was delivered on Saturday last, to a crowded audience in the Theatre of the Royal Dublin Society, by the Rev. Mr. Galbraith, F.T.C.D., on the Metric System of Weights and Measures. The lecturer gave a most interesting historical sketch of the circumstances under which the metric system was introduced into France. The subject was illustrated by the exhibition of various measures of length, area, capacity, and weight, and so clearly and forcibly were its many advantages stated that the attention of all was completely secured. The second of this series of lectures will be delivered on Saturday 27th, by Dr. Mapother. The subject is "The Wonders of the Blood and its Circulation." It will be amply illustrated.

TRINITY COLLEGE: MEDICAL AND SURGICAL TRAVELLING PRIZES.

THE Board of Trinity College has announced its intention of granting an annual prize of fifty pounds in practical medicine, and one of like value in practical surgery. These prizes may be competed for by any person who has obtained a degree in medicine or surgery respectively during the preceding academical year. The successful candidates will be required to spend three months at least in Paris, Vienna, Berlin, or London, and to furnish satisfactory evidence that they have employed themselves diligently during that time in the study of clinical medicine in some of the hospitals of those cities. This liberality on the part of the Board of Trinity College will meet with general approval. The foundation of these travelling prizes cannot fail to stimulate those who seek for university degrees in medicine and surgery to devote special attention to their clinical studies, and it will secure for the two best men of the year the great advantage of the more extensive clinique of the large hospitals in those populous seats of learning. It is hoped also that it will lead to a more extended cultivation of the French and German languages by the students of medicine and surgery in Dublin. This step is but the development of that enlightened policy, which led the Board of Trinity College a few years since to found two medical scholarships, to be competed for at the end of the second year by any student in medicine who was also a student in arts and had completed his *annus medicus*. The subjects for examination included anatomy (human and comparative), physiology, botany, chemistry, etc.; in fact, the scientific basis of practical medicine and surgery. Had the most extreme utilitarian urged an objection against these scholarships on the ground that they induced students to neglect clinical instruction during the first two years of their studies, it would not be difficult to show that now there is held out an inducement to the student to lose no opportunity for bed-side instruction, and we are sanguine that the success which has attended the scholarship examinations is but a small measure of that which will follow from the competitive examinations for the medical and surgical travelling prizes.

WHARTON'S MODIFICATION OF TEALE'S METHOD OF AMPUTATION BY RECTANGULAR FLAP.

AT the meeting of the Surgical Society of Ireland on Friday, the 19th inst., Mr. Stokes read a paper advocating the substitution of Mr. Wharton's modification of the late Mr. Teale's amputation of the thigh by the rectangular flap. He noticed the several modifications of the operation which had been recommended by Spence, Carden, and others. He enumerated the objections to Mr. Teale's method when applied to thigh amputations. They were the great extent of cut surface it necessitated, the longitudinal incision through the muscle, and the high division of the bone. He considered Mr. Wharton's modification of the operation obviated these objections, and entered at length into all the points which had been urged against it. He cited Dieffenbach's authority in favour of low division of the bone in amputation of the thigh, whose words might be freely rendered, "Danger increases by the inch." He had adopted Mr. Wharton's method in a case of amputation of the thigh for extensive lupoid ulceration of the leg and foot, and he exhibited the patient when the meeting had adjourned. The stump was an excellent one; and, although there was not the same amount of soft loose cushion covering the end of the bone as we have seen in cases of Teale's amputation, this would be comparatively unimportant, and not to be weighed for one moment against the increased loss of bone, implying increased risk, in the latter operation. The subject gave rise to an interesting discussion, the particulars of which will appear in the report of the Society's proceedings.

THE CASE OF MR. HART.

THE following details are furnished to us from the notes of Dr. Gordon, and indicate this sad case to have been one of malignant diphtheria.

"I was asked to see Mr. Andrew Hart, aged 23, resident pupil in the Richmond Hospital, on the morning of Tuesday, February 16th, in the absence of Professor Smith. I found him very restless, suffering from a great sense of weariness and pains in his bones, and complaining of excessive dysphagia. The throat internally presented a more or less dusky redness, with slight submucous swelling; but there was no ulceration nor other appearance to account for the great difficulty of swallowing. Externally, the neck was slightly swollen and tender; and there was some enlargement of some of the superficial cervical glands. There was a large patch of redness over the root of the neck anteriorly, and similar patches on the dorsum of each wrist. His pulse was full, only 68 in the minute; and his skin was soft, and inclined to perspire. He had not slept the previous night, which he attributed to the dysphagia, which prevented the saliva from being swallowed without great pain. His voice was thick and husky, and his tongue furred and rather dry. I was informed by his fellow-student, Mr. Vesey—whose attention to him throughout his illness was unremitting—that on the previous Friday morning he had complained of slight sore throat; which, however, passed off, to return more severely in the evening of the 14th. On the 15th, Professor Smith prescribed for him, and desired him to remain in bed.

"I considered the case to be one of anomalous scarlatina (a most prevailing epidemic here at present), and advised a very light flannel dress; medicated cotton, alternating with mustard and linseed poultices, to the throat; a gargle with vinegar and honey to be frequently used; a diaphoretic mixture, with sulphurous acid and bisulphite of soda; chicken-broth; the feet and legs to be fomented.

"Feb. 17th. He had not slept; and his eyes had the heavy look and the injected conjunctiva of sleeplessness. The pupils were contracted. His skin had ceased to perspire, and was rather cold. It was possible to trace where the eruption had been, but no more was developed. His pulse was still full, and not much quickened, only 84. The dysphagia was, if possible, more urgent; but it evidently was not mechanical, for he could occasionally swallow a large claret-glass of fluid with less trouble than a small quantity of saliva. The external swelling and tenderness of the neck were not increased; but on the inside of the throat there was now developed a large piece of tough intimately adherent false membrane, of a very dark grey colour. It grew from the right tonsil, and spread across the entire pharynx. It extended to the hard palate above; and, on forcibly drawing forward the tongue, the inferior edge of this membrane could not be seen. His respiration also had become more hurried, and his voice more nasal. I now observed to Dr. Smith that it was clearly a case of diphtheritic exudation; and he agreed in the propriety of endeavouring to destroy the surface with strong nitric acid (which I accordingly did), and giving the muriated tincture of iron and claret freely. The gargle, etc., were continued. At 5 P.M., he begged to be allowed to discontinue the gargle and medicine; they gave him so much trouble. His strength was evidently giving way; and his pulse had now altered most remarkably, having become small and very frequent. With a close forceps I removed a large fragment of the pellicle from the throat, and saw distinctly the mucous membrane beneath very red, but unabraded; and then, with a hydrocele-bag, I washed out the throat for a long while with dilnted honey of roses. From these operations he derived the greatest comfort, and lay down and slept. At six o'clock, I brought Professor Stokes to see him, who considered that, although his system had evidently imbibed the diphtheritic poison, there were two negative signs on which to ground some hope—first, that his breath had not a very fœtid odour; and secondly, that there was not much tracheal *râle*. But the sounds of the heart were feeble and muffled; the respiratory murmur was puerile; the pupils were closely contracted; the urine was scanty. When left to himself, he raved, showing in all respects a most profound lesion of the sympathetic system. Dr. Stokes advised that the iron should be resumed, with chlorate of potass; and that he should have a full opiate. He had some disturbed sleep through the night, raved a great deal, but took a large quantity of wine; and, on the morning of the 19th, his countenance was better, and his voice improved. I again removed a large pellicle of the diphtheritic membrane with a close forceps, and washed out the throat very freely as before. This was always followed by great relief, and he generally fell asleep immediately after it; but, as fast as the pellicle was removed, it appeared to be again renewed. The portion of mucous membrane which I had exposed yesterday was again covered to-day with a diphtheritic growth of the same colour, consistence, and tenacity. He suffered much to-day from a peculiar dyspnœa, not laryngeal, but from the disease extending to the nares. I saw him at 3 P.M. with Professor Smith, and again removed some of the false membrane, and washed out the throat, but not with the usual sense of comfort. He raved much between this time and eight o'clock, when I saw him again with Dr. Stokes. He had been sinking gradually since morning. His chief complaint still was the extreme dysphagia. His neck externally was more swollen, his breathing much more rapid and laboured, and his pulse much weaker. He was ordered the usual means to keep up the capillary circulation, also a large blister to the top of the sternum, and drachm doses of spirit of turpentine, and brandy. At 2 A.M., I was called to see him, on account of the violent delirium which had come on. When I saw him, he was pulseless, gasping for breath. This was, however, after a paroxysm of delirium. Within an hour, another attempt at violent delirium ended in a convulsion, soon after which he expired.

"On looking for the probable cause of this severe and fatal illness, I was informed that Mr. Hart had, a short time previously, been obliged to leave the hospital from ill-health. His mental powers had also been severely taxed by preparation for a competitive examination in Trinity College, at which this distinguished and estimable young gentleman had obtained the gold medal. He had also, on the 11th, the day previous to his first complaining, been exposed to wet and cold for several hours."

MEDICAL ARRANGEMENTS FOR THE DOVER REVIEW.

WE are requested by Staff-Surgeon John B. Thomson and Assistant-Surgeon F. E. Barton, the medical officers in charge, to state, for the information of medical officers of the Volunteer Force at the Easter Monday review, that there will be two field-hospital marquees, one near the Castle Hill Fort, the other at Swingate. One ambulance-waggon will follow the First and Second Divisions, another the Third and Fourth Divisions. These are provided with Royal Hospital Corps orderlies, who will have charge of stretchers, etc.; and a field-companion containing restoratives. In the event of any very serious accident, it is requested that a medical officer will accompany the ambulance to the nearest field-hospital. The position of Castle Hill Fort and Swingate is clearly indicated on Wyld's plan of the field.

HOSPITAL ADMINISTRATION.

METROPOLITAN COUNTIES BRANCH: ORDINARY MEETING.

AN adjourned ordinary meeting of this Branch was held at 32 A, George Street, Hanover Square, on Wednesday, March 17th, at 7.30 P.M.; JOHN E. ERICHSEN, Esq., President, in the Chair.

Several new members of the Association and Branch were elected.

The Discussion on Hospital Administration was resumed.

The PRESIDENT recapitulated the proceedings of the last meeting. The first question had been fully discussed; and there seemed to be a general feeling, and an expression of that feeling, that gratuitous medical services at hospitals were greatly abused; and, further, that the abuse was twofold, affecting the supporters of the charities, and also affecting the medical officers, who were called on to attend, as hospital patients, persons who could pay. Again, a third feeling was very strongly expressed, and perhaps more felt than expressed, that the profession at large, not connected with hospitals—the general practitioners —were grievously wronged. It had been sufficiently shown that this was the general feeling of a meeting in which the profession was better represented than he had ever seen. Some remedies were suggested; and here there was much discrepancy of opinion. In that matter, there might be much use in a Committee. As to governors' letters, it was felt that a great evil existed; that they were given to persons having no right to them, and that in other respects they only had added to the evils.

After a short discussion as to the point to be next taken up, it was determined to discuss first the question of governors' letters.

Dr. DRYSDALE was in favour of free admission, in preference to governors' letters. It was adopted at the Metropolitan Free Hospital; and the patients there seemed to be of a poor class. The crush in entering a free hospital induced those who had means to prefer paying a medical man.

Mr. FRENCH would put a case. A gentleman some years ago fractured his leg, and was taken into King's College Hospital, where he remained many weeks. On leaving, he presented the hospital with fifty guineas. He thought such a case was comprehended in the idea of free admission, and that no exception could be made to it.

Dr. FORBES WINSLOW thought that no hospital would refuse admission in case of such an accident, whether it occurred to a nobleman or to a porter. But the question for consideration was, whether patients were to demand admission without any reference whatever to urgency. He thought that, if that system were to be acted on, the hospitals would be besieged. It was not possible to adopt a system of free admission into hospitals. Governors' tickets were indispensable; but it should be an obligation on the governors to recommend none but proper objects of charity, and, if possible, to make investigation into their circumstances. And it was the duty of the medical officers of hospitals to see that the general practitioners were not defrauded of their rights. It would be destructive to general practitioners, if persons were allowed indiscriminately to come to hospitals without recommendation.

Mr. ERNEST HART remarked that the question of free or privileged admission had nothing to do with the means of the patient.

Dr. OPPERT said that the question should be considered on public and on political grounds. He was not in favour of the letter system, which he considered disadvantageous for hospitals with medical schools. Privileged patients disliked to be examined by students. Sometimes patients were refused admission on account of not being sufficiently well dressed. One patient whom he had sent to a hospital was refused (as the patient said) because he was in shabby clothes. He stated that there were about eight thousand in hospitals in Paris; and there were three hundred inmates in the Maison de Santé, who each paid four *francs* a day. It would be the business of the Committee to find how the hospital population was to be classed. The inquiry would show that there was a better class of the poor entitled to some kind of privilege, but that this class was much smaller than it appeared to be at present.

Mr. TEEVAN said that the recommendations with which a patient ought to come to hospital were poverty and disease. The obtaining of letters was attended with difficulty, and injury to the patients and their families. If a mechanic were ill, his wife must go about for a letter, and pay some one to take care of her children; so that many found it cheaper to pay a medical man. Again, the system acted injuriously on the patients themselves. A woman had brought a child with ophthalmia. She was told to get a letter; but could not do so for three weeks. In the meantime, the sight of the child's eye, which might have been preserved, was lost. It was not the honest mechanic who got the letter, but the pauper, who had most impudence. Subscribers often did not like to be pestered, and gave up their admission-letters to the hospitals. He was quite sure that the governors would aid in abolishing the system, if its evils were properly represented.

Mr. LORD thought that there could be nothing more Quixotic than the idea of free hospitals at large. He could not imagine that an honest, industrious, and frugal person could not have obtained relief within three weeks. In every parish there was a Poor-law organisation; and in every town, and almost in every parish, there were clubs, from which frugal men might get aid in any emergency. As regarded the broad application of the principle of poverty and disease, he would say that the law of the land had made provision for both. How was it that many general practitioners were poor? It was because of the abuse of gratuitous services. There was no case made out to justify free admission to hospitals. With the ticket, there might be some guarantee as to poverty. Nothing was more injurious to the profession than a system of promiscuous and indiscriminate almsgiving.

Mr. FAIRLIE CLARKE was in favour of free admission. The indigent poor were often unable to obtain letters; and patients who came with letters were not, as a rule, fit subjects for hospitals. In a free hospital, a patient could be asked whether he or she belonged to the indigent poor, or the secretary could make the necessary investigation.

Mr. C. HEATH said that those who had much experience would agree as to the hospitals in large towns, that governors' letters, as to in-patients, did very little harm. As to out-patients, a system of free admission would require either a central bureau or district bureau. To open the hospitals to all would be productive of wide abuse; it would injure the general practitioner, and cause hospitals to be flooded with patients who could not be attended to. He would like to hear how patients were to be sorted. The bureau-plan seemed the most feasible; it might be arranged in some such manner as is followed in the formation of postal districts, etc.

Dr. DUPLEX said that the distinction between voluntary and endowed hospitals should be remembered. He agreed with Mr. Heath that in-patients should be admitted by tickets. There should be some person appointed to see that the patients were fit subjects for admission; and the urgency of a case, whether there were a ticket or not, should constitute a claim to admission. There was no reason why governors' letters should be looked on as orders for admission. It had been said that beds in hospitals were occupied by the domestic servants and coachmen of subscribers. For every domestic servant of a subscriber, a certain sum should be demanded per week. He thought that, as far as the discussion had gone, it appeared to be one duty of the surgeon or physician to decide on the fitness of a patient except as to injury. As to a central station, he did not see how it could be carried out.

Mr. FRANCIS MASON had heard that, at the Westminster Hospital, patients came with day-tickets; and the assistant physicians and surgeons had, if necessary, the power of giving a letter of admission. In this way the in-patient department could be supplied with proper cases from the out-patients.

Dr. STEWART thought the discussions showed the great diversity of opinion on the subject, and the impossibility of arriving at a decision. Extensive inquiries into the best method of admitting patients were demanded. He had known great abuse to prevail where the system of free admission was followed. In any case, there should be some means of determining on the fitness of patients. The Parisian system of a central bureau could not, as a whole, be adapted to our voluntary system.

Dr. A. DOUGLAS thought the evil lay with the existence of too many medical schools. If the whole system of medical education were reorganised and more concentrated, the evil complained of would be put down.

The meeting then proceeded to discuss the question of special departments and special hospitals.

Dr. BEIGEL was astonished that there was not a larger number of special hospitals. It had been asked, why very few special hospitals were established in Germany and France. In England, a man who had worked long at a special subject would scarcely get admission into a school except as a teacher of some such subject as botany, and perhaps, in another year, of physiology. In Germany or France, a person having a special knowledge of a subject became attached to a school as a teacher of that subject, and had patients allotted to him.

Mr. WALTER COULSON understood that the opponents of special hospitals founded their objections on two points; first, that injury was done to the public; and, secondly, to the profession. Mr. Hart had taken for granted a fallacious argument—that a small special hospital must produce loss to the charitable public. One would imagine at first that there was an additional expense per bed; but, generally speaking, patients were treated more cheaply in special than in general hospitals. Again, it was maintained that small hospitals diverted funds from the general hospitals. This he did not think correct; because, in the case of a new special hospital, the funds were supplied in great measure through the influence of the gentlemen starting the hospital. A man who was known to be earnest in his special work would be supported by his friends much more than if he were only attached to a general hospital. Again, special hospitals were supported by the rich, who would go to specialists when they required their advice. As to the injury to the profession, it was obvious that indiscriminate medical relief did damage to general practitioners; and the general hospitals did a little more harm than the special, because they had more patients. But, he maintained, special hospitals did not so much harm in proportion as the general hospitals. The principle of special hospitals might be abused; but a still greater abuse was the multiplication of medical schools. What was most required in certain subjects, as anatomy and chemistry, was to get a few first class teachers and to pay them well. It was urged against the special hospitals, that they took from the general hospitals cases from which students might learn something. He did not see much force in this. Students did not learn the operations of lithotomy, etc., at the general hospitals; but they would learn more by going round, at a more advanced period, to the special hospitals. By all means have special departments; and if they could be managed better than the special hospitals these would go out. A Royal Commission might interfere with the funds of endowed hospitals; but he did not see how it could do so with the ordinary hospitals.

Dr. OPPERT said that in certain hospitals patients were separated into divisions; and in this way a good many special hospitals would become unnecessary. He would urge the necessity of convalescent and orthopædic hospitals, and some others.

Dr. DRYSDALE said that, if the new proposal of the Royal Medical and Chirurgical Society for amalgamation was carried out, there would probably be some combination as regarded hospitals. In the mean time, he thought that the special hospitals were admirable for the teaching of the younger branches of the profession.

Dr. FORBES WINSLOW said that some special hospitals were, no doubt, indispensable, and necessary both to the profession and to the public. There was no doubt, also, that the system had been abused. What necessity was there for a hospital for throat-disease? Patients with throat-disease could be as well treated in a general hospital. Again, was a hospital for heart-disease required? He thought that hospitals of this kind were often designed for filling the purse of some one man, not for the advantage of the public. The case was very different from that of the Orthopædic Hospital, or the Hospital for Epilepsy and Paralysis, or the Ophthalmic Hospital. A medical man, well informed in all subjects, might have a predilection for one or other class of disease, and was then liable to become a specialist in spite of himself, and it was natural that there should be certain great special hospitals, such as the Ophthalmic. As to lunacy, a man who took it up could not treat anything else. He must be a specialist, by force of necessity. Was it not an advantage that, after a large education, medical men should take up specialities? If he had an eye or a skin affection, he would go to a specialist. It was not possible to interfere with specialism; it was required.

Dr. LANGDON DOWN thought that the beginning and the end of Dr. Winslow's speech shewed a most rapid and strange conversion. He would carry back the attention of the meeting to Mr. W. Coulson's remarks, who had stated the question from his side with much judgment and sagacity. It appeared, however, that Mr. Coulson did not clearly establish that the advantages alleged to belong to special hospitals could not be carried out by special departments in general hospitals. Who was the greatest aural surgeon in this country of the present generation? Mr. Toynbee, who was attached to a special department of St. Mary's Hospital. Again, no one had better worked out the obstetrical department than Dr. Tyler Smith—also attached to St. Mary's Hospital. It had not been sufficiently proved that it would be best for students to postpone their practical training, and seek it in the special hospitals. Again, it seemed well agreed that it was not desirable that general practitioners should be deprived of cases. If there were many special hospitals, was there not a risk of their competing with one another, to the injury of the profession?

Dr. MORELL MACKENZIE said that the Moorfields Ophthalmic Hospital was once spoken of in the same way as the Hospital for Diseases of the Throat is spoken of now. While admiring the tact of Mr. Hart, he did not see that Mr. Hart made one suggestion, or brought forward any argument, in support of his statements that there were now more special departments in hospitals, that the expenses of special hospitals were greater, and that they were not conducive to medical ethics. Taking the number of cases and the statistics in the *Times*, it appeared that 46,000 patients were relieved in general hospitals at a cost of £165,000; and 35,000 at a cost of £135,000 in special hospitals. The items of expenditure were less in special than in general hospitals. The slight increase of rent and office expenditure in the special hospitals had nothing to do with the general expenditure; as most of them had not yet obtained freeholds of their own; and, if the large sums spent by the general hospitals in the purchase of freeholds were considered, the rent-charges would be found much greater in the general than in the special hospitals. The special hospitals had also relieved many out-patients without any cost whatever. As to the effect on medical education of completing special departments, he said that, if this were carried out, there must be special departments for everything; and the worst feature would be, that no one could keep up his general education. In special hospitals there was a concentrated field for observation, and students could attend very easily. They did not attend special departments in general hospitals, because they were not obliged to do so. This matter was, however, in the hands of the Examining Board. As to the statement that special hospitals were not conducive to medical ethics, it must be approached with delicacy: but he had never been able to produce the "faultless monster" described as existing in the general hospitals. General hospitals were said to be already too large; and specialising would only tend to increase them. He agreed with Mr. Coulson that subscriptions were given to special hospitals which would not be given to general hospitals. Evil might arise from excessive multiplication of special hospitals; but this would be rectified by the ordinary laws of supply and demand. He objected to taking the general practitioners as a tribunal, as they had a bias against special hospitals growing up in opposition to their *alma mater*. He agreed with Mr. Hart desiring the appointment of a Royal Commission.

Mr. C. HEATH allowed that, where one or two gentlemen started a special hospital, they worked up their friends with energy. As to expenses, there was a fallacy both in the arguments of Dr. Mackenzie and of Mr. Coulson. Patients with disease of throat, for instance, were necessarily much less expensive than patients with compound and comminuted fractures. Would not the money do more good in a general than in a special hospital? It had been said, that there would be openings for young men. He thought that there was no want of opportunity in the general hospitals. Dr. Mackenzie's argument against the subdivision in general hospitals applied to the special hospitals more forcibly. Some of the special hospitals took a very wide interpretation. Last year, Dr. Mackenzie had brought forward, from the Throat Hospital, cases extending from the mouth to the diaphragm, including exophthalmic goitre, stricture of the œsophagus, laryngeal disease, and aneurism of the aorta. On the other hand, Mr. Coulson, at St. Peter's Hospital, took charge of the body from the diaphragm to the levator ani; and, outside the levator, there was a small portion to which St. Mark gave his attention. There was thus scarcely any part of the body left for general practice, except the liver, the gastro-intestinal canal, and the suprarenal capsules. For each of these, there might in time be specialities: but those who took the suprarenal capsules in charge would be liable to come into collision with those whose speciality was the treatment of skin-diseases. All this specialism interfered both with teaching and with the interests of the profession. He admitted the skill of Dr. Mackenzie and Mr. Coulson, and that much might be learned at the special hospitals, to which patients were attracted by advertisements.

Mr. TEEVAN said that, when Dr. Mackenzie introduced the laryngoscope, no hospital had the means of using it. Last year, St. Peter's Hospital had more stone cases than any general hospital, excepting Guy's; and they were nearly all sent by general practitioners. At St. Peter's Hospital, patients were seen in the evening, and this enabled them to work in the day, and to pay the general practitioners. Every general hospital had a right to have a special department if it pleased. St. Peter's was virtually a special department of the Middlesex Hospital; and the Westminster Ophthalmic Hospital was virtually a department of Charing Cross Hospital. As to expense, the objection fell to the ground. One argument in favour of special hospitals might be derived from Mr. Heath's statement in his work on the endoscope, that he had been indebted to the Lock Hospital for the means of acquiring information.

Mr. FRENCH said that a Committee could merely suggest improvement in the management of hospitals. He thought the Society would be best engaged in improving the ethics of its own members.

Dr. STEWART thought there was a clear and distinct line to guide in the institution or non-institution of special hospitals. Where special means were required, which were not provided in general hospitals, and where certain classes of cases were refused at general hospitals it was for the advantage of the public that special hospitals should be provided. But for particular organs, the diseases of which were already admitted and treated in general hospitals, there was no necessity for special hospitals, which, both for the student and the profession, were unmitigated evils. No man had a right to set himself up before the public as *par excellence* the person to treat a certain disease or a certain class of diseases, and to inflict, for his own benefit, a cost on the profession and on the student. When he was attached to the Middlesex Hospital, he had at first an abundant supply of cases of skin-diseases which he made instructive; but, after the institution of a skin-hospital, it was very rarely that he could get a case. As to special departments in general hospitals, this by no means signified that all cases of a kind should be put under one man; a special department was one in which, for instance, the laryngoscope might be used by any of the physicians and surgeons.

Mr. RIVINGTON said that special departments had been formed in hospitals to give instruction. He thought it impossible for a man to attend to both a special hospital and a general hospital. The officer of the special department should have full opportunity to teach the students, and should be supplemented by clinical assistants and other officers. And there should be proper arrangement for the special cases, by having a part of the building set apart for them. It was not possible to do without some special hospitals; but could the evils attending them be prevented? A Royal Commission would, no doubt, amalgamate them. He did not see the necessity of five ophthalmic or five orthopædic hospitals. There should be one of each, as a kind of model, and as a place of reference for the profession. He thought that, if some great plan were proposed, the special hospitals would fall in with it. He objected to the argument derived from supply and demand, that sometimes the demand existed first, and gave rise to the supply. He looked forward to the time when there should be a special minister to preside over all matters affecting the public health.

Mr. ERNEST HART said that, in replying, he need occupy but little time, as many previous speakers had lightened the duty by anticipation. There appeared, he thought, to be a general agreement as to the first proposition, that medical charities were much abused by persons who had no claim to relief, and that gratuitous medical service had reached a dangerous point of excess. It would be for the Committee to consider the various remedies which had been suggested. As to the privileged and the free systems of admission, there seemed also, he thought, a preponderance of opinion in favour of the free system, which he had advocated; it being well understood that, under either system, proper precautions were necessary to prevent abuse. Such precautions were as necessary and as easy under one system as the other. Concerning the question of special hospitals, he observed that he had abstained from entering into details, as Dr. Mackenzie suggested he might and should have done, from a desire to discuss general facts and principles, and to avoid injury and offence to individuals. Challenged to point out any evidences of a tendency of such hospitals to degrade medical ethics, he would confine himself to one only instance, that of public advertisements of the names and addresses of the staff—a practice he believed to be unknown in general hospitals. The statistics given by Dr. Mackenzie he believed to be entirely without value, as showing comparative expenditure. It would be necessary to show what was the actual expenditure on similar classes of cases, and from accounts similarly kept. Such data did not exist, and the comparison was therefore illusory. But it was evident that, where establishment and canvassing expenses had to be charged on to the outlay for a small number of patients, the relative outlay must be greater than where it was spread over a large number. The law of "demand and supply" was inadequate to meet the case, and the use of the formula under such circumstances was delusive. Demand regulated supply, *cæteris paribus*, in the economic sphere, all things being known, and no artificial checks or stimulants being applied. But here the conditions were not fully known, and were very various; and all kinds of artificial stimulants on the one hand, and protective restraints on the other, existed. One gentleman had said to night, in defending special hospitals, that money was got for them "on the principle on which a man puts his money on his own horse," to back his friend who wanted a start in life. If this were frankly stated in soliciting subscriptions, and men really gave their money openly on that principle, it might be doubted if it were wise; but interference might not be necessary. But, whatever the real motive, the greater part of the money for special hospitals was asked for and given in the name of charity and science, as for a need absolutely felt by the poor, and so best supplied; or to fill a gap in, or remove an obstacle to, scientific inquiry. The conditions being so various, so little known, so much abused, and the subject of so much difference of opinion, and the interests at stake being so large, he thought the meeting would have no difficulty in coming to the conclusion that a full inquiry was desirable, with a view to reform; and he doubted whether any machinery short of a Royal Commission was adequate to obtain the information required.

The motion for the appointment of a Committee was then put from the Chair, and carried. The names of the Committee were given at page 266 of last week's JOURNAL.

ROYAL COLLEGE OF PHYSICIANS.

AT the meeting of the College held on March 22nd, Dr. Alderson, the President, was re-elected for the following year. In opening the proceedings, Dr. Alderson spoke as follows.

The occurrences of the past year, which I have now the honour to lay before the College, will, I hope, be found to exhibit as much evidence of vigour and prosperity as the history of any former year. Striking incidents can scarcely be expected to mark our annals—nor are they to be desired; but our proceedings have not been devoid of interesting proofs that the beneficial action of our great establishment is continually progressing; displaying its growing importance to society, as well as its power of expansion, to meet the exigencies of the times.

I am happy to report that communications from the Government have been received, chiefly relating to epidemic disease on the Continent. The information forwarded by her Majesty's Secretary for Foreign Affairs was not very important; but it is always satisfactory to receive such recognition of our being a legally constituted authority. A more tangible evidence of the same amicable disposition has been received from the Chancellor of the Exchequer. I included in my last brief statement of the business of the year, that the work on the Nomenclature of Disease had been completed under the chairmanship of Sir Thomas Watson; and I ventured to add the hope that the College would receive as much recompense in the form of repayment for funds expended as it undoubtedly must do in that of credit, for a laborious duty well and completely performed.

You are aware that at a recent committee it was decided that, in order to insure the beneficial uses of the work, a deputation should wait on the Chancellor of the Exchequer to request him to distribute copies to all registered medical practitioners in the three kingdoms, so that a single text-book might guide them in their reports of the causes of death—the furnishing of those reports being a duty imposed upon them by the Legislature. I have the greatest satisfaction in stating, that the deputation was most cordially received; that the propriety of the request was acknowledged; and that, after a short interval for consideration, taken by the Chancellor of the Exchequer, he fully accorded all that had been asked of him. Thus a most important unanimity will be secured—the hitherto vague character of the Government reports will be superseded, and a basis settled on which valuable statistical facts may be deduced.

Again, in order to forward the circulation of the work, it has been thought advisable to transmit copies to all British colonies, and various foreign countries. We addressed, therefore, letters to the Colonial and Foreign Secretaries of State, requesting their assistance to forward the books to the several colonial governments and foreign legations. Courteous answers have been received, acceding to the requests.

I cannot leave this subject without alluding to the great amount of energy and ability gratuitously afforded by all the members of the Nomenclature Committee; and especially I must allude to the extraordinary time and labour bestowed by the secretary—bestowed, no doubt, without any view to tangible acknowledgment, but which, notwithstanding, I must hope that the College will not allow to pass without some substantial mark of their appreciation.

An onerous but highly agreeable duty has fallen to the College in the appointment of a Sherardian professor of Botany at Oxford. This duty, by an especial act of Parliament, was vested in the Council of the College. I mentioned, in my last year's statement, that many legal difficulties had been started as to the qualifications and restrictions of the candidates. On that topic a lengthened correspondence with the authorities in Oxford was in progress, and consultations with legal authorities in London were commenced, and were afterwards proceeded in. The issue was the appointment of Mr. Lawson; and the Council had the greatest satisfaction in being able to report to the College that their choice has proved, in an eminent degree, acceptable in the University. Another award, vested in the College, has been made in the quinquennial competition for the Swiney prize. According to former established usage, a Committee was appointed to meet an equal number of the Society of Arts. This joint Committee was presided over by the Lord Chancellor, who, with great courtesy, as it was a medical question, ceded the nomination to your Committee; and I think every Fellow present will rejoice heartily that the prize has again fallen to a distinguished Fellow of our College, Dr. Guy; our most highly accomplished and deeply regretted former president, Dr. Paris, having been the first successful candidate; and the great authority on Forensic Medicine, Dr. Alfred Taylor, having been the last.

The Blane medals have also been awarded for the best record of disease on board ships in the navy. The judges, according to the endowment of Sir Gilbert Blane, are the Presidents of the Royal College of Physicians and Surgeons, and the Director-General of the Medical Department of the Navy. This is rather a hard duty to be imposed on official men—the manuscripts to be examined being voluminous in the extreme. The successful competitors were Mr. John Jack, staff-surgeon, late of the *Royal Oak;* and surgeon Mr. Henry Hadlow, late of the *Conqueror*.

A vacancy in the office of standing counsel to the College having occurred by the elevation of Mr. Cleasby to the Bench, the Honourable Mr. Denman has been appointed. His nomination must be acceptable to the College, independently of his high reputation, in consequence of his family connexion with the profession.

In regard to the Tancred Trust, I have only to say that I again joined the annual visitation in Yorkshire, and that the state of the property was exceedingly satisfactory, whilst that of the establishment was much improved since the former year. I regret to say that this charity is now in a very precarious position, there being great danger that the wishes of the founder may be wholly set aside, and the funds may be absorbed for other purposes. The Schools Endowment Bill, which has passed into Select Committee, may take the charity altogether out of the hands of the trustees, and enable the Committee to deal with the foundation according to their pleasure.

I come now to the subject which affects our common humanity; and I rejoice in the unusual privilege, whilst presenting the list of losses which we have sustained, whether in the ranks of the Fellows or members, of being able to remark that, as regards the metropolis at least, no prominent character is included in it whose departure has to be deplored as at once a public and a private calamity.

Dr. Elliotson has passed away in the fulness of his years; and I must here mention that, through a false report, I was led last year to predate his death—an error of my own, which I greatly regret to have committed. Dr. Elliotson was a man of much promise in his earlier life, possessing talents of no common order. His Lumleian Lectures, delivered in this College when the stethoscope was scarcely known, displayed keen observation and solid power of deduction. They not only gained him credit at the time, but have proved a sterling work, which may yet be read with advantage, though forty years have passed, and much additional light has been thrown upon the subject. In character, we must attribute to him many valuable qualities, since he made warm friends, who clung to him to the last, though, in later years, his eccentric ideas and somewhat empirical line of practice had removed him altogether from legitimate professional society. To him, we have only, of metropolitan Fellows, to add the names of Dr. Edwards and Dr. Hillier. The early removal of both these young physicians, having the promise of successful careers before them, is much to be regretted.

The list of Fellows residing in the country includes the names of Dr. Ramsbotham, Dr. Drake, Dr. Swaine, Dr. Kennion, and Dr. Ranking; and to these I have, with much regret, to add the name of Sir Joseph Olliffe, on whom the grave has scarcely closed.

The list of Members who have deceased is, Dr. Pidduck, Dr. Wheatley, Dr. Ingram, Dr. Melville Neale, Dr. E. Phillips, Dr. Nichol, Dr. Scholfield, and Dr. Wright; of Extra-Licentiates, Dr. Brown, Dr. Madon, Dr. Standen, Dr. Roberts, Dr. Tomkins, and Dr. Blumberg; Licentiate, Dr. Ranson.

From this, happily, not excessive record of mortality, I should like to be allowed to extract a name, in order to pay a tribute to the memory of one who, though he died among the list of Members, might well have adorned the class of Fellows, and whom I had hoped to have welcomed to that position. Though not distinguished by any literary production, I am able from my own knowledge to assert that a more highly qualified and successful member of our profession has rarely moved in provincial life than Dr. Scholfield of Doncaster, or one more universally loved and valued. He was eminently a gentleman, and eminently a philanthropist; and the remarkable and widely extended regret which was felt at his decease has been seldom equalled even in provincial circles, where the physician, as a rule, is more gratefully estimated, and more cordially admitted as the honoured friend, than he is in this vast metropolis. He died in the full labour of his profession, and spending his strength in works of charity, although he had of late years, by inheritance, become a man of fortune.

It was proposed to enact, for the second time, the following bye-law, which had been proposed by Dr. C. J. B. Williams:—"Any Member of the College, of at least four years' standing, who has distinguished himself in the practice of medicine, or in the pursuit of medical or general science or literature, may be proposed for the consideration of the Council for nomination to the Fellowship, on the unsolicited recommendation of two Fellows, with a statement of the grounds of their recommendation; and such recommendation and statement must be sent to the Registrar, in writing, on or before the 24th of June."

Dr. Gull had given notice of his intention to move, as an amendment, the following "regulation":—"Any two Fellows of the College may propose to the Council any member of the College of four years' standing, who has distinguished himself in the practice of medicine, or in the pursuit of medical or general science or literature, for the consideration of the Council for nomination to the Fellowship. The grounds of the recommendation should be fully stated in writing, for the information of the Council, and be forwarded to the Registrar on or before the 24th day of June."—This amendment, he explained, was identical in principle, but would, he thought, be more convenient in practice.

Dr. Quain moved that the following be enacted, as a bye-law, for the first time:—"No candidate for any office or distinction in the College shall canvass the Fellows for their votes, either personally or by letter."—This was carried unanimously.

ASSOCIATION INTELLIGENCE.

WEST SOMERSET BRANCH.

The spring meeting of the above Branch will be held at the Clarence Hotel, Bridgewater, on Thursday, April 1st, at 5 P.M.; W. L. Winterbotham, M.B., President.

Gentlemen intending to be present at the dinner (which will be served at 5.15), or to read papers after, are requested to give notice to the Honorary Secretary.

Taunton, March 8th, 1869. W. M. Kelly, M.D., *Hon. Sec.*

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The fourth ordinary meeting of the session was held at the York House, Bath, on Thursday, March 4th; R. N. Stone, Esq., President, in the Chair. There were also present thirty-three members and five visitors. The minutes of the last meeting were read and confirmed.

New Members.—Dr. Flemming of Freshford, and Dr. Challacombe of Bristol, were elected members of the Association and this Branch. The following gentlemen were proposed and seconded, and will be voted for at the next meeting: Dr. Bangay of Bath, Mr. Grubb of Warminster, and Mr. McGowan of Bristol.

Papers, etc.—1. Dr. Hensley gave notes of a case of Extravasation of Urine and extensive Sloughing of the Scrotum, with Recovery.

2. Dr. Hensley also exhibited a recent preparation of Stricture of the Duodenum, which during life had given rise to almost every symptom of disease of the pylorus.

3. Dr. Falconer read a paper on Cutaneous Scleriasis, and showed two patients from the Mineral Water Hospital with well-marked symptoms.—Dr. Brittan and Mr. M. Clarke made observations.

4. Mr. Fowler brought forward a patient who had met with an Accident in a Steam Sawing Machine, by which one of his fingers, together with the tendon of the deep flexor from its insertion, had been torn off. The patient gave a graphic description of his sufferings and treatment, and exhibited a very useful hand.

5. Dr. E. L. Fox read a paper on Tubercular Meningitis. This gave rise to considerable discussion, in which Mr. Black, Mr. Clothier, Dr. Brabazon, Mr. Prichard, Mr. W. M. Clarke, Dr. Spender, and Mr. Collins took part.

6. Mr. H. W. Freeman read a paper on a case of Laryngo-Tracheotomy, which elicited some remarks.

7. Dr. T. Cole exhibited the Larynx of a Child who had died suddenly, in which was found a Warty Growth of the size of a common nut.

Bequests.—Mr. Green, the senior partner in the house of Messrs. Longman and Co., Paternoster Row, has made the following bequests: To St. Mary's Hospital, £500; the Cancer Hospital, £250; the Consumption Hospital, £250; the Royal Hospital for Incurables, £250; the Westbourne Dispensary, £200; the Hospital for the Paralytic and Epileptic, Queen Square, £200; the Convalescent Home, Walton-on-Thames, £100; and the Margate Infirmary, £100—making a total of £1,850.

CORRESPONDENCE.

HOSPITAL ADMINISTRATION.

Sir,—Whether the number of people capable of paying who are admitted gratis to hospitals be exaggerated or not, by being viewed through a mist, is of little consequence. If this injustice to the general practitioner be knowingly done in three instances, these are three too many; and my experience of hospital physicians and surgeons in London convinces me they are anxious to avoid it. But the difficulty lies in the detection of cases in point. The exclusion of classes cannot be made; for in every class there are poor and rich, and a professional man and his family are often as proper objects of charity as day-labourers. Neither dress nor manner is any guide, as I have found at the cost of some time and trouble. When I was first a physician to St. Mary's, I used to inquire privately into the circumstances of any inmate I saw superior in these respects to those around them, and in no one instance was I able to detect the power of paying for medical attendance; whereas I was constantly finding, when too late, that miserable pauper-looking individuals had considerable sums of money to be handed over to their representatives. I am quite convinced that no investigation by the hospital authorities can detect the imposture in any who take the trouble to practise it. And if they reject the patient on insufficient grounds, they run the risk of an action, which an unscrupulous attorney might make an engine of extortion.

Would I then give up the case as hopeless? By no means. But I would ask the sufferers from the system to put their shoulders to the wheel and help themselves; for here, as in most worldly affairs, lies the best hope of success. Let each practitioner, whose paying patients are admitted to a hospital, send to the physician or surgeon under whose care they are placed a formal notice of the fact, and very rare indeed will be the instances in which they are not discharged. I have been physician to St. Mary's nearly twenty years, and I have not met with one yet. Consultants never find it their interest to offend voluntarily the neighbouring practitioners.

The regular attendant does not perhaps know of the patients having withdrawn themselves from his care. He is sure to know all the important cases, and a few examples made of rich persons, who have disguised themselves to carry out the imposture, will soon put a stop to the practice altogether.

I think the notice had best be a printed form agreed upon by a committee for the purpose, so as to avoid all appearance of private jealousy. It should avoid also the show of an appeal *ad misericordiam*, and make its claim as of right. Until some self-helping step of this sort be taken, meeting and talking and grumbling is of very little use.

I am, etc., Thos. King Chambers.

64, Brook Street, Grosvenor Square, March 1869.

Sir,—Having attended at the recent discussions of the Metropolitan Counties Branch of the Association on the question of medical charities, permit me to make, through the Journal, a few remarks thereon.

The discussions there confirm in me a belief that I have long entertained, of the utter helplessness of the profession to initiate a reform of its own organisation as a body corporate, or in its own administration of public services. These meetings have, nevertheless, done good, and will, in the future, if repeated, till a full consciousness of this powerlessness of corporate action is realised. Then, and not till then, right steps will be taken, and by parliamentary authority, to regulate medical interests so as best to conduce to public utility.

The principles which should determine the administration of medical charities are obvious enough: the ticklish and difficult part of the matter is, the vested interests, the personal interests, and the jobbing interests.

As the rule of admission, *urgency* in any case should be sufficient; in any other case, the applicant should prove that he or she cannot afford to pay for needful relief elsewhere. The higher and more grave question of the abuse of such charities, as concerning society and the state, is the debauching of the spirit of independence in numbers of the people who are without plea of destitution or disablement; and which is the attendant curse, more or less, of all eleemosynary aid. On account of this very serious element of the circumstance, there is no doubt of ultimate interference by Parliament to regulate and determine the province of charitable institutions. How the industrial and genteel poor may be provided for, need not here be discussed. A plea has been put in on the part of the general practitioner, that these medical charities are a great hurt to him pecuniarily. This is a sordid view of the question, and, I am persuaded, a mistake. A professional man can only safely rely for his success by making it to the advantage, or satisfaction, of his clients or patients, to employ him. It is so in every relation of life.

It is altogether a wrong issue to bring it forward as a complaint of intercepted fees. The issue is beyond any huckstering jealousy. It is one of an open career to talents; that every private may, at his start in life, hope that he carries a marshal's baton in his knapsack. In the medical service of these charities and the professional offices, monopoly, coterie and clique influences, possess, retain, and exclude many claimants for a career. Justly or unjustly, these must be met by criticism, to ascertain whether the modes of appointment and the conditions are the best that may be devised.

Has the close system of the London hospitals created, by necessitating, special hospitals? Would the general hospitals have as readily adopted these special aids and appliances except for the rival specialists? I confess, till I heard Mr. Coulson's statement at the last meeting of the Association, I was dead against specialism, as scattering the field of study. Yet experience in Paris might have suggested hesitation, if not a contrary conviction. I am sure, as unprejudiced men, we shall await the statement of the case of the specialists with interest. I agree, sir, with you, that these statistics must be sifted and carefully discriminated, and that accounts should be presented upon a uniform plan.

It is to be hoped that by the purposed inquiry by the appointed committee, the character of the deed of constitution, and powers under the deed, and the stipulations of the particular benefactions of each of the great hospitals of London, will be ascertained. Then we shall know what we talk about, and what action to take. These hospitals are so intimately bound up with the interests of teaching, which, for the country at large, are more important than the actual charity of the institutions, that it is necessary to keep constantly in view their superior importance as schools of learning and teaching in the healing art. And except for the importance of adopting a method of service that would secure eminent talent, the plan of service by rota, of approved candidates, for limited periods, would appear to be the fair one, as it is the natural. Sound principles being established, fairness and fitness of details need not be despaired of. But not one atom of reform of abuse or inefficiency will be achieved till there be unification of the objects and interests of professional education, association, and government.

I am, etc., A. C. Maclaren.

60, Harley Street, London, March 1869.

ON HOSPITALISM.

Sir,—The statement made by Sir J. Simpson respecting the high rate of mortality in large or in metropolitan hospitals is sufficiently important to demand either an answer, or else some change in our hospital system. Now there are "hospitals" and "hospitals"; and I deny the justice of classing them all together, and of giving one general death-rate for the whole.

In St. Bartholomew's Hospital, 2,131 registered operations have been performed during the five years 1863-7, with 277 deaths, equal to a percentage of deaths of 12.99, or 1 in about 7½; and this is about the same as Sir James Simpson's death-rate after "limb-amputations" in rural districts, which he puts at the favourable figure of 1 in 9.

It will be said that, in the list from St. Bartholomew's, many minor operations are included. My reply is, that there are operations of all kinds, some more, some less severe—namely, hernia, lithotomy, lithotrity, resections, ovariotomy, aneurism, etc.; and that a list of mere limb-amputations is hardly conclusive. Few operations are attended by so low a rate of mortality as operations of the arm and forearm for disease.

Let us analyse more closely the statistics from St. Bartholomew's.

One of the great sources of the high rate of mortality after limb-amputation is drawn from the statistics of amputation of the thigh—an operation rarely performed in private practice, and not often, I think, in the agricultural districts. In St. Bartholomew's Hospital, for the five years above named, there were:

Primary amputations of the thigh, 6; deaths, 2; percentage, 33.
Secondary ,, ,, 18; ,, 12; ,, 66.66
For disease . . . . 71; ,, 30; ,, 42.25
Or 1 death in 2·7.

Amputations of the upper arm are more common in private and agricultural practice. And what says the five-year return for St. Bartholomew's?

Primary amputations of the arm, 9; deaths, 1; percentage, 11.11
Secondary ,, ,, 10; ,, 3; ,, 30.
Amputations for disease . 13; ,, 0; ,, —
Or 1 death in 8.

As regards the lower extremity, the leg is more often implicated than the thigh. During the above named five years, we have had the following list.

Primary amputations . 21; deaths, 10; percentage, 47.61
Secondary ,, . 10; ,, 5; ,, 50.
Amputations for disease 34; ,, 13; ,, 38.23
Or 1 in 2·9.

Amputations of the forearm—
Primary amputations, 11; death, 1; percentage, 9.09
Secondary ,, 5; ,, 1; ,, 20
Amputations for disease, 9; ,, 0; ,, —
Or 1 in 12.

I am quite prepared to admit that, during active warfare and in the operations of a campaign, detached hut or tent hospitals are often better than large and incommodious edifices, frequently overcrowded with sick and wounded, and sometimes fettered in their sphere of utility by the rules of the service; but between such detached hospitals and the well-conducted civil hospitals of this metropolis, abounding in all that can contribute to healthfulness, the distance is immense and unavoidable. Perhaps one of the best specimens of "detached hospitals" was that at Renkioi, on the Dardanelles; the plan being a long corridor, with detached huts on either side. But the corridor was more than a quarter of a mile in length, and consequently the conveyance of food and other necessaries demanded no small amount of extra labour.

The rules of hygiene during sickness do not differ in principle from those to be observed in health; but, just as there is a necessity for communities to be grouped together in towns and cities, so must we aggregate our sick poor in large hospitals. Cottage hospitals are useless for our town populations; but clean and well-managed buildings fulfil every requirement, more especially if to these be attached a convalescent hospital in some healthy locality. I am, etc.,

February 1869. HOLMES COOTE.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

POOR-LAW MEDICAL OFFICERS.

SIR,—I should feel obliged if you would permit me, through your JOURNAL, to make an appeal to members of the Poor-Law Medical Officers' Association especially, and Poor-law medical officers generally, under the following circumstances.

In December, 1868, I was deputed by the Council of the Association to write to the secretary of the Irish Medical Association, and tender an interchange of good offices, in furtherance of the objects of the respective Associations. This offer was gladly accepted. The time has now arrived when English Poor-law medical officers can afford a practical demonstration of sympathy with their Irish brethren. On April 7th, the Bill to provide superannuation allowances to medical officers of Poor-law unions and of dispensary districts of unions in Ireland, introduced by Dr. Brady, will be read a second time. The object of the Bill is fully described in its title; but, in order to make it more plain, I may state that it is intended thereby to provide, with the concurrence of boards of guardians and the Irish Poor-Law Commissioners, superannuation allowances to any medical officer or officers of an union or dispensary district who shall at any time after his or their appointment become incapable of discharging the duty of his or their office with efficiency, by reason of infirmity of mind, or body, or old age, upon his or their resigning, or ceasing to hold office, such annual allowance for his or their lives not exceeding in any case two-thirds of the income derived by such officer or officers.

Dr. Brady and others, with whom I have communicated, agree with me in considering that great assistance will be afforded at the second reading, if English and Welsh Poor-law medical officers will at once write to such members of the House of Commons as they may be personally acquainted with, and urge them to vote for the Bill. With a view to afford in a ready form the material of such letter, I would suggest the adoption of a part of the speech of Mr. B. Baker at the last quarterly meeting of our Association on moving a resolution on the subject. Our education costs us much. We devote much time and thought in our department; our work is most difficult and most ungrateful, and fraught with much personal risk to ourselves and families. We work seven days a week, ofttimes at night, all the year round. There is no provision made for a vacation; the parish doctor is never supposed to be idle, never tired, never to want a change from the monotonous duties of his office. If he leave his appointment, it must be at his own risk and cost. The argument used against the superannuation of Poor-law medical officers is that they do not give the whole of their time. To this it may be replied, the salaries given are wholly insufficient to enable them to do so, but they are expected to be ready at all times, even at the sacrifice, too frequently, of other more remunerative interests. I may further state that a direct appeal will be made through the Council of the Association to those English and Welsh members who, to the number of ninety, replied favourably to one circular letter at the late election; but I must urge upon gentlemen the desirability of supporting our application by immediate oral or written request to those they can influence.

In conclusion, let me remind Poor-law medical officers that our Irish *confrères* are not likely to be wanting in grateful recognition of our services, and that if they are afforded on this occasion, we shall have the right to ask, and security in getting, a similar service from them when the time arrives to make that Parliamentary appeal for the redress of grievances which it is the object of the Poor-Law Medical Officers' Association to obtain.—I am, etc., JOS. ROGERS.

Dean Street, March 1869.

UNIVERSITY INTELLIGENCE.

TRINITY COLLEGE, DUBLIN.

PRELIMINARY ARTS' EXAMINATION.—On July 6th, 1868, the following Resolution was passed by the General Medical Council, in London, with reference to their scheme of Preliminary Arts' Examinations. "That the Registrar be requested to address a letter to those Licensing Bodies in Ireland which do not require the Preliminary Examination to be passed before medical study is begun, representing that throughout England and Scotland a complete uniformity has been brought about by the adhesion of the Licensing Bodies to the recommendation of the General Medical Council in this respect, and that it is highly desirable that students in all the three divisions of the kingdom should be placed on the same footing, by the Irish Licensing Bodies using every means to obtain the necessary powers to enable them to require that Preliminary Education and Examination shall be really preliminary to medical study." The foregoing Resolution has been for some months under the consideration of the Board of Trinity College, and of the President and Fellows of the King and Queen's College of Physicians in Ireland.—The Irish College of Physicians, after mature deliberation, passed the following Resolution, on the 5th of March last, and ordered copies of the same to be transmitted to the Registrar of Trinity College, and to the Registrar of the General Medical Council. "That the Medical Council is in error in representing that throughout England and Scotland a complete uniformity has been brought about by the adhesion of the Licensing Bodies to the recommendation of the General Medical Council; viz., that 'the Preliminary Examination should be passed before medical study is begun;' and that this College is of opinion that the plan proposed by the General Medical Council, of a Preliminary Examination to be undergone previous to the commencement of professional study instead of encouraging an education in Arts carried on for one or more years, is not calculated to advance the acquirement of a good general education." The foregoing Resolution was passed by the Irish College of Physicians, with only one dissentient vote; and has been concurred with by the Board of Trinity College, who agree with their Regius Professor of Physic, Dr. William Stokes, in his condemnation of the scheme of Preliminary Arts' Examination.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, March 19th.

SECONDARY EDUCATION.—In moving the second reading of this Bill, Mr. W. E. Forster said: Petitions have been presented this evening on this subject from important representative bodies of the medical profession, and in one of them,—that presented by my hon. friend the member for North Devon, which is signed by Dr. Hawkins, on behalf of the General Medical Council, and into which I have had an opportunity of looking,—the petitioners say that the maintenance of a sufficient standard of examination is rendered exceedingly difficult owing to the defective and limited education generally given in endowed schools. Again, in the petition of the British Medical Association, signed by Dr. Acland, there is a statement to the same effect. I will now trouble the House with one or two answers which were given in the course of the long inquiry of the Commission. We examined among others Dr. Gull, who was asked—"What, in your opinion, is the state of previous education which at present, generally speaking, the candidates for the medical profession obtain?" The answer was:—"I should say that it is still in very defective condition. There is no thoroughness in the teaching. I should say that men are defective in common writing and spelling. Of course, there are numerous exceptions, but it is still a common thing. There seems to be no training of the faculties of men for acquiring knowledge at all." Dr. Gull describes the age of those of whom he is speaking as about 16; and Mr. Paget, in answer to a question which was put, said—"I should say that the condition of knowledge in young men coming up for examination in regard to scientific subjects is highly unsatisfactory."

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 18th, 1869.

Argles, Robert, Maidstone
Budd, Samuel Punnett, Plymouth
Hunt, Tom Oliver, Hockley, Birmingham
Lister, Charles Henry, Royal Free Hospital, Gray's Inn Road

As an Assistant in compounding and dispensing medicines.

Loggin, Charles Frederick, jun., Stratford-on-Avon

MEDICAL VACANCIES.

THE following vacancies are declared:—

ABBEYLEIX UNION, Queen's County—Licentiate Apothecary for Workhouse.
ABERDEEN ROYAL INFIRMARY—Professor of Pathology.
BRADFORD (Yorkshire) INFIRMARY and DISPENSARY—Two Physicians.
CHELTENHAM GENERAL HOSPITAL AND DISPENSARY—Surgeon to the Dispensary.
CHESTER GENERAL INFIRMARY—House-Surgeon (£80 per annum to commence with, and residence and maintenance in the house).
CRAIGNISH, Argyleshire—Parochial Medical Officer.
DOWLAIS IRONWORKS, Merthyr Tydvil—Assistant-Surgeon (£140 per annum, with furnished apartments, coal, gas, and attendance).
EDINBURGH ROYAL DISPENSARY AND VACCINE INSTITUTION—Apothecary (£50 per annum, with proportion of fees from pupils).
EDINBURGH, University of—Professor of Chemistry.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon
GRAY'S HOSPITAL, Elgin—House-Surgeon (£40 per annum, with board, etc.)
HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Physician.
KING'S COLLEGE HOSPITAL—Assistant-Physician; Professorship of Physiology.
LINCOLN GENERAL DISPENSARY—House-Surgeon and Apothecary.
LURGAN UNION, co. Armagh—Medical Officer for the Moyntagh Subdistrict (£100 per annum, and Registration and Vaccination Fees).
MIDDLESEX HOSPITAL—Physician's Assistant.
NEWPORT UNION, co. Mayo—Medical Officer for the Achill Dispensary District. (£80 per annum, and Registration and Vaccination Fees.)
NORTHERN HOSPITAL, Liverpool—Dental Surgeon.
NOTTINGHAM BOROUGH AND COUNTY LUNATIC ASYLUM—Assistant Medical Officer (£75 per annum, with board, lodging, and washing).
POPLAR UNION—District Medical Officer (£100 per ann., to include everything).
READING DISPENSARY—Resident Surgeon.
ST. IVES UNION, Huntingdonshire—Medical Officer for the Somersham District (£70 per annum, and extras).
SOUTHEND, Argyleshire—Parochial Medical Officer (£40 per annum, and Vaccination Fees).
SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Physician; House-Surgeon (£100 per annum, with board and residence).
TRIM UNION, co. Meath—Medical Officer for the Enfield Dispensary District (£90 per annum, exclusive of Registration and Vaccination Fees).
UPPINGHAM UNION, Rutlandshire—Medical Officer for the Workhouse (£45 per annum); Medical Officer and Public Vaccinator for the Uppingham District (£55 per annum, and Vaccination Fees, and exclusive of Cod-liver Oil, etc.)
VICTORIA HOSPITAL FOR SICK CHILDREN—House-Surgeon and Secretary. (£50 per annum, with board, etc.)
WEOBLEY UNION, Herefordshire—Medical Officer for the Weobley District (£75 per annum, to include everything, except Vaccination Fees).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*MAUNDER, C. F., Esq., appointed Surgeon to the London Hospital.

MARRIAGE.

CHEATLE, Edward, L.R.C.P.Ed., of Revesby, Lincolnshire, to Mary Elizabeth, eldest daughter of George GARNE, Esq., of Churchill Heath, Oxfordshire, on March 11th.

DEATHS.

HILL, Edward, Esq., Surgeon, at Roath, near Cardiff, on March 5th; and, on March 17th, of apoplexy, Amelia, widow of the above.

HOLT.—On March 17th, at No. 1, Spital Square, aged 8, Ida, eldest daughter of William Holt, Esq., Surgeon.

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OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Medical Society of London, 8 P.M.
TUESDAY.—Chemical Society (Anniversary).
WEDNESDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."
THURSDAY.—Harveian Society of London, 8 P.M.—Linnæan Society.—Chemical Society.—Royal Society.
FRIDAY.—Royal College of Surgeons, 4 P.M. Professor Huxley, "On the Construction of Vertebrated Animals."—Western Medical and Surgical Society of London, 8 P.M. For the Narration of Cases and Exhibition of Specimens.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

CASES for Binding the Volumes of the JOURNAL may be had on application to Mr. Richards, 37, Great Queen Street. Price 1s. 6d. each; by post, 1s. 8d.

WILL any gentleman kindly suggest some diagnosis or treatment in the following obstinate case. A female, married twelve months, never pregnant, for the last three months has suffered from nearly constant hæmorrhage from the womb, which is of natural size, subacutely inflamed, not ulcerated. Treatment—rest, iodine externally, ergot, belladonna, opium, bromide of potash, astringents, ferruginous tonics, and injections, have all been tried, besides leeches externally and on the os, to which also nitrate of silver has been freely applied. For short intervals the pain and hæmorrhage have entirely ceased.

March 1869. I am, etc., DESIDERATUM.

EXTRAUTERINE FŒTATION.

SIR,—In your report of the discussion at the last meeting of the Obstetrical Society, Dr. Routh is stated to have said that Dr. Robert Lee had found the decidua lining the uterine cavity in nearly every case of extrauterine fœtation that he had examined. This is a strange mistake for a physician of Dr. Routh's position to have committed, and affords a curious example of the loose style of debate so common in our societies. Every one who has paid much attention to the subject, must know that Dr. Lee has stoutly maintained that the decidua is an ovular and not an uterine membrane; and, as a proof of this, he argues, with the vigour which is peculiar to him, that, in cases of extrauterine fœtation, no decidua is to be found in the uterus. I need scarcely say that on this point his views are directly opposed to those of all our most recent embryologists.

In proof of this, it is only necessary to refer to Lecture VI of Dr. Lee's work on *Midwifery*, which ends thus:—"From these facts, we may conclude that the decidua is not invariably, if ever, formed within the uterus in cases of extrauterine gestation, and that if it were so, further evidence would still be required to prove that an organised membrane always lines the uterus, like a shut sac, before the ovum enters its cavity after common impregnation."

Dr. Lee has also, if my memory serves me right, written to the same effect in the *Medico-Chirurgical Transactions*. I am, etc.,

March 1869. A FELLOW OF THE OBSTETRICAL SOCIETY.

LIFE INSURANCE.

SIR,—Mr. Hodson hardly understands my position; which is simply that members of mutual insurance societies should not be losers by any newcomers who seek to share their advantages in due course, for these institutions are, after all, only clubs giving the public *post mortem* instead of *ante mortem* advantages. But all disputes might be avoided if the offices would pay medical men, whatever the result of their examinations, and afterwards make each accepted member repay them his fee. That all this heart-burning may speedily end, is the wish of,

Wimpole Street, March 1869. Yours, etc., FREDK. SIMMS.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, March 17th; The Lincoln Journal, March 16th; The New York Medical Gazette, March 6th; The Boston Medical and Surgical Journal, March 4th; The Irish Times, March 17th; The Cheltenham Times and Musical Record, March 20th; The Newcastle Daily Journal, March 18th; The Aberdeen Free Press, March 9th and 12th; The Brighton Times, March 19th; The Cambridge Express, March 13th; The Harrogate Advertiser, March 13th;

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. H. Taylor, Coltishall; Dr. J. L. Newton, Cambridge; Mr. R. Wright, Weymouth; A Fellow of the Obstetrical Society; Dr. Madge, London; Dr. Gumpert, Manchester; Dr. S. Gordon, Dublin; Mr. Greenway, Plymouth; Dr. R. P. Taaffe, Brighton; Mr. J. Wales, Dorchester; Mr. J. C. Sargeant, London; Mr. T. Bryant, London; Messrs. Macniven and Cameron, Edinburgh; Mr. Mathews, Horsham; Dr. J. Fitzpatrick, Ticehurst; Dr. J. F. Brown, Rochester; Dr. T. K. Chambers, London.

LETTERS, ETC. (with enclosures) from:—

Dr. H. Blanc, Brussels; Mr. J. Stillwell, Birmingham; Mr. J. Sampson Gamgee, Birmingham; Mr. J. Vose Solomon, Birmingham; Dr. Clarke, London; Mr. T. H. Bartleet, Birmingham; Mr. Wanklyn, London; Mr. Baxter Langley, London; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. H. W. Rumsey, Cheltenham; Mr. T. Paget, Leicester; Dr. R. S. Sissons, London; Mr. J. A. Thompson, Canterbury; Dr. J. Rogers, London; Dr. Heaton, Leeds; Mr. Chambers, London; Dr. Kidd, London; Mr. A. Sargeant, Sandy; Dr. E. J. Tilt, London; Mr. W. Holt, London; Mr. Rigden, Canterbury; Mr. J. Bridger, Cottenham, Cambridge; Mr. W. F. Morgan, Bristol; A Manchester Student; Mr. Wagstaffe, London; Dr. Legg, London; Dr. Carruthers, Northampton; Mr. J. V. Lane, Dover; The Honorary Secretary of the Western Medical and Surgical Society of London; One who Seeks the Light; Dr. J. Hardie, Harpurhey, Manchester; Dr. W. H. Colborne, Chippenham; Dr. Barnes, London; Mr. J. Lane, London; Dr. Horace Dobell, London; Dr. Bastian, London; Dr. Maclaren, London; Dr. S. Gordon, Dublin; Dr. Aquilla Smith, Dublin; Dr. John Murray, India; and Mr. Thomson, Ramsgate.

BOOKS, ETC., RECEIVED.

On the Prevention of Infant Mortality. By Mrs. M. A. Baines. London: 1869.

Report upon the Proceedings of the Guardians of St. Pancras, Middlesex, to February 1869. By W. H. Wyatt, Esq. London: 1869.

Medicine in Modern Times; or, Discourses delivered at a meeting of the British Medical Association at Oxford, by Dr. Stokes, Dr. Acland, Professor Rolleston, Rev. Professor Haughton, and Dr. Gull; with a Report on Mercury, by Dr. Hughes Bennett. London: 1869.

Remarks upon the Use of Nitrous Oxide in Dental Operations. By Samuel Lee Rymer, L.D.S. London: 1869.

The Surgical Treatment of the Diseases of Infancy and Childhood. By T. Holmes, M.A.Cantab. Second Edition. London: 1869.

A Guide to the Eastern Alps. By J. Ball, M.R.I.A., F.L.S., etc. London: 1868.

The Health and Meteorology of Newcastle and Gateshead: First Report for 1869. By G. H. Philipson, M.A., M.D. Newcastle: 1869.

A Manual of Therapeutics. By Richard Hughes, L.R.C.P.Ed.(exam.), M.R.C.S. London and Manchester: 1869.

Medical Anatomy. By Francis Sibson, M.D., F.R.S., F.R.C.P.L. Fasciculus VII. London: 1869.

Principles of Human Physiology. By William B. Carpenter, M.D., F.R.S., etc. Edited by Henry Power, M.B., F.R.C.S. Seventh Edition. London: John Churchill and Sons. 1869.

On Catalepsy. By Adolphe Wahltuch, M.D. London: J. Churchill and Sons. 1869.

Notes on the Alcohols from Coal Tar (the so-called Carbolic Acid), and on Rhubarb. By E. R. Squibb, M.D. Philadelphia: 1869.

The Annual Report of the Devonshire and Buxton Bath Charity for the Year 1868.

A History of the Medical Department of the University of Pennsylvania from its Foundation in 1765; with Sketches of the Lives of Deceased Professors. By Joseph Carson, M.D. Philadelphia and London: 1869.

Pennsylvania Hospital Reports, vol. ii, 1869. Philadelphia and London: 1869.

On the Diagnosis and Treatment of Uterine Polypi. By G. H. Kidd, M.D., F.R.C.S.I. Dublin: 1869.

The New York Medical Journal for March 1869.

The Handy Book of Anatomical Plates. Parts 5, 6, and 7. London: 1869.

Operation of Vesico-Vaginal Fistula, without the aid of Assistants. By Nathan Bozeman, M.D. New York: 1869.

The House I Live In. By Thomas C. Girtin. London: 1869.

On a New and Successful Mode of Treating Certain Forms of Cancer. By Alexander Marsden, M.D., F.R.C.S.E. London: 1869.

The Alleged Increase of Lunacy. By C. Lockhart Robertson, M.D.

Results of Meteorological Observations, for the week ending Saturday, March 20th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.678	0.732	42.0	39.0	35.3	78	52.9	31.0	21.9	46.9	35.0	86.5	..	9.0	5.4	0.7	0.7	2	0.5	1	0.3	0.5	0.3	1	4.5	6	1.02
BOURNEMOUTH Dr. Compton, F.M.S.	29.737	0.770	41.3	38.4	34.8	78	50.6	32.4	18.2	45.1	35.6	100.0	30.0	6.3	5.2	1	2	0	0.3	0	2	0.3	0.7	0.7	2.8	5	0.86
DUBLIN Dr. J. W. Moore.	29.776	0.842	42.3	39.8	36.7	81	51.7	31.0	20.7	46.5	36.3	..	29.0	6.1	..	0.7	1	1	1.3	0.7	0	1	1	0.3	3.7	4	1.0
KEW Dr. Treutler, F.L.S., etc.	29.712	0.667	39.2	37.2	34.6	84	49.9	29.7	20.5	45.4	32.9	95.0	24.5	8.3	3.1	1	1.7	1	1.3	0.3	0.7	0.3	0	0.7	3.0	3	0.43
LLANDUDNO Drs. Nicol and Dalton.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MALVERN Messrs. W. and J. Burrow.	29.717	0.726	39.4	37.4	34.8	84	50.0	27.6	22.4	44.2	31.7	89.0	26.0	7.6	3.7	1	0	0.7	1.3	0	1.7	0	1.3	1	1.0	5	0.84
SCARBOROUGH Dr. Fox, M.R.C.P., etc.	29.741	0.478	39.7	36.8	33.1	78	47.3	31.3	16.0	43.3	34.1	..	..	7	1.3	1.7	0	1.3	1.3	0	1	0	0	0.7	3.9	3	0.39
SIDMOUTH Dr. Mackenzie, F.M.S., etc.	29.708	0.824	43.7	39.6	34.7	71	53.3	29.0	24.3	47.6	33.9	..	..	4.0	3.5	1	0	1	1	1	0	3	0	0	1.6	5	0.72
WORTHING W. J. Harris, Esq., M.R.C.S.E.	29.693	0.774	38.8	35.7	31.6	76	48.6	31.3	17.3	42.9	34.9	..	28.2	8.2	5.9	2	1.3	0	0.7	0.7	0.3	0	1	1	1	5	0.79

* Not received up to the time of sending to press. March 23rd, 8 p.m.

REMARKS.—There has been little or no change from last week in atmospheric pressure, but the range has diminished somewhat on the whole. There has been a slight increase in the temperature, and the range has been rather greater, the highest being at Sidmouth and the lowest at Scarborough. Winds have been exceedingly variable, but N. and N.E. winds have been predominant. Their force has been moderate. The amount of cloud has increased above that of last week; it has been greatest at Bath and least at Sidmouth. Ozone has decreased again. The rainfall (including snow and hail) has been general, and the quantity considerable; the largest amount was collected at Bath, and the least at Scarborough. Hail and snow fell on the 14th at Bath, in Dublin, at Kew, and Worthing; on the 18th in Dublin; and on the 20th at Bath, Kew, Dublin, Malvern, and Worthing. A strong S.E. gale was felt at Worthing on the 17th. On the 19th a stream of cold air passed over, so far as we know, the middle and southern portions of these islands, commencing in the west and travelling rapidly eastwards; it set in at Valentia at 7 a.m. of that day as a strong gale from the north, force = 11; it was felt in Dublin at 10.30 a.m., where the wind shifted suddenly from S.S.E. to N.; it is next reported from Bournemouth at 8.30 p.m., the wind shifting from W.S.W. to N.W. with force = 10; at Kew the same sudden change occurred at 11 p.m. of the same day; the wind during the day had been S.S.W., but at 10 p.m. it was quite calm; the force of the burst of N.W. wind was estimated = 10, and continued throughout the night with slight snow and hail showers. The same gale is mentioned from Malvern and Bath, but no details are given. At Scarborough a smart vibration of the earth was noticed about 3 p.m. of the 17th, together with a rumbling noise resembling the upsetting of a load of sheet iron, or artificial thunder; its direction seems to have been from S.W. to N.E., and the shock appears to have been confined to the limestone formation of the wold country. The state of health is reported as generally good; at Bath pneumonia and bronchitis are prevalent.

No additional Plants have come into flower during the week at Kew.

N.B.—It is very desirable that observers should enter in their returns fuller details as to the prevalent diseases; also the occurrence of meteors, auroræ, halos, etc., etc., specially of storms, the direction whence they set in, and the hour of their commencement and end. Falls of hail and snow should also be noticed and the days reported. Such observations are exceedingly valuable and interesting, as complementary to the numerical details.

Kew, W., March 23rd, 1869.

W. J. TREUTLER.

REMARKS
ON THE
ANTISEPTIC SYSTEM OF TREATMENT IN SURGERY.*

By JOSEPH LISTER, F.R.S.,
Professor of Surgery in the University of Glasgow, etc.

Case of Ligature of the External Iliac Artery on the Antiseptic System (continued).—The case of ligature of the external iliac artery on the antiseptic system for femoral aneurism, related in a former number of this JOURNAL (August 1st, 1868), has since afforded the opportunity of ascertaining the results of such an operation at a late period after its performance. The vessel having been tied on January 30th, 1868, the patient continued for about ten months in fair health and strength, but in the latter part of November became affected with a peculiar spasmodic disorder of the respiration, and on the morning of the 30th of the month, while sitting up in bed, suddenly exclaimed that something had given way within her and that she was dying, and then immediately expired. Next day I made a *post mortem* examination in the presence of Dr. Fergus, when the idea which she had expressed proved correct; an aneurism of the descending part of the arch of the aorta having given way and discharged an enormous quantity of blood into the mediastinal and subpleural cellular tissue. The parts concerned in the operation having been removed and dissected, the following appearances were disclosed. The aneurism was not entirely obliterated, but remained about the size of a cherry or large filbert, of somewhat fusiform shape. The upper two-thirds were solid, being occupied by firm coagulum incorporated with the sac. The lower third, situated just at the bifurcation of the common femoral, had been kept free from coagulation by the regurgitant stream of blood from the profunda into the superficial trunk. This part of the sac appeared constituted by the wall of the vessel, very slightly distended. The external iliac artery was considerably shrunk throughout, and tapered from each end to near the middle, where it was only about one-twentieth of an inch in diameter. In the greater part of its length the structure of the dwindled vessel could be distinctly recognised, with adherent coagula in the interior, decolorised and otherwise altered. But at the narrowest part the artery was reduced to mere fibrous tissue, constituting a dense white band five-eighths of an inch long, from the middle of which was seen projecting at one side a round buff-coloured appendage about a line in diameter, somewhat obscured by a trifling amount of inflammatory condensation of texture in the immediate vicinity. On scratching this little body with the point of a knife, I found it to be a very thin-walled capsule containing the knot of the ligature, with two tapering ends which were shorter than the thread was cut at the operation, while the noose had vanished altogether. The surface of the knot also showed clear indications of having been subjected to an eroding agency, similar, no doubt, to that exerted by granulations upon dead bone absorbed by them. (*Lancet*, March 23, 1867). Besides the remnant of the ligature, the tiny capsule contained a minute quantity of yellowish semi-fluid material, looking to the naked eye like very thick pus. Under the microscope, however, pus-corpuscles were seen to form but a small proportion of its constituents, which were principally rounded corpuscles of smaller size, and fibro-plastic corpuscles, together with some imperfect fibres and granular material. In addition to these elements were some which at first puzzled me, but which turned out to be fragments of silk fibre, of various lengths, and of jagged, tapering, or otherwise irregular forms, and many of them greatly reduced in thickness, contrasting strongly with the uniform bands of a fresh piece of silk from the same reel that had furnished the ligature. (Fig. 1.)

Mingled with the puriform fluid were also some delicate filaments of silk, visible without the microscope; and these seemed to retain their natural elasticity. Nor was there anything about the more minute pieces into which the fibres had been so strangely chopped up, to indicate that they were undergoing a process of solution or softening by the fluid that soaked the thread. They had rather the appearance of having been superficially nibbled, so to speak; confirming the impression conveyed by the naked-eye characters of the knot, that the silk had been eroded by the absorbing action of the surrounding parts. Indeed, considering the organic origin of silk, the remarkable thing seems to be, not that it should be absorbed by the living tissues, but that it should resist their influence so long.

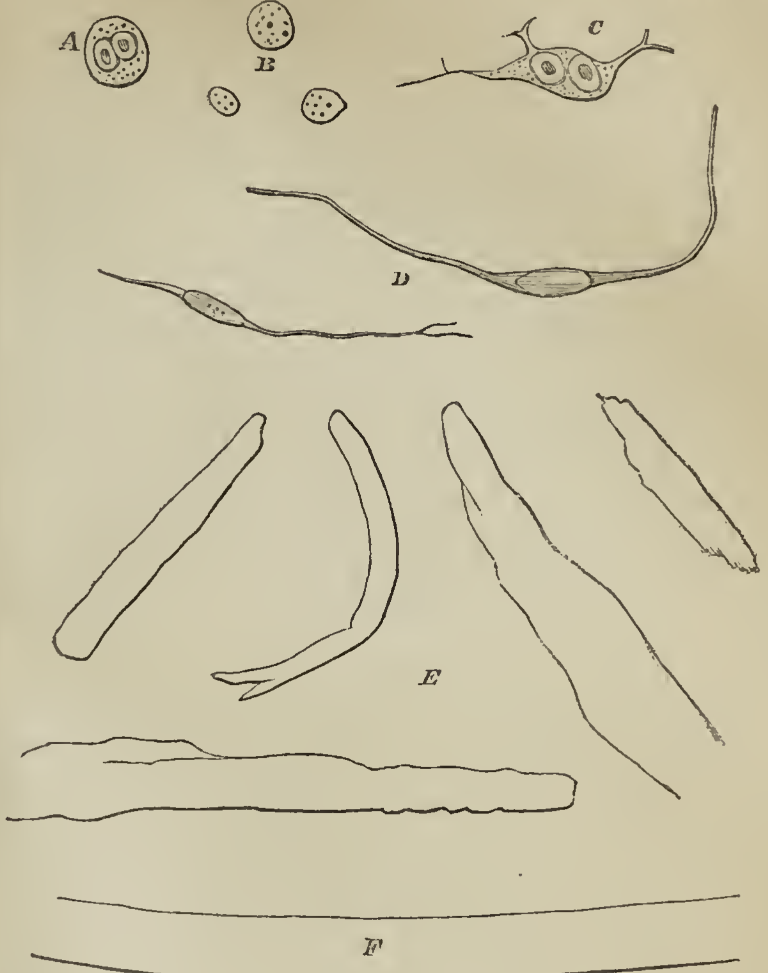

Fig. 1.—Constituents of the incipient abscess (?) around the remains of the silk ligature. Magnified 500 diameters. From a camera lucida sketch. A, a pus corpuscle; B, rounded corpuscles of smaller size; C, fibroplastic corpuscle with endogenous cell-development; D, ordinary fibroplastic corpuscles; E, irregular fragments of silk fibre partially absorbed; F, a portion of fresh silk fibre introduced for comparison.

Why it was that the parts in immediate contact with the silk should have assumed so imperfect a structure is a difficult question, but one of great interest, because, although that structure could not be called actual pus, it was certainly a very near approach to it, and it is impossible to say that we had not here an incipient abscess. There can be no doubt that the presence of the thread was in some way or other the cause; and I think we can hardly be wrong in assuming that, in order to give rise to such degeneration of tissue, it must have operated as a persistent, if trifling, source of abnormal stimulation. Now, as putrefaction is here out of the question, and as the substance of silk is not chemically stimulating, we seem shut up to the conclusion that the thread must have occasioned disturbance of a mechanical nature. Further, the effect in question seems to be essentially connected with the disintegration of the silk. For, in the horse's carotid (BRITISH MEDICAL JOURNAL, Aug. 1st, 1868), the silk ligature, having remained unaltered during the six weeks that had passed after the operation, was found surrounded on all sides by compact tissue; and, in the present case, so long a period as ten months having elapsed before the puriform condition was observed in an apparently incipient stage, it is probable that the thread had lain for a long time inert, producing irritation only when partially absorbed. If, then, we inquire how the disintegrating silk could prove a source of mechanical irritation, it seems not improbable that it may have been from the sharp and jagged fragments of the fibre perpetually fretting the elements of the living tissue around them. This view, if correct, would explain the curious fact observed by Lawrence and others, that, when fine silk ligatures had been left with short cut ends in a stump, though the wound might heal without their separation in the first instance, they were liable to make their appearance subsequently; sometimes at so late a period as seems to exclude the idea of putrefaction having occurred from organisms introduced in the threads. Indeed, such ligatures occasionally shewed themselves encapsuled in little nodules in the cicatrix, without suppuration occurring at all. (Cooper's *Surgical Dictionary*, 7th edit., article Aneurism). In other words, the apparently soft silk, instead of remaining like a smooth leaden pellet permanently imbedded in the place where it was first introduced, made its way to the surface with or without suppuration, like a sharp spiculum of rigid glass; the silk being in its minute structure comparable to lead when in the primitive condition of smooth continuous fibres, and to glass spicula when in the form of jagged fragments, as the result of partial absorption. But, whatever may be thought of this explanation, it is clear that, if there is any chance of silk, though used antiseptically, giving rise, even in exceptional cases, to abscess in the vicinity of an artery tied with it, this is a serious objection to its employment. And, as the near approach to suppuration in this instance was undoubtedly occasioned by the persistent presence of the thread, the case, while interesting as affording evidence that silk is susceptible of absorption, suggests the expediency of substituting for that material some other substance which can be more readily taken up by the tissues. The use of "animal ligatures" of cat-gut, leather, or tendon, was long since tried, and abandoned as unsatisfactory; (Cooper's *Surgical Dictionary*, seventh edition, articles, Aneurism and Ligature); but, after the experience which the antiseptic system has afforded of the disappearance without suppuration of large dead pieces of skin and other textures, there could be little doubt that threads of animal tissue, if applied antiseptically, would be similarly disposed of. And, even if chemical processes should have been used in preparing such threads, it did not seem likely that this would interfere with their absorption; for I knew that the free action of carbolic acid on blood and sloughs had no such deterring influence, and I have long been satisfied that the injection of a strong solution of perchloride of iron or tannic acid for the cure of nævi produces subcutaneous sloughs which combine with the ingredient injected, and yet disappear as a rule without the formation of pus.

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* Continued from page 515 of JOURNAL for November 14th, 1868.

In order to put the antiseptic animal ligature fairly to the test, I made the following experiment.

Ligature of the Carotid Artery in the Calf on the Antiseptic System, with Threads composed of Animal Tissue.—On December 31st, 1868, I tied the right carotid artery about the middle of the neck in a healthy calf a few days old, the animal being under chloroform. Ligatures of two different kinds were employed, at an interval of about an inch and half, the sheath of the vessel being left undisturbed in the intervening part. The cardiac ligature was of home manufacture, composed of three strips of peritoneum from the small intestine of an ox, firmly twisted together into a three-fold cord. The distal thread was of fine cat-gut, called "minikin gut" by the London makers. Both had been soaked for four hours in a saturated watery solution of carbolic acid, which swelled and softened them, so that the thread of my own making was too large to enter the eye of the aneurism-needle except near the ends, where it was thinner than elsewhere. This substantial ligature bore the strain of tying well; but the fine cat-gut broke as I tightened the noose. I did not, however, remove it, but, having a second piece at my disposal, passed it round at the same place, and with gentle traction completed the knot. There were thus two ligatures of the fine gut at the distal site. All were cut short, except one end of the cat-gut, which I purposely left about three quarters of an inch long, to give a better opportunity of ascertaining what would become of the foreign material. The antiseptic arrangements were as follows. Before the operation the hair of the part was cut short, and a solution of carbolic acid in four parts of linseed oil (preferred for its cheapness) was rubbed well into the skin to destroy any putrefactive organisms lying among the roots of the hairs; for any so situated might escape the action of the external antiseptic dressing, and communicate putrefaction to the discharges, and thence to the interior of the wound. The sponges used in the operation were wrung out of a watery solution of the acid (1 to 40), and all instruments introduced into the wound, together with the fingers of my left hand and the copper wire used for sutures, were treated with the some lotion, some of which was poured into the wound after the introduction of the last stitch, at one of the intervals left for the escape of discharge, to make sure against the chance of any fresh blood which had oozed out during the process of stitching having regurgitated and taken living germs in with it. The external dressing was a towel saturated with the oily solution, folded as broad as the length of the neck, round which it was wrapped so as to extend freely beyond the wound in all directions, and prevented from slipping backward and forward by being stitched to a halter round the head and a girth behind the forelegs, while a bandage rolled round it kept it applied accurately to the surface. A sheet of gutta-percha tissue to prevent contamination of the antiseptic towel from without, and another roller, completed the dressing; and a "cradle" was placed upon the neck to check lateral movements which might disturb it. I have described these particulars because I am more and more convinced of the necessity for scrupulous attention to details such as the germ theory dictates, in order to attain anything like uniformity of successful results.

A few ounces of the oily solution were poured daily on the towel for the first week, after which the dressings were left untouched for three days, and then entirely removed. The wound was found quite dry and free from tenderness, and the cloth showed only a superficial bloody stain. The stitches being taken out, a drop of pus escaped from the track of the suture next the head; but this was the only appearance of suppuration in the case from first to last, and, on the separation of the scabs a few days later, a sound cicatrix was disclosed. A month (thirty days) after the operation the animal, which had continued in perfect health, was killed, and the soft parts of the neck below the spine were removed for examination. On dissection, I was struck with the entire absence of inflammatory thickening in the vicinity of the vessel, the cellular tissue being of perfectly normal softness and laxity. But, on exposing the artery itself, I was at first much disappointed to see the ligatures still there to all appearance as large as ever. But, had I borne in mind what I had observed in some of my earlier cases of compound fracture treated antiseptically, I should have been prepared to find these threads present in appearance, though absent in reality. It may be well for me to quote from the account I have given elsewhere of one these cases. (*Lancet*, March 1867, page 328). It was a compound fracture of the leg produced by direct violence, with a wound of considerable size, and a great deal of extravasation of blood into the limb. In accordance with the practice which I then followed, a piece of lint, soaked with undiluted carbolic acid, had been placed over the wound, and had formed with the blood a firm crust. "Nearly three weeks after the accident, I was detaching a portion of the adherent crust from the surface of the vascular structure into which the extravasated blood beneath had been converted by the process of organisation, when I exposed a little spherical cavity about as big as a pea, containing brown serum, forming a sort of pocket in the living tissues, which, when scraped with the edge of knife, bled even at the very margin of the cavity. This appearance showed that the deeper portions of the crust itself had been converted into living tissue. For cavities formed during the process of aggregation, like those with clear liquid contents in a Gruyère cheese, occur in the grumous mass which results from the action of carbolic acid upon blood; and that which I had exposed had evidently been one of these, though its walls were now alive and vascular." Thus the dead but nutritious mass had served as a mould for the formation of new tissue, the growing elements of which had replaced the materials absorbed, so as to constitute a living solid of the same form.

Hence it might have been anticipated that the ligatures of peritoneum and cat-gut placed on the calf's carotid would, after the expiration of a month, be found transformed into bands of living tissue. Such was, in truth, the case, as was apparent on closer examination. They had, indeed, a deceptive resemblance to their former condition, from the persistence in their substance of the impurities of the original materials, the dark, adventitious particles being of mineral nature, incapable of absorption, so that they had remained as a sort of tattooing of the new structure. Nevertheless, a marked alteration in colour had taken place, especially in the distal ligature, where the dirty grey of the softened cat-gut had changed to a dirty pink tint. The two pieces of cat-gut which had been tied round the vessel at that part had become, as it were, fused together into a single fleshy band, inseparably blended together with the external coat of the artery. The knots were nowhere discoverable; and the only indication of the end which had been left long at the time of the operation, was the presence of a black speck here and there upon a delicate thread of cellular tissue in connection with the vessel. The cardiac ligature was in like manner continuous in structure with the arterial wall. The short-cut ends had disappeared, but the massive knot was represented by a soft, smooth lump, which appeared at first entirely homogeneous, except that it was speckled with dark particles, as before referred to. On section, however, I discovered in the interior of the mass, and lying close to the wall of the artery, a small residual portion of the original knot, of comparatively firm consistence, and with the three-fold twisted character of the cord plainly visible. It was quite distinct from the living tissue that surrounded it, so that it could be readily picked out from its bed with a pair of needles. A slender and irregular remnant of the noose was also found lying in a sort of tubular cavity, extending about half round the vessel. Thus the process of organisation had not yet quite invaded the entire thickness of the foreign solid; and it was a happy circumstance that the cord had been so constructed that the distinction between the old structure and the new could be plainly recognised.

Ample as was the evidence afforded to the naked eye of the organisation of the ligatures, it was satisfactory to find it confirmed in the clearest manner by the microscope. A piece of the knot having been teazed out with needles in a drop of water, presented, like a fresh piece of peritoneum, the wavy bundles of parallel fibres characteristic of perfectly developed fibrous tissue. Adhering to the surface of the remnant of the ligature was some soft, opaque material, readily washed off with water, consisting of corpuscles of different forms, most of them caudate, or fibro-plastic, but some spherical, though not resembling those of pus, and here and there fragments of the original peritoneal tissue, affected more or less with interstitial cell-development. At a short distance from the remains of the old thread, the fleshy material which had been formed at its expense proved to be a most beautiful example of fibro-plastic structure, the coarse fibres which mainly constituted it being composed of very large elongated cells, containing several nuclei, and presenting in their course branchings and thickenings of various forms, as represented in the sketch given below. (Fig. 3.) Here and there were seen fibres more perfectly formed, and also cells of more rudimentary character. Again, the band which had resulted from the organisation of the two fine threads of cat-gut, which, from the smallness of their bulk, had no doubt vanished early, having had longer time to perfect its structure, was a comparatively well-developed form of fibrous tissue, consisting of coarse fibres rather than of elongated cells, being thus intermediate between the merely fibro-plastic material of more recent growth, and the completed texture of the original thread. For it is to be remarked that a piece of cat-gut exhibits, under the microscope, abundance of perfect fibrous tissue. A more favourable period for the investigation, with a view to establishing the nature of the change which ligatures of animal tissue experience under antiseptic management, could hardly have been selected.

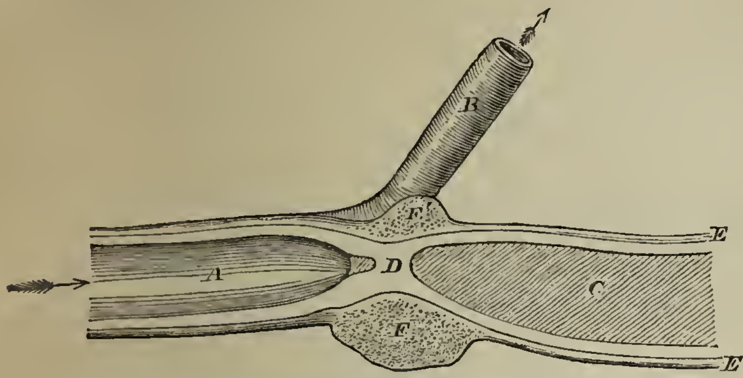

Fig. 2.—The vessel seen in longitudinal section. Magnified three diameters. From a camera lucida sketch. A. The artery to the cardiac side of the ligature, kept free from clot by the stream of blood through the branch, B. C. Coagulum filling the artery to the distal side of the ligature, F, F'. D. The middle and internal coats, somewhat thickened and blended together within the grasp of the ligature. E. The external coat continuous in structure with the organised ligature.

Between the parts tied, the calibre of the artery was occupied by adherent coagulum, which was for the most part decolourised, and exhibited, under the microscope, fibro-plastic cells of irregular forms. A similar clot was present between the distal ligature and a small branch that arose about a quarter of an inch beyond it. But between the proximal ligature and the heart, the formation of a coagulum had been entirely prevented by a large vessel taking origin immediately above the part tied, which had thus borne, for a month, the full brunt of the powerful cardiac impulse in this large arterial trunk. Yet the vessel, so far from showing any sign of giving way, as it would inevitably have done had it been tied in such a situation without antiseptic precautions, appeared to have derived additional strength from the operation. The encircling ring of new tissue, incorporated with the arterial wall, must have had a corroborative effect; and within its grasp the inner coats, which seemed to have been but imperfectly ruptured by the soft and substantial ligature, were considerably thickened, and had coalesced, so as to form a strong *cul-de-sac*, the irregularities of which had been smoothed over by a little fibrinous deposit, which had acquired the characters of a firm fibrous tissue, and presented a free surface, undistinguishable from that of the lining membrane of the artery. (Fig. 2.) At the situation of the distal ligature, the structure of the vessel seemed entirely unaffected. The middle coat was seen in longitudinal section as a pink streak between two white lines, representing the external and internal tunics, neither thicker nor thinner than in neighbouring parts. The cat-gut threads had been tied too gently to produce rupture of the internal and middle layers; and their presence, and the constriction which they occasioned (whatever may have been their effect in the first instance), had left no permanent marks of disturbance; while the fleshy band that had replaced them, though in time it would, doubtlesss, have dwindled to an insignificant filament, was at least a temporary addition to the strength of the artery.

These appearances at the distal ligature are calculated to revive, under a new aspect, the question whether it would not be better always to avoid rupture of the internal and middle coats, which could easily be done by using a rather thick piece of catgut, softened by steeping it in a watery solution of carbolic acid. In this way, the wall of the vessel would be left from first to last entirely intact. This, however, is probably a matter of indifference. Indeed, judging from the condition of the artery at the cardiac ligature, the injury done to the vessel at the outset by tight tying seems to lead to changes which increase its power of resistance, which was certainly severely tested in the present instance.

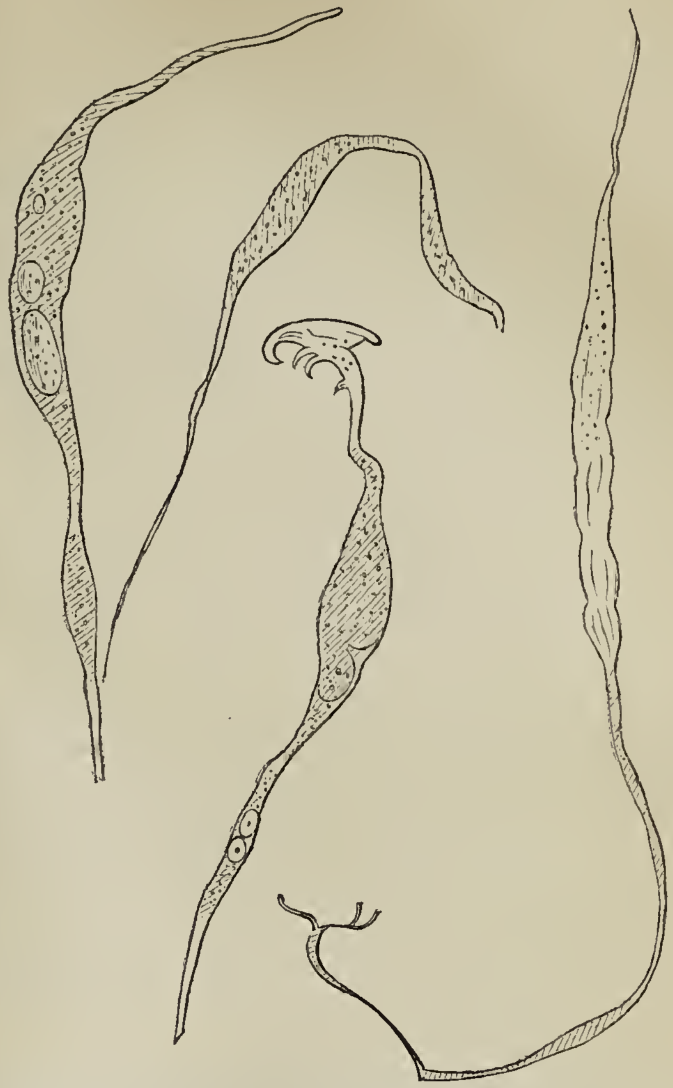

Fig. 3.—Some of the elements of the fibro-plastic structure of the organised peritoneal ligature at the knot F. From a camera lucida sketch. Magnified 500 diameters.

It appears then that, by applying a ligature of animal tissue antiseptically upon an artery, whether tightly or gently, we virtually surround it with a ring of living tissue, and strengthen the vessel where we obstruct it. The surgeon, therefore, may now tie an arterial trunk in its continuity close to a large branch, secure alike against secondary hæmorrhage and deep-seated suppuration, provided always that he has so studied the principles of the antiseptic system, and so carefully considered the details of the mode of dressing best adapted to the particular case in hand, that he can feel certain of avoiding putrefaction in the wound. For my own part, I should now, without hesitation, undertake ligature of the innominate, believing that it would prove a very safe procedure.

Cat-gut, manufactured from the small intestine of the sheep,* may be had at a very low price, from the thickness of a horsehair upwards. In the dry state, it is somewhat objectionable from its rigidity, and also from a tendency of the first half of the knot to slip before the second half is secured. Water renders it perfectly supple, and as little liable to slip as waxed silk. But if a watery solution of carbolic acid be used for the purpose of making it antiseptic, the protracted immersion requisite to ensure completeness of the effect makes the finer kinds too weak and the stouter too clumsy, and will not enter the eye of an ordinary aneurism-needle. The method which I have found to answer best is to keep the cat-gut steeping in a solution of carbolic acid in five parts of olive-oil, with a very small quantity of water diffused through it. A larger proportion of the acid would impair the tenacity of the thread. If a mere oily solution be employed, the gut remains rigid, the oil not entering at all into its substance. But a very small quantity of water, such as the acid enables the oil to dissolve, renders the gut supple, without making it materially weaker or thicker. And, curiously enough, the presence of this small amount of water in the oily solution gradually brings about a change in the gut, indicated by a deep brown colour, after which it may be placed in a watery solution for a long time, without swelling as a portion prepared in a simple oily solution does. This is a great convenience. For an oily solution is unpleasant to work with during an operation; and exposure to the air soon renders gut suppled with water rigid from drying. But, when it has been treated in the way above recommended, it may be transferred to a watery solution at the commencement of an operation, and so kept supple without having its strength or thickness altered.

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* I need hardly remark that cat-gut is of a totally different nature from the so-called silk worm gut, which is in reality unspun silk.

For tying an arterial trunk in its continuity, cat-gut as thick when dry as ordinary purse-silk will be found best; but for ordinary wounds, where, if one ligature happen to break, another can be easily applied, much finer kinds may be employed, and are convenient from their smaller bulk. For every-day use, a small oil-tight capsule may be carried in the pocket-case; and this case can be replenished from a larger stock as may be necessary. I have had a small silver bottle with well-fitting screwed top adapted to my caustic-case; and this contains two little rods of wood with gut of two sizes wound upon them, together with a few drops of the antiseptic oil: and now that torsion has almost entirely superseded the ligature in ordinary wounds, this small supply will probably last me for months.

SUPPLEMENT TO HECKER'S HISTORY OF THE BLACK DEATH.

By AQUILLA SMITH, M.D.,
King's Professor of Materia Medica in Trinity College, and Physician to Sir Patrick Dun's Hospital, Dublin.

THE progress of "The Black Death" has been traced, with great learning and ability, by Dr. J. F. C. Hecker, in his history of *The Epidemics of the Middle Ages*, first published in 1832, translated by the late Dr. B. G. Babington, and reprinted by the original Sydenham Society in 1846. Much information is given respecting the pestilence as it prevailed in England; but all we learn from Dr. Hecker of its further progress westward is, that "Ireland was much less heavily visited than England. The disease seems to have scarcely reached the mountainous districts of that kingdom." (P. 27.)

It is no disparagement to the learning of the author that he was unacquainted with the only particular account of the pestilence in Ireland which has been preserved; for the annals, from which I am about to quote, were first printed in the year 1849. The following brief notices of the pestilence occur in other Irish annalists:

"1348. Mortalitas magna et pestilencia in Hiberniâ." (Dowling.)

"Pestis maxima in Hiberniâ, quæ ante alias regiones pervaserat" (Grace). This paragraph is entered between one dated 1347 and another dated 1349.

"A.D. 1348. There was a general plague in Moylurg [in the county of Roscommon], and all Ireland in general, whereof the Earle of Ulster's grandchild died: also Mathew mac Cahall O Royrck died of it." (Mageoghegan's version of the *Annals of Clonmacnoise*.)

"The Age of Christ 1349. A great plague [raged] in Ireland, and more especially in Moylurg, by which great numbers were carried off. Matthew, the son of Cathal O Rourke, died of this plague." (*Annals of the Four Masters*, translated by Dr. O'Donovan.) The error of one year in the chronology of the Four Masters is well known to Irish scholars.

One other annalist, John Clyn of Kilkenny, has given the following description of the epidemic, which not only agrees with the accounts of eye-witnesses in other countries, but affords many additional particulars of the ravages of the pestilence in the most western part of Europe, which, I trust, will be acceptable to the members of the medical profession who possess Dr. Hecker's classical work.

"1348. Item, hoc anno et maxime mense Septembri et Octobri convenerunt undique de diversis partibus Hibernie, episcopi et prelati, viri ecclesiastici et religiosi, magnates et alii, et comuniter omnes utriusque sexus ad peregrinacionem et vadacionem aque de Thaht-Molyngis, turmatim et in multitudine, sic ut multa milia hominum simul illuc multis diebus convenire videres, quidam venerunt devocionis affectu, alii (sed plures) pestilencie metu, que tunc nimis invaluit, que primo juxta Dubliniam apud Howht [Dalkey—*in margine*] et Drovda incepit, ipsas civitates Dubliniam et Drovhda fere destruxit et vastavit incolis et hominibus. Ita ut in Dublinia tantum, a principio Augusti usque nativitatem Domini xiiij.* milia hominum mortui sunt, hec pestilencia ab oriente ut dicebatur incepit, et per incredulos et Saracenos transiens, de eis octo milia legiones hominum interfecit.—

"Non est auditum a principio seculi tot homines pestilencia, fame aut quacunque infirmitate tanto tempore mortuos in orbe; nam terre motus, qui per miliaria multa se extendebat, civitates, villas et castra subvertebat absorbuit et subversit; pestis ista villas, civitates, castra et oppida homine habitatore omnino privavit, ut vix esset qui in eis habitaret, ista pestilencia sic erat contagiosa quod tangentes mortuos vel inde infirmos incontinenter et inficiebantur et moriebantur, et confitens et confessor simul ducerentur ad sepulchrum. Et pre timore et horrore, pietatis opera et misericordie, videlicet, visitare infirmos et mortuos sepellire, homines exercere vix audebant. Nam multi ex antrace et ex apostematibus, et pustulis que creverunt in tibiis et sub asellis [*axillis*], alii ex passione capitis et quasi in frenesim versi, alii spuendo sanguinem moriebantur. Iste annus fuit ultra modum consuetum mirabilis insolitus et in multis prodigiosus, fertilis tamen satis et habundans, etsi, morbidus et mortalis. In conventu Minorum de Drouda xxv. et in Dublinia apud eosdem xxiij. fratres mortui sunt; ante usque Natale.—

"Ista pestilencia apud Kilkenniam in xl^{a}. invaluit, nam vi^{to}. die Marcii viii Fratres Predicatores infra diem Natalem obierunt, vix [in] domo unus tantum moriebatur, sed communiter vir et uxor cum natis eorum et familia unam viam, scilicet mortis, transierunt. Ego autem frater Johannes Clyn de Ordine Minorum et conventu Kilkennie hec notabilia facta, que tempore meo acciderunt, in hoc libro scripsi, que occulata fide vel fide digno relatu didici, et ne gesta notabilia cum tempore perirent et a memoria recederunt futurorum, videns hec multa mala et mundum totum quasi in maligno positum, inter mortuos mortem expectens donec veniat, sicut veraciter audivi et examinavi sic in scripturam redegi, et ne scriptura cum scriptore pereat, et opus simul cum operario deficiat, dimitto pergamenam pro opere continuando, si forte in futuro homo superstes remaneat, an aliquis de genere Ade hanc pestilenciam possit evadere et opus continuare inceptum." (*Annals of Ireland*, by Friar John Clyn. Printed for the Irish Archæological Society, 1849.)

"1349. In magna karistia sere et specierum, nam libra sere vendebatur xx^{ti}. denariis, et piperis et zinsiberis xl^{ta}. denariis. Item, In festo Molingi episcopi, dominus Fulco de la Frene confidens in promissionibus falaciis Hibernicorum interficitur prodiciose."

The main facts of Clyn's account are, that in the months of September and October 1348, a great multitude of persons congregated at the monastery of St. Moling, in the county of Carlow, many of whom fled from the pestilence, which first appeared about nine miles south of Dublin, at Dalkey, the usual landing-place of persons coming to Dublin from England. It destroyed almost all the inhabitants of Drogheda and Dublin: in the latter city, fourteen thousand persons died between the beginning of August and Christmas Day; twenty-five monks died in Drogheda, and twenty-three in Dublin. The pestilence raged in Kilkenny during Lent; and on the 6th of March, 1348 (old style), eight friars died in one day. According to the *Annals of the Four Masters*, "A great plague [raged] in Ireland, and more especially in Moylurg," in the county of Roscommon.

It rarely happened that only one person died in one house, but commonly the entire family. The plague was so contagious that those who touched the sick or the dead died immediately. The confessant and the confessor were buried at the same time. Men scarcely dared to visit the sick or to bury the dead. Many were affected with anthrax and abscesses, and with pustules, which formed on the legs and in the armpits. Some died in a state of frenzy, and others from spitting of blood.

So far, Clyn agrees with the accounts collected by Hecker; and, compared with other Irish annalists, he was well informed respecting the progress of the plague on the Continent. In his account of the pestilence which commenced at Avignon in January 1348,* he records that Pope Clement VI "ordinavit unum cimiterium novum consecrari, in quo mortui ex clade pestilencie interfecti reconderentur. Ita ut a mense Maii usque Sancti Thome translacionem (July 7th) quinquaginta milia et eo amplius corpora sunt sepulta in eodem cimiterio." This "unum cimiterium novum" was nothing less than the river Rhone itself, into which the bodies were flung; yet, by reason of that solemn benediction of the river, they were considered to receive Christian burial. This circumstance explains the surprising statement of Clyn, that more than fifty thousand bodies were *interred* in the new cemetery within sixty-eight days.

The last entry in Clyn's annals is for the year 1349, in which is mentioned the treacherous murder of Fulco de la Frene, "in festo Molingi episcopii," viz., the 17th of June. The compiler of these annals, who wrote "inter mortuos mortem expectens," seems to have fallen a victim to the pestilence about this time, and the parchment which he provided for the continuance of his work was applied to some other purpose. At the end of the MS. from which the text has been printed the transcriber wrote, "Videtur quod author hic obiit."

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* In 1682, Sir William Petty estimated the entire population of Dublin, within and without the city walls, to be 69,090.

* This particular date, not mentioned by Hecker, is important, because we learn from it that the pestilence reached Ireland in about six months afterwards.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE VI.

ALL Mammals are provided with a distinct atlas vertebra, and also with an axis vertebra. In the great majority of cases, the os odontoideum (arising as in the Sauropsida) becomes quite anchylosed with the body of the axis at a very early period. This, however, is not the case in the Monotremes. It is an interesting question, whether the lower part of the atlas is (as probably is the case in the Sauropsida) an ossification of an intervertebral cartilage, or not.

Professor Huxley here called attention to a case observed by Mr. Hilton, who had kindly informed the professor of it—a case in which, in the human subject, small wedge-like ossifications had taken place, one at the lower surface of each cervical intervertebral substance behind the axis; and the diagram exhibited showed the singular resemblance between these wedge-like ossifications and the section of the anterior part of the atlas vertebra.

In the great majority of mammals, there are vertebral epiphyses; but these appear to be absent in the Ornithodelphia.

All but the Cetacea and Sirenia are provided with a manifest sacrum. In most mammalia, the cervical ribs anchylose very early with the vertebræ to which they are attached; but in the Marsupials and Monotremes this is not the case, nor is it so in the last cervical of the three-toed Sloth. The number of the cervical vertebræ is constantly seven, except in the Manatee, and sometimes in the two-toed Sloth, where there are but six, and in the three-toed Sloth, where there are as many as nine. The cervical vertebræ are in most cases freely moveable; but, in the Cetacea and Armadillos, they are more or less anchylosed together.

The extinct genus Glyptodon presents us with a structure otherwise unknown in the whole class—namely, the complete union of so many dorsal vertebræ as to form a continuous bony cylinder. In most Mammalia, the capitula of the ribs articulate with the bodies of the vertebræ; and, in the hinder part of the trunk, this is their only mode of articulation. In most Cetacea, however, it is only in the anterior part of the dorsal region that the ribs are connected by means of capitula, and these abort further back; while, in the whalebone whales, none of the ribs are so articulated.

Certain accessory vertebral processes are met with in the class Mammalia. These are either projections forwards from the anterior parts of the vertebræ (metapophyses), or backwards from the posterior parts of the vertebræ (anapophyses), or from the side of the neural arch, and connected with the metapophyses and anapophyses.

Sternum.—In the lower Sauropsida, the sternum much resembles that of Amphibians, as may be seen in the genera *Lialis* and *Anguis.* The normal form of the sternum in Lizards, however, is that of a rhomboidal plate, dividing behind into two long cornua. The explanation of this is, that the cartilaginous ribs run together at their distal ends, forming antero-posteriorly directed intercostal arches; and the sternum is formed by the median approximation (through growth) of these arches, the approximation resulting in union first anteriorly. Unless the Pterosauria form an exception, no reptiles have the sternum thoroughly ossified.

The sternum in Birds is almost wholly the representative of the rhomboidal plate before mentioned. The keel is an outgrowth from it, and not the homologue of the reptilian interclavicle, which is a membrane-bone. In keelless birds, ossification takes place from paired centres; in keeled birds, from an azygos median centre. However arising, ossification of the sternum in birds is complete. In typical Mammals, the ossification of the sternum takes place from successive centres, from before backwards, resulting in bones resembling the vertebral centres above, whence they have been called "sternebræ". This mode is not, however, universal, as in some—*e.g.*, in Man—there are paired centres of ossification.

Skull.—To understand the modifications presented by the skull, it is necessary to return to the embryo, and study the process of its development. At first, the future spinal column and skull are represented by one common structure, the primitive groove; but, from the time when the dorsal laminæ meet above in the middle, and when the proto-vertebræ begin to appear, the skull and spinal column follow two different routes, in spite of certain curious parallelisms, especially at the hinder part of the head. In the skull, no proto-vertebræ have been observed; but the dorsal laminæ unite, and form a primitive vesicle containing a closed cavity. At first, the notochord extends the whole length of the floor of this cavity; and in Amphioxus, in the adult, it actually grows out beyond it. In all other Vertebrata, the primitive vesicle, with its cavity, grows out beyond the front end of the notochord; and in the Lampreys (as also, of course, in Amphioxus), no change takes place on the part of the primitive vesicle beyond that front end of the notochord. The cerebral cavity dilates at intervals from behind forwards, forming three compartments, called respectively the fore-brain, the mid-brain, and the hind-brain. The disposition of the axis then changes the anterior part, bending down at a sharp angle over the anterior end of the notochord. It is commonly said that this flexure is afterwards obliterated. It is never actually so, however, though it is so potentially; and the only trace of this early flexure is the pituitary body in its sella Turcica. While these cranial developments have been in progress, the walls of the body of the embryo have been growing downwards, and peculiar changes effected in the pharyngeal region. The cavity of the future alimentary canal is not at first in direct communication either with the pharyngeal cavity anteriorly, or with the cloacal cavity posteriorly; and thus these cavities are quite distinct in origin from the œsophagus and alimentary canal, and the lining membrane is not a product of the stratum mucosum. On each side of the pharyngeal cavity a cleft appears, which is afterwards succeeded by others; and there may be as many as five of these visceral clefts, but, in the chick, the hinder ones are very small and very transitory. On the other hand, the most anterior cleft persists throughout life as the Eustachian tube and meatus auditorius externus. The intervals between and in front of the clefts become thickened, forming the so-called visceral arches; and each arch lies in front of the corresponding cleft. The first arch forms the lower jaw. The upper jaw is not at first represented; but a median process, projecting downwards, is the precursor of the median part of it; while an outgrowth on each side (called the maxillary process) from the first visceral arch forms the more proximal part of the upper jaw on each side. Before these maxillary processes reach the median process before mentioned, we have a transitory double hare-lip, which is soon obliterated. On each side of the median process, a depression appears, which two are the first sign of the nostrils. The tympanic membrane grows across the first visceral cleft, thus forming a partition. All the clefts behind the first become obliterated in the Bird. In Mammals, a flap grows out from the hinder border of the first visceral cleft; this is the external ear. Another flap grows out from the anterior margin of the same cleft, and becomes the tragus of the ear.

THE CHARACTERISTICS AND WANTS OF THE PRESENT SURGICAL EPOCH.*

By SAMPSON GAMGEE, F.R.S.Edin.,
Surgeon to the Queen's Hospital, Birmingham.

JUSTICE to the title I have selected would demand nothing less than a review of the present state of surgery—a task which I have no present intention of attempting; neither do I contemplate dwelling on those features and results of modern surgical work which are by common admission improvements, if not altogether innovations, on the practice of our predecessors. But, with every desire to point out critically what stands in need of emendation, I cannot omit passing allusion to some of the brilliant achievements and real conquests which must render this epoch memorable in surgical annals. The revolution which has taken place in ophthalmic surgery, since Helmholtz discovered the ophthalmoscope, has resulted in an amount of beneficent change which it would be difficult to rival in an equally brief period of the history of any department of knowledge. We have lived to see orthopædic and plastic surgery advanced nearly to the level of arts of precision; and, beyond question, this generation will be memorable for the establishment of ovariotomy as not only a legitimate procedure, but, in properly selected cases, one of the successful major operations of surgery. It is pleasing to note that the department of surgery which is the least attractive to the conservative surgeon—that of amputations—has been greatly improved by the labours of Mr. Syme and the late Mr. Teale. The disarticulation at the ankle, with removal of the malleoli and preservation of the heel-pad, is the *beau ideal* of surgical economy. It enables us to remove the diseased part of the foot, preserving the most important element in the construction of the limb as a basis of support; it has almost superseded amputation of the leg for disease of the ankle; it is attended with positively trifling risk to life; and, provided Professor

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* Read before the Birmingham and Midland Counties Branch.

Syme's rules be adhered to, it ensures a stump to which an artificial foot can be affixed at no great expense, and with the safest prospect of easy progression, without suffering and without perceptible lameness. Mr. Teale's method has chiefly become famous for the rectangular shape of the flaps; but I am disposed to look upon the principle of measurement as the feature which is most decidedly an advance on other plans. A long flap, a perfect square, each side of which is equal to half the circumference of the limb; and a short flap, equal in length to one-fourth of the other, is a concise and intelligible rule, on the basis of which a considerable section of operative surgery admits of execution with nearly mathematical precision.

As a general proposition, all surgeons admit that the modern practice of excision averts many amputations; and of excision of the elbow, in particular, scarcely any one speaks in other terms than of great praise. But a case exhibited at this meeting illustrates our want of more precise information on the matter. The specimen shown was one in which an arm had been amputated to relieve the patient of an useless limb, months after the elbow-joint had been excised; no union, but, on the contrary, diseased action, having been set up between the ends of the bone. The operator was so able a surgeon, that it is quite probable the result was inevitable. He certainly followed a method which very many excellent surgeons would approve, but with two exceptions; that the joint had been excised through one longitudinal incision, made posteriorly; and that the head of the radius had not been removed, because healthy. Excision of the elbow is certainly practicable through a single incision; but the first element to rapid healing is the performance of a clean operation with the least possible laceration and bruising; and, with this view, I think the ⊢ incision decidedly preferable. The H incision affords still greater facility for the resection, but involves unnecessary exposure of surface, length of cicatrix, and risk of insufficient subsequent solidity. The retaining one of the articular surfaces in such an excision, because apparently healthy, is in theory a conservative proceeding; in practice, the reverse. As regards the choice between partial and complete excision, the latter unquestionably deserves the preference; but, on this point, more precise information is wanted.

As applied to the knee-joint, excision has been for many years, and is still, a subject of animated controversy, carried on, for the most part, without regard to the constitutional cause of the local affection, and with insufficient respect for, and adherence to, the fundamental principles of clinical observation and logical reasoning. If surgeons will keep more steadily in view the great aphorism expressed in the title to Abernethy's work on the *Constitutional Origin of Local Diseases;* if they will be as diligent in the treatment of the earlier stages of joint-diseases as they are in the management of wounds after excision and amputation; if poor young people be not asked to go backwards and forwards to out-patient rooms for their big, tender joints, in the early stages of joint-disease, to be looked at by the surgeon, and painted by an assistant; if proper medical treatment be followed, and nourishment provided; above all, if the articulation be set at perfect rest, by embracing the joint above and below the seat of pain, and if the sufferer be placed in condition to breathe abundance of pure air, and have a clean and healthy skin—we shall hear very little more of either amputation or excision for diseased knee-joints. Long before Sir Benjamin Brodie insisted on the necessity of embracing the hip if you wish to fix and rest the knee, Percival Pott had taught that splints are a mischievous absurdity in the endeavour to maintain rest, unless they fix the joint above the part to be kept quiet; but, in this important point of practice, as in that section of his writings wherein, forestalling Paget, he proves that callus is not essential to the union of a fracture, Percival Pott wrote in vain, so far as the majority of surgeons are concerned. The more faulty part of his theory and practice is remembered; his philosophical precepts are unheeded.

In the preceding remarks, I have especially had in view those articular affections associated with, if not directly dependent upon, the scrofulous or tubercular diathesis. No less important class of cases are those in which the constitutional predisposition is gouty or rheumatic. For the diagnosis and successful treatment of these cases, close inquiry is necessary into the constitutional history, and into the functions of digestion and secretion. The liver and kidney are often at fault; and local treatment stands little chance, if the poison be not eliminated and the assimilation improved. Chemical depuration, local douching at alternately high and low temperatures, friction, and electricity, are an assemblage of resources to which the surgeon must have recourse, if he wish to do justice to his patient, to himself. and to his profession.

The necessity of constitutional treatment, and of a thorough knowledge of therapeutics, is illustrated by no subject better than by syphilis. A great deal has been said about the doctrine of duality, which certainly possesses scientific and practical interest; but, for precise evidence on the action of mercury and iodide of potassium, we are nearly as much in need as we were twenty years ago. Iodide of potassium, as commonly given in five-grain doses, is powerless in many cases of tertiary syphilis, which yield to it as to a charm if given in scruple doses three or four times daily. The combination with the salts of iron, the alternation with a course of the bichloride and bark, the exhibition of the iodides of potassium and iron with cod-liver oil, are resources of the most potent efficacy; but they will only be productive of the good which may be anticipated from them when a number of accurate clinical observations shall have been conducted, after collection of the large body of information already on record in the surgical annals of various countries.

The subject of hernia was one of the earliest to which surgeons devoted themselves. Many excellent memoirs and treatises have been written upon it; and, since the days of Richter, the question of intra- and extra-peritoneal herniotomy has been a favourite theme. It is now denied by few that it is an advantage, if practicable, to avoid opening the sac; but the comparatively little danger of extraperitoneal herniotomy has been productive of mischief, by diverting attention from the means to be adopted to reduce a strangulated hernia without recourse to the knife at all. If proper and early attention be given to the means of reduction, interference with the knife will be required only in cases of great rarity. Above all, attention must be paid to the position of the body, which requires most perfect rest, with the shoulders much below the level of the hips; and the taxis must be scientifically applied, not for a few minutes with a movement of the fingers like a cook's in making a pie-crust; but the pressure on the tumour with one hand must be gentle, uniform, and long continued, while the fingers of the other hand are delicately engaged in manipulating and influencing the direction of the neck. Chloroform and enemata are, of course, important adjuvants; and I do not doubt that, if people who have a hernia be told the symptoms of strangulation, so that they may guard against them, if once these appear, and immediately apply for professional aid; and if physicians and surgeons will closely adhere to the rule of practice of physically examining the abdomen, as every other part, when symptoms point to its functional derangement, we shall hear little of operations for hernia, which will then cease to be necessary, very rare cases excepted.

(*To be continued.*)

VOMITING OF PREGNANCY TREATED BY HYPODERMIC INJECTION OF MORPHIA.

By JOHN HARRISSON, Esq., Congleton.

On the 7th of April last, I was requested to undertake the treatment of Mrs. C. She had been under the care of an experienced medical man for a period of six weeks previous to this date, and during that time a host of remedies were tried without success. Vomiting of a severe character had been the prominent symptom throughout the illness. When I first saw her, there was seldom a longer interval than fifteen minutes between the paroxysms of sickness; and, after each of them, the patient fainted. She retained neither food nor medicine. Lime-water and milk, brandy and water, champagne, beef-tea, and many other things, were tried in vain; they were, in common with cold water and medicines, returned immediately after being swallowed. When at the worst, the patient occasionally vomited stercoraceous matters.

The commencement of the illness seemed to be nearly coincident with conception; but the patient and her friends attributed it to partial suppression of the menses, caused by taking a shower-bath. The os uteri was swollen and tense. There was pain in the lower part of the abdomen, severe palpitation, and an intermitting pulse. A consultation was suggested; the physician who saw the patient with me confirmed the diagnosis, and the remedies recommended by him were administered, but without avail. The patient and her friends are Catholics, and they positively refused to permit any attempt to induce miscarriage. Their decision was ratified by the priest; and at this time such a procedure would probably have been extremely imprudent.

On April 13th, after having tried external applications, nutritive and sedative enemata, vaginal injections, and numberless internal medicines, it occurred to me that hypodermic injections might be of service. I began with a solution of one grain of acetate of morphia in six minims of water, and injected one minim three times daily. At once the vomiting abated, and she gradually became stronger. The dose was increased to fourteen minims, but was only given twice in the day. This treatment was continued until July 1st, with occasional intermissions of one or two injections, that other remedies might be tried; but a tendency to relapse invariably occurred. I now determined to try if miscarriage could be induced by drastic purgatives and ergot. These means appeared to succeed. A fœtus was expelled, and the patient did well; but the gastric irritation continued, necessitating the continuance of the injections. However, on July 9th, I was able to reduce their strength and the frequency of their administration; and, on the 20th, discontinued them altogether. At this date, the menses returned, and the irritation of the stomach quite subsided. The patient was sent to the seaside, and is now quite well. She was reluctant to discontinue the injections, and was for a day or two depressed and hysterical, though not usually of this habit. She is more than ordinarily fat when well. She lost much flesh during the first part of her illness, but regained it soon after the injections were commenced. Fearing to establish a habit of opium-taking, the character of the injections was hidden from the patient. The skin of the forearms was pierced two hundred and sixty times. There was never any swelling or redness, except after two or three of the earlier operations, when the injection was accidentally endermic, rather than hypodermic. Suppuration never occurred. The bowels were sometimes a little constipated; and a slight disorder of the liver's functions was easily rectified by an aperient. The effect of the morphia was felt very soon after injection, in heightened spirits, toleration of food, and increased energy; but there was no marked drowsiness, contraction of pupils, or subsequent headache.

Towards the close of a previous pregnancy, the patient had suffered from a similar, but less severe attack.

I trust that I am not wrong in believing that there are many points of interest in this case, upon which I shall make no further comment.

ON AMPUTATIONS PERFORMED AT THE RADCLIFFE INFIRMARY, OXFORD.

By JAMES T. HESTER, F.R.C.S., Hastings,
Late Senior Surgeon to that Institution.

THE paper which appeared in the JOURNAL on the 30th of January, from Sir J. Y. Simpson, on the "Effects of Hospitalism upon the Mortality of Limb Amputations, etc.," seems to me to call for reports from provincial and other hospitals and infirmaries; especially from those from which more favourable results than he has given can be reported: and I trust that my example may be followed by others who may be able to say they have been as fortunate as myself.

Sir J. Simpson states the mortality, taking all limb amputations, in metropolitan hospitals, to be 1 in 3; in provincial, 1 in 4; and in rural hospitals, 1 in 5½. Feeling certain that the mortality which had followed my operations was very much less than that which he has given, I wrote to the house-surgeon of the Radcliffe Infirmary, Oxford, who kindly furnished me with the results as recorded in that institution, and I should wish to place before the members of the Association the following table, and a few observations on the cases.

	THIGH.		LEG.		UPPER ARM.		FOREARM.		TOTALS·	
	Cases.	Dths.	Cases.	Dths.	Cases.	Dths.	Cases.	Dths.	Cases.	Dths
1849...	3	1 ...	1	0 ...	1	0 ...	0	0 ...	5	1
1850...	1	0 ...	1	0 ...	1	0 ...	0	0 ...	3	0
1852...	3	2 ...	1	0 ...	0	0 ...	0	0 ...	4	2
1853...	1	0 ...	0	0 ...	0	0 ...	1	1 ...	2	1
1854...	2	0 ...	2	0 ...	1	0 ...	1	0 ...	6	0
1855...	1	0 ...	1	0 ...	0	0 ...	0	0 ...	2	0
1856...	1	0 ...	2	0 ...	1	0 ...	0	0 ...	4	0
1857...	3	1 ...	1	0 ...	0	0 ...	1	0 ...	5	1
1858...	0	0 ...	1	0 ...	0	0 ...	1	0 ...	2	0
1859...	0	0 ...	0	0 ...	1	0 ...	1	0 ...	2	0
1860...	0	0 ...	4	0 ...	0	0 ...	0	0 ...	4	0
1861...	1	0 ...	1	1 ...	0	0 ...	0	0 ...	2	1
1862...	4	0 ...	1	0 ...	0	0 ...	0	0 ...	5	0
1863...	0	0 ...	1	0 ...	0	0 ...	1	0 ...	2	0
1864...	1	0 ...	1	0 ...	1	0 ...	1	0 ...	4	0
Total	21	4	18	1	6	0	7	1	52	6

It will be seen that four deaths occurred in the fourteen earliest amputations; 1 in 3½, a trifle over the given average. In the first case, after amputation of the thigh, hæmorrhage occurred on the sixth day after the operation, and the patient sank from exhaustion. The second had purulent infiltration among the muscles of the stump, and the saphena vein was full of pus for about six inches; but there were no purulent deposits elsewhere. The third died from pyæmia. In the fourth case, one after a primary amputation of the forearm, there was secondary hæmorrhage from the interosseous artery, which was secured with great difficulty on the eighth day, and the patient died from pyæmia.

The thirty-eight cases which followed, afford a much more pleasing picture; two deaths, *i.e.*, 1 in 19, and those under very unfavourable circumstances. In that which occurred in 1857, after amputation of the thigh, the patient (a female of middle age) had been brought to the Infirmary from a distance of fifteen miles, in a cart, having had her leg drawn into a thrashing-machine, and the bones thoroughly comminuted from the toes to above the middle of the thigh. The case was as hopeless as it could be; but, on consultation, it was deemed right to give the shadow of a chance which amputation afforded, and the limb was removed as high up as it well could be without amputating at the hip-joint. She did not rally, and died eight hours after admission; probably six after the operation. The last fatal case, that after amputation of the leg in 1861, was that of a man about 60 years of age, a hard drinker, who was admitted, in a state of intoxication, with a compound (Pott's) dislocation of the ankle. The limb sloughed to a frightful extent; and it was amputated, to the best of my recollection, about ten days or a fortnight after the accident. This case is recorded as fatal from pyæmia. In neither of these cases could the unfavourable results be attributed to hospitalism.

I think I may, without arrogating too much, say that the results which I now record are very good; and I proceed to speak as to the causes to which I am inclined to attribute them. When I was elected to the Infirmary, early in 1849, erysipelas was so rife that we feared to use a knife, or even apply a blister; and many patients who were admitted with accidents or sores, were attacked with it and died. To such a degree did it rage, that I had some patients removed into lodgings in the town to undergo operations, rather than risk them in the Infirmary. Fortunately, a vacancy occurred in the office of matron, and a lady was elected to whom it would be impossible to give too much credit. She immediately set about to have the beds and blankets cleansed and purified, having found them in a most filthy condition, as indeed was every thing else which did not meet the eye. The committee were astonished, and I believe horrified, at the bills for soap; but the effect was that erysipelas disappeared altogether; and I cannot call to mind a single case either amongst my own patients or those of my colleagues in which it followed any operation from that time till the period I resigned my office in 1865.

Great care was always paid to ventilation, which was effected by means of open windows; and I really believe that the sanitary condition of the Infirmary was equal to that of any well-regulated private house. It is well situated, being outside the town, and perfectly isolated.

I must add a few words as to my mode of operating. For the few first years I performed the circular amputation; but for many years I made flaps of integuments, and divided the muscles as in the circular operation, whatever limb was removed; taking care, in amputations of the thigh, to cut the loose posterior muscles much longer than those in the front, to allow for their contracting, as they always do to so much greater a degree. I consider that there ought to be nothing over the end of the bone but integument. The only instance in which I ever included muscles in the flaps in amputation of the thigh was in the case of the patient who died with purulent infiltration among the muscles of the stump. I once left the muscles at the back of the calf, but found them very inconvenient: the patient, however, had a good stump, but it was tardy in healing.

I attribute the immunity of my patients from pyæmia (the great source of danger after amputation) to my having for many years *invariably tied the large veins*, thus preventing pus or disorganised blood from passing into them and mixing with the circulating fluid. There has always existed a great dread of tying veins; but having had occasion to apply ligatures on them a few times to arrest hæmorrhage, and finding no harm follow, I was led to adopt the deligation of them in every case, and the result has proved that the practice was good, and, I think, founded on correct principles.

The practice of tying veins has been always considered a thing to be avoided, but I feel sure that it is perfectly safe; and I hope other surgeons may try it, and be as satisfied as I am on the subject. I happened, two or three years ago, to meet a very eminent surgeon attached to one of the metropolitan hospitals; and, on my talking the matter over with him, he strongly urged me to publish my views and practice. I might, however, never have done so, but that I have felt it a duty to endeavour, to the best of my ability, to vindicate the usefulness of Hospitals generally; and I am certain that whatever may be their defects, they are most valuable institutions.

I cannot be positive as to the results of operations performed by my former colleagues; but my impression is that they would be equally favourable as those which I have recorded.

There can be no doubt but that from time to time erysipelas, sloughing phagedena, etc., will prevail in Hospitals; but I am convinced that the tendency to these disastrous sequels to operations may be got rid of, not by disinfectants (the use of which, however, should not be neglected), but by a careful system of ventilation and drainage, and, above all, by having the beds and blankets thoroughly cleansed and purified, as was done in 1849 in the Radcliffe Infirmary.

THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

ON THE REMOVAL OF HÆMORRHOIDS BY PAINLESS OPERATIONS.

By W. Heath Strange, M.D.

I have read with much interest the short abstract of a clinical lecture, delivered by Mr. Holmes Coote, at St. Bartholomew's Hospital, "On the Removal of Hæmorrhoids by Painless Operations," reported in the Journal of February 13th. I can fully corroborate his remarks on the value of the ether-spray when used in these operations.

For the removal of internal piles by means of a ligature, I have observed that the spray renders the part insensible to pain during the operation; and, by causing the vessels of this highly vascular structure to contract, reduces the size of the tumour, and lessens the probability of hæmorrhage, whilst it favours a more speedy separation of the strangulated tissues. The treatment by nitric acid, although generally painless when properly applied to the diseased mucous membrane, is so exceedingly painful when the acid is allowed inadvertently to touch the sensitive integument around the margin of the anus, that too much care cannot be taken to prevent this occurrence. I have, therefore, found that Fergusson's glass-speculum, coated with elastic-gum, having a slit at one side, when carefully introduced into the bowel, protects all the surfaces excepting that to which the acid is to be applied; and a wooden spatula cut into the shape of a bone egg-spoon, without being hollowed, is the most useful for applying the acid; but care should be taken to shake off any excess of acid before introducing it within the speculum to apply the acid where it is required.

CAPSICUM IN DELIRIUM TREMENS.

By C. Roberts, M.R.C.S., Surgeon North Riding Prison, etc.

The result of the following treatment by large doses of capsicum, as recommended by Dr. Lyons, of Dublin, in the British Medical Journal, seems to me so satisfactory, as to make it worthy of record.

T. M., a stout strong man, aged 40, a jet-worker by trade, was brought to the North Riding Prison on February 21st, with decided symptoms of delirium tremens. He was sent to the hospital, but no remedy was prescribed till evening, when he had become very restless and turbulent. I then ordered half drachm doses of tincture of opium and spirits of chloroform to be given every two hours, for six doses.—February 22nd. He had had no sleep, and had refused to take the medicine during the night, but had taken it this morning. It was ordered to be continued during the day.—February 23rd. He had had no sleep. He was described by the hospital warder as being quite "mad" and "furious" during the night. He took all the doses of medicine yesterday, evidently with the result of increasing his malady. At present he was very restless and delirious, and it was necessary to restrain him by handcuffs. I ordered thirty grains of capsicum to be given immediately.—9 P.M. He had been much calmer during the day, but had had no sleep.—February 24th. He fell asleep about midnight and slept ten hours. He awoke quite rational, with very little tremor or debility. He took his food well, and appeared to be convalescent.—February 25th, evening. He wandered a little in his conversation but otherwise is well. I ordered fifteen grains of capsicum to be given at bedtime.—February 26th. He slept well; ate well; and was quite rational. Pulse 100. Tongue pale, but quite clean.—February 27th. He was convalescent. He took both doses of capsicum without any difficulty, and with no uncomfortable consequences except "hot" eructations after the first dose. He states that he had been drinking incessantly for six weeks before he was sent to prison, beer and whiskey being his chief beverages. He had taken little food during that time.

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. THOMAS'S HOSPITAL AND ROYAL MATERNITY CHARITY.

THE INDUCTION OF LABOUR, AND DELIVERY AT A PREDETERMINED HOUR.

(Under the care of Dr. R. Barnes.)

The following two cases illustrate Dr. Barnes's practice in the induction of labour.

Case i.—Mrs. B., a patient of the Royal Maternity Charity, had contracted pelvis, which, in two labours, rendered it necessary to resort to craniotomy. In August 1865, Dr. Barnes induced labour, when the patient was calculated to be seven months gone. The breech presented. Extraction was difficult, owing to pelvic narrowness and the great size of the child. The cord was round the neck. The child was lost; it weighed 8¼ lbs. But the mother was confident it was only a seven months' child. In 1867, labour was again induced, and the child was lost. The pelvis was contracted in all its dimensions; the conjugate diameter measured 3.5 inches. In 1868, Mrs. B. being estimated near the end of the eighth month, Dr. Barnes fixed the 31st of October for provoking labour. At 4 P.M., Mr. Salt, resident accoucheur to the London Hospital, accompanied Dr. Barnes. A flexible bougie was passed. When it was about four inches through the os uteri, a slight resistance was felt to give way, as if the membranes had been entered; but no water escaped. The bougie went in about six inches; the rest was coiled up in the vagina. Next day, at 1 P.M., Mr. Salt accompanied Dr. Barnes to complete the labour. There had been no pains, but a considerable quantity of water had flowed. The os uteri admitted two fingers. The parts were well lubricated. The large caoutchouc dilator was inserted, and distended with water. This was maintained for an hour and a half, when there was room to admit the forceps, the head presenting. The blades grasped well. By traction, intermitted at times, the head was born in thirty minutes. The child, a girl of fair size, of eight months' development, soon breathed and cried well. The placenta, adhering from want of uterine action, was removed by hand. Mother and child did well. In this case, Dr. Barnes was convinced that the safety of the child was secured by the moderate compressive action of the forceps, which sufficed to bring the head through the narrow brim. In a previous labour at seven months, another practitioner had been obliged to perforate.

Case ii.—Mrs. W. had been delivered by craniotomy, on account of contracted pelvis, and was sent to Dr. Barnes by Dr. Rogers of St. Luke's. The conjugate diameter was found to be 3.5 inches. On November 6th, 1868, Mrs. W., being estimated to have completed seven months' gestation, was admitted into a private room at St. Thomas's, for the purpose of inducing labour. Dr. Barnes introduced a bougie eight inches into the uterus at 4 P.M., and appointed to complete the labour next day at 3 P.M.

Nov. 7th. She had some pains towards morning. The os was softer, and a little dilated. There was a little uterine action. A hand was felt through the membranes by the side of the head. Dr. Barnes applied his large dilator, distended with water, for half an hour. Further dilatation was effected. The membranes, bulging conically, were pierced with a quill; liquor amnii flowed. The dilator was reapplied for twenty minutes, with further gain. The head was too much displaced by the hand to allow forceps to seize well, so it was determined to turn. This was done chiefly by the bipolar method; but, to ensure sufficient opening of the cervix, the hand was passed a little way into the uterus; the right knee was seized and brought down; version was quickly effected, as the cord felt during the seizure of the knee did not pulsate; the arms were liberated quickly; and the head followed without difficulty. The child, of more than seven months' development, soon cried freely. The labour was all over at 4 P.M., the predetermined hour. Had the case been left, there would have been complete shoulder-presentation, and probably the child would have been lost. Mother and child were quite well in March.

Mr. Cox, resident accoucheur, ascertained the following measurements:—External conjugate, 5.50 inches; intertrochanteric, 9.25 inches; between anterior superior spinous processes, 8.25 inches.

LEEDS GENERAL INFIRMARY.

CASE OF HYDATID CYST OF THE LIVER TREATED SUCCESSFULLY BY EVACUATION ONLY.

By J. D. Heaton, M.D., F.R.C.P., Physician to the Infirmary.

M. B., aged 23, a domestic servant, unmarried, rather short and of dark complexion, was admitted as an out-patient, having a painful tumour in the right side. Having previously had good health, she began, about two years ago, to feel pain in the right hypochondrium, for which there was no apparent cause. About the same time, menstruation, which had before been regular, ceased altogether, and had not occurred since. Several months after the commencement of the pain, she first perceived an enlargement in the same situation, which had since been gradually on the increase. On examination, a considerable enlargement of the liver was apparent, of which the inferior border could be distinctly traced below the margin of the ribs; it was firm and resisting, inelastic and without perceptible fluctuation, and it was painful on pressure. The treatment, at this time, was by blisters and the internal use of iodide of potassium; the diagnosis not being as yet satisfactorily established. She still continued her work as a domestic servant, her general health not being materially disordered; there was no jaundice, and the bowels acted regularly. After several weeks, there was no relief to the pain, and the tumour continued to increase rapidly, so that a very evident deformity of the body was the result; the lower right ribs being thrust upwards and outwards. The inferior margin of the tumour was well defined, and nearly on a level with the umbilicus; it had acquired some elasticity, and presented distinct fluctuation. The patient was now taken into the house; and, to complete the diagnosis, a grooved needle was inserted at the most prominent point of the projection, below the ribs, when a fine jet of clear serum spurted out, through the groove, with some force. An eschar was now formed at the same point, by the free application of caustic potash; and, when the slough separated, the caustic was again applied at the bottom of the ulcer; no active medication being adopted meanwhile. Into the bottom of the deep ulcer which was obtained by the separation of the second slough, a medium-sized trochar was inserted, and upwards of a quart of clear serum was withdrawn. Upon the cessation of the flow, a linseed poultice was applied, which was replaced by a compress and a broad bandage round the body. No other treatment was adopted. In three days she left her bed, free from pain, and much relieved of the uneasiness which the distension had before occasioned. The tumour had nearly gone, and the distortion of the body was diminished. No return of the enlargement occurred. After a time she left the hospital feeling quite well. She was seen occasionally, at considerable intervals, and continued well, and engaged in her customary work; the tumour having quite disappeared. There were no membranes in the fluid which was withdrawn from the cyst; but a microscopic examination of the lowest stratum, after it had been allowed to subside, showed numerous circlets of the hooks which surround the scolices, or heads, of echinococcus.

Remarks.—Of the two forms of echinococcus which occasionally infest the human body, the great size of the tumour, in this case, had led me to suspect the presence of that larger and more complex form, called by Küchenmeister *E. altricipariens*, which is of more common occurrence in the human subject; but the non-appearance in the serum of any of the membranes of secondary cysts characterised it rather as the *E. scolicipariens*, which contains no such cysts, but forms only numerous heads upon the parent capsule.*

This latter parasite is doubtless the more easily extirpated, as having fewer centres of vitality, the death of which must be effected to secure the complete removal of the intruder, and the cure of the disease which it occasions; and it is possible that, in contending with a case of the more complex hydatid, which developes successive generations of cysts within the parent capsule, the process of tapping might leave behind some secondary cysts by which the race might be maintained, and, with it, the consequent disease. But, inasmuch as the injection of the cyst—when emptied by tapping—with various stimulant solutions, as of iodine, alcohol, extract of male fern, etc., for the purpose of securing the death of the parasite (of which many cases have been reported, with varying results, and one in *L'Union Medicale* of last year, in which death was preceded by fetid discharge and hectic symptoms), necessarily subjects the patient to a serious danger of inflammation both from the direct action of the stimulant and from the admission of air to the internal cavity, I should think it desirable, in all cases, to await the result of simple evacuation in the first instance, before having recourse to farther treatment, which the above case may encourage us to hope will be unnecessary. The only danger from tapping the cyst is lest some of the contents should escape into the cavity of the peritoneum; which is prevented by previously securing an inflammatory adhesion between its two layers, at the point selected for perforation, by some such process as that which I have described. I was unable to discover any circumstances in the history, or mode of life, of the patient explanatory of the original introduction of the parasite into her body. The most probable supposition is that she had drunk some water accidentally impregnated with ova derived from tænia in the intestines of a dog.

ROYAL HANTS COUNTY HOSPITAL, WINCHESTER.

CASE OF OVARIOTOMY.

(Under the care of Dr. Butler.)

Sarah Tong, aged 24, single, was admitted under Dr. Butler, on October 7th, 1868. She stated that her friends first noticed an enlargement of her abdomen three years ago, but for the first two years its increase was very slow; she suffered from occasional pain in the abdomen, chiefly on the left side. Her general health was good, but she had lost flesh of late. The catamenia appeared at the age of 14; they were normal in quantity, but recurred every fortnight up to four months ago, since then they had been regular. On admission, the abdomen was much distended. The girth at the umbilical level was 45½ inches; the distance from the ensiform cartilage to the umbilicus 10 inches; from the umbilicus to the symphysis pubis, 11½ inches; from the right anterior superior spine of the ilium to the umbilicus, 14 inches; from the left anterior superior spine to the umbilicus, 15 inches.

The operation was performed on Monday, October 26th, one week after the cessation of menses. The patient being under chloroform, the cyst was exposed by an incision five inches in length, commencing about an inch below the umbilicus. Extensive and very firm adhesions were found, which necessitated an enlargement of the incision to an inch above the umbilicus. Considerable difficulty was experienced in breaking down some very firm adhesions which extended over the abdominal wall anteriorly, from the torn surfaces of which there was considerable oozing. The two principal cysts were tapped by a large trocar, emptied, and withdrawn; and a narrow pedicle, between three and four inches in length, was readily secured by a clamp, the wound closed by silk sutures, and passed through the peritoneum, and the clamp placed transversely across the wound. The fluid removed was about 30 pints of specific gravity 1018.

The patient rallied extremely well from shock. At 3 o'clock she was free from pain; pulse 86, and was inclined to sleep. At 6.30 the pulse had risen to 110; she complained of tightness across the abdomen, and nearly a pint of urine was removed by the catheter. There was slight sickness. At 10 P.M. the sickness had diminished. The patient was quiet, dozing occasionally. Pulse 110.

October 27th.—She had been frequently sick since midnight. She took brandy, milk, etc., but vomited everything except iced water. An injection with a quarter grain of morphia was administered at 4 A.M. At 10 A.M. another morphia injection was given, and beef-tea and brandy were ordered to be thrown into the rectum every three hours. Pulse 130; urine passed by the catheter was scanty and high coloured. Three minims of hydrocyanic acid were given in water, but quickly vomited. 2 P.M.—The sickness continued; pulse 140; she was very feeble, and the skin was covered with cold clammy perspiration. The patient continued to sink, and died at 3.30 P.M., twenty-eight hours after the operation.

Examination 19 hours after death. Rigor mortis was well marked; the abdomen was distended. The external edges of the wound had not united, but the edges of the peritoneum had slightly adhered together. The internal aspect of the abdominal walls anteriorly was very ragged, from breaking down of adhesions. A considerable quantity (a pint?) of bloody serum, with a few clots, was found on the pelvis and depending parts of the abdomen. The intestines were distended with flatus; their attached margins were congested, but no adhesions existed between them. The right ovary contained three cysts, the largest of the size of an almond. The uterus was enlarged; its surface superiorily was ragged. The pedicle was still firmly fixed through the abdominal walls, and no oozing could have taken place from its vessels. No further examination was made.

The tumour on examination was found to contain several cysts. The largest two, which had been tapped, contained each a small quantity of fluid, one very dark, the other similar but of lighter tint, both abounding in cholesterin. From their inner surfaces grew several small cysts of various sizes. A harder mass, about the size of a fœtal head near the full time, proved to be a mole containing much fine hair, skin, cartilage, and bone; the cyst being filled up by liquid fat, which became solid almost immediately on exposure. Some smaller cysts contained a transparent thick, mucus-like fluid, making four distinct fluids present in all.

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* Dr. Cobbold agrees with Leuckart in considering these two forms as merely varieties of the same species, both producible from the ova of the tænia echinococcus which infests the dog.

REVIEWS AND NOTICES.

SEA-SICKNESS, AND HOW TO PREVENT IT: an Explanation of its Nature, and Successful Treatment through the Agency of the Nervous System, by means of the Spinal Ice-bag. With an Introduction on the General Principles of Neuro-Therapeutics. By JOHN CHAPMAN, M.D., M.R.C.P., M.R.C.S., Physician to the Farringdon Dispensary. Second Edition, enlarged. Pp. 112. London: Trübner and Co., 1868.

DR. CHAPMAN asserts that he has improved this second edition of his book by a more complete exposition "of those novel, pathological, and therapeutical doctrines" on which he bases his method of preventing or curing sea-sickness; by the addition of a section on the physiology of vomiting; and, lastly, by the increased number of cases which he adduces in evidence of the reality of his discovery of a remedy for this most distressing of maladies.

We have perused this book most carefully, and with every desire to be convinced of the truth of Dr. Chapman's doctrines, if we found his data true and his reasonings logical. But we are far from being convinced; since it seems to us that Dr. Chapman assumes as the basis of his superstructure what may appear to him to be sound data of proven facts, though we regard these as mere theories, which may be true, but are, in all probability, not so. Could we grant that these postulates of his were true, we might be inclined to follow him in his arguments until we were bidden to hesitate again by his negative, or even contradictory, results of the most direct tests which could be employed with the view of estimating their truth. This drawback to the recognition of the truth of his doctrines we have also experienced. And then, willing as we are to listen to what Dr. Chapman has to say, our reliance on the good judgment of a physician cannot fail to be rudely shaken when we find him framing an hypothesis concerning diseases such as this: "Whatever may be the structures in which they occur, they are, as a general rule, or in the majority of cases, symptoms only—the real disorder which they denote being in the nervous system." May not this be fairly regarded as the conclusion of a mere enthusiast—the unreasonable out-come, in fact, of a too exclusive doctrine of neuro-therapeutics? We would recommend to Dr. Chapman's consideration and careful study the nineteen volumes of the *Transactions of the Pathological Society of London*, with the view of their acting as an antidote to his too exclusively functional doctrines of disease. Perchance a long study of these or other pathological records might tend to convince him that actual structural modifications of tissue do go for something in the evolution of the symptoms of disease; and that, however influential mere alteration in the calibre of blood-vessels (induced by the action of the nervous system) may be—and doubtless is—in the production of morbid tissue-changes, still these, in all the variety which they actually present, could not have been brought about by the influence of this one cause alone. The whole subject of nutrition—and, therefore, also of its aberrations—is only too full of obscurity; but, just as an influence of the nervous system may be looked upon as one factor, necessary for the maintenance and growth of healthy tissue, so are we bound to believe that the results depend not a little upon the quality of that mobile tissue—the blood—which, having to supply most of the other tissues with their nutritive pabulum, requires for its own elaboration not only suitable food, but the healthy action of a variety of digestive and assimilative organs. And then, lastly, what are we to say to the undoubted activity of the tissue-elements themselves, and to the share which this activity takes in the maintenance of the balance of healthy nutrition? Let those who disbelieve in this last element turn to the pages of romance-like interest, in which Virchow has developed his doctrines of "Cellular Pathology," and we can confidently predict that they will no longer be entire disbelievers. But Dr. Chapman seems to consider the process of nutrition to be much more simple—we might almost say mechanical. When he speaks of diseases of the nervous system, too, one might imagine, if experience did not teach us the reverse, that there was scarcely any such thing as actual structural disease. It seems of little significance to him that a case of paralysis may be due to an actual effusion of blood and tearing up of nerve-tissue, or to a process of softening from the obliteration of a blood-vessel: notwithstanding all this, the infallible ice or hot-water-bag is applied, and a cure is expected as confidently as though there were only the so frequently talked of alteration in calibre of blood-vessels acting as the efficient cause of the symptoms, and apparently without thought as to the temerity evinced by these blind, hap-hazard attempts which are made to rectify natural conditions presumed to be faulty. Faulty they may have been to have given rise to the original disease—resulting in hæmorrhage or softening; but why assume that the subsequent processes, for rectifying the effects of the local lesion, are not the best under the circumstances?

In his new exposition of the "General Principles of Neuro-Therapeutics," Dr. Chapman starts with a number of assumptions, forming the basis of his doctrine and practice. These assumptions, he says, he has "proved by numerous experiments;" and it is not a little surprising, seeing the very weighty nature of the facts which he thinks he has proved, that he should neither deign to give, in this full exposition of his doctrines, an account of the experiments themselves, nor any reference as to where the reader may find them detailed. Surely Dr. Chapman is scarcely entitled to consider his medical readers so credulous or so lax in their methods of reasoning as to be likely to accept as true, on mere statement, and without proof, certain fundamental doctrines which are to form the basis, not only of a new system of therapeutics, but of a new theory of disease. For our own part, without in the least prejudging the question as to the degree of good to be obtained by the application of heat and cold to the spine, as Dr. Chapman recommends—a question which must be answered by careful clinical observation and experiment—we do confess ourselves to be thoroughly unconvinced as to the truth of the explanation which Dr. Chapman puts forward as to their mode of action on the central nervous system; nay, more, we entirely disbelieve this theory, which he vaunts so much. The effects of heat applied on each side of the spine, Dr. Chapman says, are directly the reverse of those produced by cold. The first physiological condition induced by such application of heat, he describes in these words: "The temperature of the sympathetic ganglia being raised, the flow of blood to them becomes more copious, and, consequently, their functions become more energetic than before." The other three changes enumerated would be mere consequences of the alteration presumed to have been brought about in the sympathetic ganglia; therefore we may confine our remarks to the passage just quoted. Now, it should be understood that the water which is to be applied to the patient's back must have a temperature varying from 110 deg. Fahr. to 120 deg. Fahr. —that is to say, its maximum temperature would be only 22 deg. Fahr. higher than that of the blood circulating within the intervening tissues. Then Dr. Chapman seems to assume that his readers will take it for granted that the application of such a temperature to a region on either side of the spinal column will be adequate to produce an actual elevation of temperature in the sympathetic ganglia lying along the corresponding inner part of the spinal column. But we suspect that very few indeed who thought upon the subject would have such faith in the heat-conducting properties of human skin, muscle, and bone. Did Dr. Chapman ever reflect upon the probable influence of the blood which was perpetually streaming through the whole mass of intervening tissues —through the skin and subcutaneous fat, through the great mass of dorsal muscles, through the osseous diploë? Did it ever seem to him probable that such a constantly changing mass of blood in the intervening tissues must almost necessarily tend to diffuse and generalise over the whole body an increment of heat which the more superficial of these tissues may have acquired by the external application of a hot-water-bag? If not, we would strongly recommend him to consider this point. All the effects "induced in the head of an animal by galvanising the severed end of the upper part of the cervical sympathetic," Dr. Chapman says, "I have induced in the head, chest, abdomen, pelvis, and extremities of man by heat applied to the back" (p. 6). This is a bold statement, certainly; but for anything like evidence calculated to convince others that Dr. Chapman has not been mistaken, we look in vain. If the temperature of the axilla, or of the extremities, could be altered in this way, surely others would be able to obtain the results as well as Dr. Chapman; and such results should be constant. We have several times instituted the most careful experiments with the hot-water-bag in this way, and never could establish the fact of any alteration in temperature so produced; of course judging this by the actual use of the thermometer, and not relying upon any mere subjective sensation of patient or physician.

Dr. Chapman's chapter on the "Physiology of Vomiting" is, we think, one of the best in the book. It is a calm and reasonable statement of his views; free from the defects which mark other portions of the work. In conjunction with most other physiologists, but in opposition to Dr. Marshall Hall, he believes the diaphragm to be in a state of contraction during the act of vomiting. He also thinks that the muscular contraction of the walls of the stomach itself aid not a little in the ejection of its contents. He says: "I have arrived at the conclusion, that when the disposition to vomit occurs in cases where the stomach is healthy, that disposition is first felt in the stomach itself; that the effort to expel its contents is first made by its own muscular contractions; that these not sufficing, the abdominal and thoracic muscles are called into play; and that as the tendency to vomit declines, the extrinsic, or abdominal and thoracic muscles, become passive first, and the intrinsic, or muscular fibres of the stomach, last" (p. 50). In accordance with these views, Dr. Chapman holds that the first effect of the sedative influence, during vomiting, of ice applied along the spine, is, that of restraining the actions of the thoracic and abdominal muscles, whilst its continued application at last leaves the contractile coat of the stomach itself free from undue nervous stimulation, so as to bring about a complete cessation of the vomiting. Relying upon the experiments of Dr. John Reid, the author rejects the idea that the pneumogastric is the principal afferent nerve in the reflex act of vomiting; he thinks the function of the pneumogastric in relation to this act is rather inhibitory than mediately excitor, and that the latter functions belong, in all probability, to the splanchnic nerves. Dr. Chapman also believes that the "reflecting centre, from which motor impulses productive of vomiting are transmitted to the stomach, is not the medulla oblongata, but the spinal cord." There is much to be said in favour of this view, but it is by no means absolutely conclusive, as certain difficulties still remain which cannot be well explained.

The next section, on "The Physiology of Sea-Sickness," is by no means so satisfactory; for, although we fully admit that much of the reasoning contained therein is very ingenious, we regard many of the statements upon which these views are based as either quite improbable, or actually opposed to known facts. Dr. Chapman thinks that "the proximate cause of "sea-sickness consists in an undue amount of blood in the nervous centres along the back, and especially in those segments of the spinal cord related to the stomach and the muscles concerned in vomiting." And he adds: "This condition is induced by the movements of the vessel in, I believe, three different ways—1st, through the brain; 2d, through the ligaments of the spinal cord; 3rd, through the abdominal and pelvic viscera." We certainly believe that the brain, or the brain and its circumferential fluids, where shrinking of the organ has taken place, do invariably fill the cranial cavity, so as not to permit of such movements, coincident with the motion of the vessel as Dr. Chapman speaks of; and we think it a pity he should indulge in such exaggerated statements as this: "So great is the difference in the amount of blood circulating in the brain at different times, that it swells up and contracts again to an astonishing extent, in correspondence with its varying degrees of activity and repose" (p. 58). We do not believe in the theory of "jerks on the *ligamentum denticulatum*" through the influence of supposed brain-movements; and we would ask Dr. Chapman how he can reconcile this theory with the fact, well known to anatomists and pathologists, that the spinal membranes are almost invariably united by pretty firm adhesions to the back of the vertebræ, in the upper cervical region? Neither are we inclined to believe much more in the theory as to movements of the vessel producing sudden movements of the spinal cord itself, so as to occasion jerks on the *ligamentum denticulatum*, irritation and afflux of blood to the spinal membranes, and thence increased vascularity of the cord itself. Our space will not permit us to follow the argument any further, so that we must refer our readers to the chapter itself.

The remaining sections are devoted to Therapeutical Applications, and the Effects of Heat and Cold applied to the Spine. This is a distinct branch of inquiry; and we are by no means disposed to argue, because we believe many of Dr. Chapman's views to be utterly fallacious, that, therefore, there is no good to be derived from the application of heat and cold to the spine, as he proposes. This is a branch of inquiry worthy of all encouragement; but, seeing that the experience of others is by no means in accordance with that of Dr. Chapman as to the universal applicability and efficacy of these therapeutic means, we certainly want much more information before we can fairly come to any conclusion as to their real value. We want to know about the failures as well as the cures, and how they are numerically related to one another. We would recommend Dr. Chapman and others to give us the results of some real honest work of this kind.

NOTES ON BOOKS.

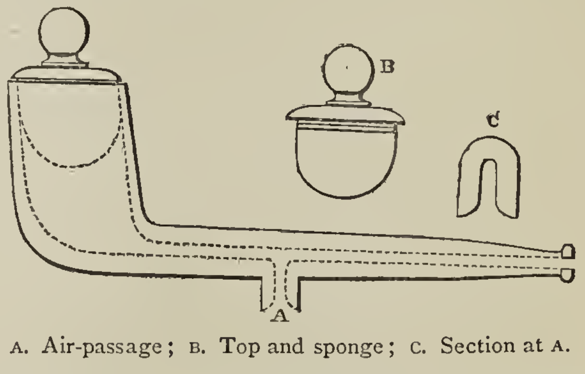
The Handybook of Anatomical Plates, by MASSE, CORBIÉ, and LEVEILLÉ, with English text by EDWARD BELLAMY, is one of the most valuable and convenient series of anatomical plates which the student can possess. We have long been familiar with this useful and beautiful book in its French form; and all anatomical students are indebted to Messrs. Baillière of London, the publishers, and to Mr. Bellamy, for placing it within their reach in this cheap, handy, and most accessible form. It is being issued in parts, at 2s. 6d., each part containing fourteen plates; and no more valuable possession can be acquired by the small economies of the student or surgeon.

NEW INVENTIONS, &c., IN MEDICINE, SURGERY, DIETETICS, AND THE ALLIED SCIENCES.

MR. BIRD'S INHALING-PIPE FOR SMOKE OR VAPOUR.

A PORTABLE, convenient, and efficient instrument, for inhaling the vapour or smoke of various substances, is submitted to the profession by Mr. James Bird, Surgeon, of 80, Seymour Street, Connaught Square.

Its utility will be manifest to any one desirous of using the vapour or smoke of any remedial agent for the relief of the greater portion of the disorders of the throat, fauces, and air-passages, as well as of asthma, neuralgia, tooth-ache, etc. The vapour of chloroform, creasote, carbolic acid, camphor, opium, lobelia, and many other substances, may be safely inhaled by this instrument, under proper advice, as the vapour is or may be diluted *in transitu* with atmospheric air in any proportion requisite. Tobacco, stramonium, or any other dry substance of slow combustion, may be smoked very agreeably, and the smoke diluted with air in a similar manner.



A. Air-passage; B. Top and sponge; C. Section at A.

The Inhaling-pipe may be used for smoking or inhaling vapour; and to those who are annoyed by a tickling irritation of the throat, whenever they are exposed to a cold wind or raw night air, it will be found of great comfort.

The sponge soaked in Condy's fluid, or the solution of permanganate of potash, would be a very appropriate precaution, if used by professional men and clergymen when visiting persons suffering from contagious diseases, or inhabiting close and unwholesome houses; and medical men engaged extensively in obstetrics, or wishing to administer chloroform in moderate doses or in a mild form to children, or in minor operations, will find the Inhaling-pipe a portable and useful pocket companion.

Mr. Bird's Inhaling-pipe has another strong recommendation: it is a very cheap little instrument, not likely to get out of order, and will last for a long time unimpaired.

CHOCOLATINE.

UNDER this title, Messrs. L. A. Lœwenthal and Co. have introduced a preparation of cocoa which furnishes a most agreeable, digestible, and nutritious beverage. It is thoroughly soluble, and very delicate in flavour; free from excess of butter, and suitable for the most fastidious of palates. The great favour with which cocoa is now generally received, as superseding tea and coffee, will be enhanced by familiarity with this form of it. We suspect that "Chocolatine" owes some of its fragrant aroma to a judicious use of *vanille* as a flavouring compound.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 3RD, 1869.

THE ORIGIN OF LIFE.

I.

FOLLOWING up the possible developments of doctrines of which we have given a summary in previous articles on the "Doctrine of the Correlation of the Forces," and on "Vital Functions and Vital Structures," we now desire to place before our readers certain speculations on the one hand, as to the genesis of organic matter, and certain observations and experiments, on the other, upon the faith of which it is maintained that a so-called "spontaneous generation" of life is now, and has been everywhere taking place around us. The subject certainly can scarcely yield in interest to any other which could be proposed; and when we say, that the one speculation is put forward by Herbert Spencer, and that the conclusions drawn from the observations and experiments alluded to have been accepted by such a staunch and orthodox biologist as Professor Owen, we think no further word of explanation will be necessary to account for our calling the attention of our readers to this subject. The primary object of scientific inquiry is the investigation of truth; and we hope that the days are past when any particular conclusions arrived at by scientific workers are to be at once rejected and sneered at because, perchance, they may not be in accordance with the preconceived views of other scientific workers and thinkers. Let us, at all events, hear the facts, and give them an attentive consideration, before we reject them, or the conclusions issuing therefrom, if such is to be their fate. It can do us no harm to know what others think, even though we prefer and see reason to think differently ourselves.

It will be known, we suppose, to most of our readers, that there has been going on for the last six years, in France more especially, a long series of experiments and much discussion, brought about, for the most part, by the attempts of MM. Pouchet, Jolly, and Musset to establish the truth of the doctrine of "Spontaneous Generation," and by efforts on the part of M. Pasteur and others to upset the grounds of their conclusions. Latterly, Professor Owen has given in his complete adhesion to the doctrines of M. Pouchet and his friends—or the heterogenists as they are called: whilst a *resumé* of the whole discussion has been published under the title *L'Origine de la Vie*, by Georges Pennelieu, one of the workers in the same field of research Lately, also, an article has appeared by Dr. Hughes Bennett (*Popular Scientific Review*, January, 1869) advocating views entertained as to the "Molecular Origin of Infusoria," and strengthening a position which he has maintained for some years past.

The doctrines of Mr. Herbert Spencer are of a purely speculative character; and as they deal with the question of the origin of organic matter in past geologic times, rather than with the question of the possibility of a new evolution of life taking place in our own day, they naturally claim our first consideration. His views have lately been set forth in an appendix which he has published to the first volume of his *Principles of Biology*. The complete enunciation of these views was elicited from him at the present time, in reply to an article in the *North American Review* on "Philosophical Biology," in which the reviewer says that Mr. Herbert Spencer has tacitly repudiated a belief in "Spontaneous Generation," and thereby produced a certain inconsistency with the general doctrines of evolution which he is maintaining in his "System of Philosophy." Mr. Herbert Spencer admits that, in a certain note, he has expressed himself "in such a way as to leave open the door for the interpretation" given by the reviewer, and therefore feels called upon now to reply; as some time may elapse before he will be able to deal with the subject of "inorganic evolution," under which section of his work he proposes fully to treat of this question. He says, "Habitually carrying with me in thought the contents of this unwritten chapter, I have, in some cases, expressed myself as though the reader had it before him; and have thus rendered some of my statements liable to misconstructions." He then goes on to say that he does not believe in the "spontaneous generation" commonly spoken of; and so little had he associated in his own mind this, which he does not believe, with that "generation by evolution which I do believe, that," he says, "the repudiation of the one never occurred to me as liable to be taken for repudiation of the other." Not only does he disbelieve in the facts implied by the term "spontaneous generation;" he has a special objection to the term "spontaneous," for the very conception of spontaneity, he says, is wholly incongruous with the doctrine of evolution. "No form of evolution, inorganic or organic, can be spontaneous; but in every instance the antecedent forces must be adequate in their quantities, kinds, and distributions to work the observed effects."

The assumption of the truth, moreover, of the doctrines concerning "spontaneous generation" by no means warrants the belief that the original evolution of life could have commenced in an analogous way. For it is admitted even by all believers that the "spontaneous generation" which has been so much talked about of late, is only possible in solutions that contain either organic matter, or matter which had been derived from pre-existing organisms. This mode of generation, therefore, since it postulates the pre-existence of organisms of some kind, obviously could not have been the mode by which organic matter first came into existence in past times; for that is the primary question with which the doctrine of evolution must interest itself. What follows, therefore, must be regarded simply from that standpoint. We have to ask whether any explanation of the genesis of organic matter is possible, consistent with the general doctrines of evolution which have received the support of so many of the foremost scientific workers of this century.

Mr. Herbert Spencer gives his reply to this question thus: "Granting that the formation of organic matter and the evolution of life in its lowest forms, may go on under existing cosmical conditions; but believing it more likely that the formation of such matter and such forms took place at a time when the heat of the earth's surface was falling through those ranges of temperature at which the higher organic compounds are unstable; I conceive that the moulding of such organic matter into the simplest types must have commenced with portions of protoplasm more minute, more indefinite, and more inconstant in their characters, than the lowest Rhizopods—less distinguishable from a mere fragment of albumen than even the *Pro-*

togenes of Professor Haeckel. The evolution of specific shapes must, like all other organic evolutions, have resulted from the actions and reactions between such incipient types and their environments, and the continued survival of those which happened to have specialities best fitted to the specialities of their environments." The reviewer assumes the existence of some first organism, and seems to suppose that Mr. Spencer must do the same. But, on the contrary, our philosophical biologist says: "The conception of a 'first organism,' in anything like the current sense of the words, is wholly at variance with the conception of evolution; and scarcely less at variance with the facts revealed by the microscope. The lowest living things are not, properly speaking, organisms at all; for they have no distinctions of parts—no traces of organisation. It is almost a misuse of language to call them 'forms' of life; not only are their outlines, when distinguishable, too inspecific for description, but they change from moment to moment, and are never twice alike, either in two individuals or in the same individual. Even the word 'type' is applicable in but a loose way; for there is little constancy in their generic characters: according as the surrounding conditions determine, they undergo transformations now of one kind, and now of another. And the vagueness, the inconstancy, the want of appreciable structure, displayed by the simplest of living things as we now see them, are characters (or absence of characters) which, on the hypothesis of evolution, must have been still more decided when, as at first, no 'forms', no 'types,' no 'specific shapes,' had been moulded. . . . . Construed in terms of evolution, every kind of being is conceived as a product of modifications wrought by insensible gradations on a pre-existing kind of being; and this holds as fully of the supposed 'commencement of organic life' as of all subsequent developments of organic life." What is here said concerning the lowest forms of life must be received as perfectly true by all who are familiar with the microscopic appearances of these mere jelly-specks known as *Amœbæ*, and the remarks as to the variability of the type of these low forms of life may receive their illustration most fully from the recent researches of Dr. Carpenter and Mr. Parker on the *Foraminifera*.

Mr. Spencer thinks that the experiences of chemists, obtained in their efforts to build up organic compounds in their laboratories, by a process of synthesis, also warrant the assumption that organic matter was not produced all at once. They reproduce organic compounds, in fact, by a process of *artificial evolution*. They find it impossible to build up complex combinations directly from their elements, though they can produce them indirectly by successive modifications of simpler compounds—and principally by a process of *substitution*, in which compounds are made to replace one of the equivalents of any element (such as hydrogen) existing in another compound body. By successive steps of this kind, organic compounds of the most extreme complexity may be at last evolved. According to Professor Frankland, *protein* is capable of existing under probably at least a thousand isomeric forms, and it is capable of uniting with other elements so as to form substances yet more intricate in composition, which are, practically, infinite in their variety. Mr. Spencer then continues in this way. "Exposed to those innumerable modifications of conditions which the Earth's surface afforded, here in amount of light, there in amount of heat, and elsewhere in the mineral quality of its aqueous medium, this extremely changeable substance must have undergone now one, now another of its countless metamorphoses. And to the mutual influence of its metamorphic forms under favouring conditions, we may ascribe the production of the still more composite, still more sensitive, still more variously changeable portions of organic matter, which, in masses more minute and simpler than existing *Protozoa*, displayed actions verging little by little into those called vital—actions which *protein* itself exhibits in a certain degree, and which the lowest known living things exhibit only in a greater degree."

Such is the speculation; and of course it must be received as a pure speculation, though resting upon a scientific basis of no mean dimensions. But, proceeding as it does from so broad and catholic a thinker as Mr. Herbert Spencer, it deserves to be widely known and circulated amongst those who are most capable of appreciating the data on which it rests.

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We are informed that the President of the Privy Council will appoint Dr. G. Buchanan and Mr. J. Netten Radcliffe to the office of Sanitary Inspectors to the Council. These appointments are of the annual value of from £700 a year to £1,000 a year.

BRIGHTHELMSTONE AND BRIGHTON.

Nothing more strikingly illustrates the extraordinary growth of Brighton than the number of medical men practising there less than a century ago, as compared with their number at the present day. The prototype of the existing *Medical Directory* was the *Medical Register*, the first volume of which was published in 1799. It gives not only a list of the practitioners in Great Britain, but describes the various hospitals and medical schools both at home and abroad. In 1799, *two* medical men sufficed for the practice of Brighthelmstone—Mr. Isaac Lowdell and Mr. Thomas Gibbit. The volume for 1780, gives Messrs. Lowdell and Son, and Mr. Kipping. In 1783, the same names occur, but with the following note appended:—"Dr. Pepys, of London, attends here during the bathing season." In the *Directory* for 1869, the number of medical practitioners at Brighton amounts to one hundred and twenty-seven.

THE DOVER REVIEW.

A more malignant day than Easter Monday we never saw. It seemed to have come specially for the purpose of trying what metal the Volunteers were made of, and of driving them if it possibly could from carrying out the object of their visit to Dover. In this it doubtless partially succeeded; but certainly, we think, not to the discredit of the Volunteers, who stuck bravely to their posts in the biting rain and wind, and washed by the heavy spray of the sea until ordered to disperse. Leaving out every kind of sentiment, it was unquestionably the proper thing for Sir Hope Grant to give up all idea of carrying the men on to the heights of Dover at eleven o'clock, as originally proposed in the programme. With weather such as it was at the time, no part of the evolutions could have been carried out with instruction or success, but would have resulted we are sure in most disastrous consequences to the health of many men, who although not fit for active service, are still men of value in many respects to the Volunteer force. As it was, we know personally of a considerable number of Volunteers who suffered from the inclemency of the weather, and we doubt not that the list which might be ascertained would be a long one. Why, then, expose our Volunteers to the uncertain weather of Easter Monday when Whit Monday, an equally convenient and more suitable day, would answer the purpose? It would be well, we think, for the authorities to consider the matter, and to postpone next year's review to the later day. The medical arrangements this year were more complete than on any previous occasion. The War Office came spontaneously forward this year, and appointed Mr. Thomson, Staff Surgeon Cinque Ports Artillery Volunteers, Principal Medical Officer for the day; and with the kind courtesy and attention of Dr. Mure, Deputy Inspector-General of Hospitals, and the Principal Purveyor of the District, Mr. Thomson was enabled to complete the medical arrangements. Two marquee hospitals, containing six beds each, and orderlies attached, were supplied with every necessary convenience: one at Castle Hill Fort, under the charge of Mr. Thomson, and the other at Swingate, in the rear of the attacking force, under the charge of Dr. John Murray, Assistant-Surgeon London Scottish Volunteers, in the absence from illness of Mr. Barton, Assistant-Surgeon Cinque Ports Artillery. On Monday morning, however, the hospital at Castle Hill Fort succumbed to the violence of the gale, and it was found necessary to set apart one of the barrack rooms in the Fort for the occasion. There were three ambulances with a detachment of the Military Train and orderlies placed in convenient parts of the field; and, in addition, beds were set apart in the Castle for grave casualties, did they occur. As it was, accidents of any kind were unusually few and trifling. James Dawson, 2nd Surrey, received a contusion of the head; and Robert Sherringham, 28th Kent, a similar injury, both of whom were attended to at Castle Hill Fort. At Swingate, William Hayhoe, 9th Essex, sprained his knee rather severely, and was removed from the hospital there temporarily to Dover Castle. A private of the 94th Regiment of the line was brought into the Castle Hill Fort, having died apparently in an epileptic fit on the field.

ST. ANDREW'S MEDICAL GRADUATES' ASSOCIATION.

A GENERAL session of the Association will be held at the rooms of the Medical Society of London on Thursday, April 8th. After the transaction of the ordinary business of the Association, a paper on Hydruria will be read by C. Eckhard, M.D., Professor of Physiology in the University of Giessen. The second volume of *Transactions* is in the press, and will shortly be issued.

THE NEW INFIRMARY, LEEDS.

THE Art Exhibition having failed to realise a surplus to supply the remaining funds necessary to meet the cost of building and putting into full working order this noble hospital, the principal inhabitants of Leeds have held a public meeting to consider what course they should take to crown the great work which they have in hand. At this meeting Mr. Kitson, chairman of the Building Committee, made a statement of great interest. From this it appears that:—

"When the question of providing an improved hospital for the town was first brought under the notice of the inhabitants, the estimates prepared for the erection of a building capable of accommodating three hundred patients, at £100 per bed, was £30,000 for the building. The first subscription was commenced with that understanding. As time, however, went on, and the committee went fully into the question, they found that the estimate was very, very much below the mark. They found that the estimate had been based upon the cost of a hospital built on the block system, where everything was brought together in the closest possible manner, and the work carried out in the cheapest possible way; and before science and experience had demonstrated the necessity for increased area, and the providing of various accessories which a hospital, to meet the wants of the day, would require. After a most careful inquiry and consideration, in which they were aided by the experience of Mr. Gilbert Scott, one of the cleverest and most competent architects of the present day, and aided by the medical and other talent of which this town could boast, the committee found that the building of a hospital, such as the people of Leeds would hereafter look upon with pride, would cost a much larger sum than was originally estimated. Instead of £100 per bed, it was found that £300 to £400 per per bed would be much nearer the mark. The committee had educated themselves in the work of hospital building, but in the process they had always taken care to have the best authorities before them for what they did; and although they had spent a much larger sum on the erection of the new Infirmary than was originally estimated, there was no doubt the people of Leeds hereafter would look upon that building with as much pride as they themselves did now. Their connection with that building had naturally made them acquainted with the best hospitals, not only in this country, but in Europe; and he thought he was fully justified in expressing his conviction that Leeds possessed in this building one of the best, if not the best, hospital in the whole of Europe. He might also state, that all the leading medical men of this country, who so far visited the hospital, endorsed the opinion which he had expressed. That being so, he felt that, although they had spent more money on the building than was at first thought necessary, the subscribers and the inhabitants of Leeds would sanction the extra outlay. The most modern hospital by which he could institute a comparison with the new Infirmary, as to the cost of such a building, was the St. Thomas' Hospital now erecting in London. That hospital was being built on the pavilion principle, similar to the new Infirmary. The estimate for St. Thomas was £500,000 for six hundred and fifty beds, or £780 per bed. The cost of the new Infirmary, if they took the cost of the land into account, would be about £400 per bed for three hundred beds. They might take it in round numbers that the ultimate cost of the Infirmary and the land on which it stood would be £120,000. Before the contracts for the new Infirmary were let, the committee called the subscribers together in September 1863, feeling that they had so far exceeded Mr. Scott's original estimate, even after the tenders received had been pruned down as far as possible, that they must have the authority of the subscribers before the necessary contracts were entered into. At that time, the committee told the subscribers that there would be a deficiency of £15,000. That deficiency had been exceeded by more than £10,000; and it would now be his duty to explain how that deficiency had arisen. The contract for the building was £64,750; but it was afterwards found that extra works, necessary for the thorough efficiency of the building, were required. These extras had amounted to £4,823. Now, most of those present had had some experience of building, and knew that in erecting a building to cost £64,764, an excess of £4,000 was not very great. The next item in which there was excess, was a very considerable one. The committee estimated the cost of fitting up what might be called the fixtures of the building, not provided for in the building estimates, at £5,000. They had an estimate under this head, showing that furniture and fittings would cost £7,000. They had expended already, on warming, kitchen-fittings, etc., £3,600; and in the purchase of furniture, carpets, etc., of Exhibition Committee, £800. They had exceeded the original estimate for fixtures of £5,000 by £6,400. The architect's commission was estimated at £4,000. They had paid for his commission, clerk of the works salary, and travelling expenses of architect, £5,069. In their original estimates, they overlooked the cost of printing, advertising, and surveying, which had amounted to £1,500. They had also paid a proportion of the cost of the decorations, as arranged between the Exhibition Committee and the Building Committee; and they had taken upon themselves the entire cost of the stained-glass windows, which were put in at the head of the grand staircase, and which added so much to the beauty of the interior. In the original estimates, the cost of covering in the central hall with an iron and glass roof was not contemplated; but if a resolution to be proposed that day was passed, the whole cost of that beautiful work would fall upon the Building Committee. These items, including the extras, would amount to £16,763. At the meeting in 1863, it was stated that the deficiency would be about £15,000, but now they saw that they would be £25,000 short. He proposed only to ask for £25,000, although they had expended £30,000; but they had realised £7,000 by the sale of the old site, more than they at one time thought they should. The Building Committee, in laying these facts before the meeting, wished to say that, in taking upon themselves the duty of erecting such a building as the Infirmary, they felt they must incur some responsibility. They felt that it would be exceedingly difficult to come to the subscribers for authority to incur these excesses of expenditure whenever they are so, and that they would be better pleased if they were laid before them when the building was as near completion as possible. As the public were desirous of knowing something of the position of the Exhibition, and as the accounts were ready, the Building Committee had thought it desirable that the two subjects of the Exhibition and the Infirmary should come before the meeting at the same time. He had every confidence that his townsmen would free the building from debt, and place it in a creditable position in the hands of the gentlemen who would hereafter have the management of it. He had this confidence from the way in which this building had been supported by the endowment subscriptions since the new building was commenced. The endowment fund, which amounted to £6,000 when they commenced the subscription for the new building, some years ago, now amounted to £40,000. He believed that the spirit which had prompted the effort to raise the necessary subscriptions for the erection of this building would continue to be manifested, and the endowment fund be enriched in a way that would not only bring credit to the town, but which would confer increased benefits on those for whose advantage the hospital had been erected. He ought to have stated, in comparing the cost of the St. Thomas' Hospital with that of Leeds, that the area of a ward in the former hospital was 120 feet by 28 feet by 15 feet, for twenty-eight beds, which was equal to 1,800 cubic feet per bed. In the new infirmary, the following were the cubic feet per bed in the several wards:—South upper wards, equal to 1,992 cubic feet; south lower wards, equal to 1,729 cubic feet; north upper wards, equal to 2,090 cubic feet; north lower wards, equal to 1,815 cubic feet. These quantities showed that the comparison between the two hospitals was in favour of that at Leeds."

In answer to the appeal following upon this statement, £10,000 were at once subscribed in the room; and there can be no doubt that all the funds wanted will be speedily supplied by the munificence of the people of Leeds and of the neighbourhood. The statement which we have quoted is not only of importance, as illustrating the expenditure incurred in building two of the most important of our modern hospitals, but as affording information which will prove specially interesting to the numerous members of the Association who will inspect the hospital at the August meeting to be held in Leeds, when this noble institution cannot fail to be a great object of attraction.

ANCIENT HAIR-DYES.

PROFESSOR AQUILLA SMITH, M.D., of Dublin, writes to us:—The desire to appear "beautiful for ever," in respect to concealing the effect of age on the hair, was as prevalent in ancient Rome as in our own time, and no doubt will prevail through future ages. The panic recently created in consequence of the disclosures made public as to the dangerous effects likely to result from the use of poisonous hair-dyes, may for a time so prevail as to reconcile some persons to the inevitable hoariness of advanced age; while others, with more vanity and less good sense, will be persuaded, before long, by the assurance, which will be promulgated with the usual audacity, that the new hair-dyes may be employed with as much safety as "Morning-dew distilled from a magnetic rock in the desert of Sahara." With the view of relieving the apprehensions of persons "quos sancta senectus offendit," and who will, at any risk, employ some means or other to conceal their grey hairs, I place at their service the following remedies, which have been recommended by Q. Serenus Simonicus, the preceptor of the Emperor Gordian the Younger, in the third century.

"Capillo tingendo.
Quos pudet ætatis longæ, quos sancta senectus
Offendit, cupiunt properos abscondere canos,
Et nigrum crinem fuco simulare doloso.
His prodest acri contrita cupressus aceto,
Vel frons lentisci, vel tristia poma sambuci,
Lumbrici quoque terrestres miscentur olivo,
Et juvenum præstant redivivo flore capillum.
Præterea niveum poterit depellere crinem,
Resina ex facile cera viscoque coacta.
Ad rutilam speciem nigros flavescere crines,
Unguento cineris prædixit Tullius autor."

(Q. Sereni Samonici *de Medicina Præcepta Saluberrima* in *Medicæ Artis Principes*, p. 416.)

The remedies, "nigrum crinem simulare," are cypress and strong vinegar, the leaf of the mastich tree, elder-berries, earth-worms mixed with olive, and resin combined with wax and mistletoe. If the ointment for converting black hair into reddish yellow possessed any such power, it was probably owing to the alkaline matter in the ashes.

THE NAVAL MEDICAL SERVICE OF THE UNITED STATES.

FROM papers received by a member of our Association, Dr. Frederick J. Brown, of Rochester, we learn that there is urgent necessity for reform in the Medical Department of the United States Navy. "Cœlum non animum mutant qui trans mare currunt." Combatant officers all the world over appear to be unduly jealous of the prerogative of *command*, and they repress the civilians associated with them as a result of this unworthy feeling. It is evident that the matter is not viewed by them dispassionately, in consequence of the judgment being clouded by feeling. Usurpation of command on the part of civilian officers is impossible, and the commander knows and feels that he may hang any man or officer on board his ship at his own will and command, despite consequences, *for he possesses the power*. We should imagine that this reflection would be consolatory to the combatant class, and would enable them to repose majestically in the consciousness of power, without resorting to vexatious and petty acts of restriction. The surgeons of the United States Navy are also dissatisfied, and, we think, justly so, with the treatment accorded them by their Government; for, at the conclusion of the Civil War, they were left unrewarded for their exertions (which were acknowledged to be valuable), whilst promotion and appointments were bestowed on the executive class. Patriotic feelings induce surgeons to serve their country during periods of war; but in time of peace there is disinclination for service, arising out of similar causes in both the American and British navies; namely, neglect and repression of the civil element of the service. As an illustration of this statement, it may be mentioned that, in the year 1864, when the demand for medical men was at its height, "one hundred and thirty-two physicians declined appointments in the Medical Department of the Navy, alleging that they were willing to serve, as a matter of principle or duty, during the war, but desired no *permanent* place in the navy." This is an unmistakable *pronunciamento* of the profession against the regulations and usages under which doctors are constrained to live when employed in the sea-service; and, since at the present time there are fifty vacancies, notwithstanding ample opportunity for admission by means of an examining board in perpetual session, we may conclude that some radical change is necessary to maintain the efficiency of the United Service Navy in time of peace. Farragut, like Nelson and other worthies of the British navy, fully appreciates the claims of the surgeons to position and emolument, but inferior minds dread loss of dignity to themselves by the elevation of civilians. The surgeons ask for inspector grades similar to those existing in European navies, especially as the rank of admiral has been introduced into the United States Navy; and they further ask that rank shall be substantive, and accompanied by privileges (always excepting *command*). It is a remarkable circumstance that the navy suffers much more than the army from a martinet spirit, which the executive officers term "*aristocratic*"—we should rather say "*pseudo-aristocratic.*" We wish our American brethren early and complete redress of their grievances; and we entertain no doubt of success, so long as they contend for it by the weapons now in use by them—viz., discussion and congressional action. The American Medical Association has accepted the cause as their own, thus showing identity of feeling and of purpose with the British Medical Association; and the event cannot fail to be fortunate.

THE PHARMACY ACT AND THE MEDICAL PRACTITIONER.

AT a special meeting of the Parliamentary Subcommittee of the British Medical Association on Tuesday afternoon, Mr. Lord of Hampstead in the Chair, Dr. A. P. Stewart brought under notice the provisions of the Pharmacy Act Amendment Bill, and it was resolved to use the exertions of the Committee to secure for medical practitioners throughout Great Britain the same stated immunity from the provisions of the Pharmacy Act which that Bill is intended to confer upon practitioners in Scotland. This Bill provides that, in the first fourteen clauses of the Pharmacy Act, the privileges accorded to an "apothecary" shall be extended to "medical practitioners" generally.

LIFE ASSURANCE: ABSOLUTE SECURITY POLICIES.

THE Prudential Assurance Company has adopted a plan which, if not original, is very rare. In ordinary assurance offices, a person insured forfeits his insurance if he omit to pay his annual premium within a certain specified time. In the Prudential Company, a policy does not always become void in consequence of failure of payment; but a sum is paid to the representatives of the person assured, on his death, in proportion to the amount of premiums that has been paid. Thus, for example, a person in his thirtieth year can assure £100 at his decease by the continuous payment of an annual premium of £10 : 8 : 2 for five years, after which period no other payment will be required. In the event of inability or unwillingness to pay the renewal premium within one calendar month after it becomes dues, every premium previously paid under this table will secure £20 at death, without the necessity of any further payments. Suppose the premium to have been paid for two consecutive years, and default be made in payment of the third year's premium within one calendar month after the day on which it ought to have been paid: instead of losing the benefit of his previous payments, as in the case of an ordinary life assurance, the assured will be credited by the company with a free policy for £40 at death—*i.e.*, £20 in respect of each premium paid. If such failure to renew should occur at the end of four years, or when the fifth premium is just due, he will be credited in like manner with a free policy for £80. Facilities are also afforded for the withdrawal of premiums, with some reduction, after a certain number of payments have been made. Thus a person, insured as above described, may, if he desire to cancel the assurance, withdraw £5 6s. at the end of one year, £10 17s. at the end of two years, and so on in proportion for other terms. The plan here described is one which is, of course, on its trial; but it appears well worthy of the attention of persons who are about to insure.

SCOTLAND.

THE branch for Johnstone of the new Paisley waterworks was opened on Saturday last.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, EDINBURGH.

THE winter session was brought to a close in the Surgeons' Hall on Tuesday with the distribution of prizes and an address by Dr. Moir, the President of the Royal College of Physicians.

UNIVERSITY OF ST. ANDREW'S.

THE election of Assessor for the General Council in the University Court is now proceeding; and we are glad to see that Dr. Richardson, F.R.S., has been nominated for the office. Considering that the vote was obtained for the medical graduates mainly by his efforts and that of the St. Andrew's Medical Graduates' Association which he originated, his election must, we suppose, be deemed a foregone conclusion. The medical element in the General Council is so large—740 Doctors of Medicine out of a total of 1,228—that it may fairly look to send one out of the six members who constitute the University Court as a representative, so to speak, of the general, as distinguished from the local interests of the University.

THE BOTANIC GARDENS, EDINBURGH.

THESE gardens have lately undergone enlargement and re-arrangement. The old Horticultural Society's Garden on the south, which is twelve acres in extent, has been added as an arboretum, thus making the total area of the Botanic Gardens twenty-seven acres and a half. The horticultural hall is being fitted up as a herbarium; and the plants throughout the whole garden are being classified by Mr. M'Nab, the curator of the gardens. Government has promised to provide for a new house for hardy ferns in next year's estimates. We congratulate Professor Balfour on having such ample means at his disposal for teaching a subject with which his name is so favourably connected.

PROFESSORSHIP OF CHEMISTRY IN THE UNIVERSITY OF EDINBURGH.

IN addition to the candidates already mentioned, we hear that Dr. Maxwell Simpson of Dublin has offered himself as a candidate. Dr. Simpson originally studied in the University of Dublin, where he graduated in Arts and Medicine. He never entered, however, upon the practice of medicine, but devoted himself to the further study of chemistry under Bunsen, in the University of Heidelberg, and has attained a high position by his contributions, chiefly in the most advanced departments of organic chemistry, to the *Proceedings* of the Royal Society, and to many of the English and continental scientific journals. He is a Fellow of the Royal Society, Honorary M.D. of the University of Dublin, and Honorary Fellow of the King and Queen's College of Physicians in Ireland.

IRELAND.

MEDICAL WITNESSES.

THE Common Law Procedure Bill, which provides for the adequate remuneration of witnesses, has passed the House of Lords, and will be introduced into the House of Commons immediately after the recess.

DUBLIN SOCIETY: SCIENTIFIC LECTURES.

DR. MAPOTHER's lecture on "The Wonders of the Blood and its Circulation" was very largely attended, and the subject was made attractive by a large number of illustrations. The red cells of several animals were exhibited on the screen by means of the oxyhydrogen microscope, as were also the spectroscopic appearances of the colouring matter and of several of the metals of blood. In the same way it was endeavoured to show the circulation in the vessels of the tail of a small fish, but sufficient illumination could not be obtained to make the image visible at any great distance. A stain on clothing was very readily shown to contain blood by the new colour test, tincture of guaiacum and peroxide of hydrogen.

DEATH OF DR. MAURICE COLLIS.

WE have to record the death, under very appalling circumstances, of Dr. Collis. On Monday week he removed a malignant tumour from the upper jaw of a patient in the Meath Hospital, and it would appear that he inflicted a wound on his left hand, for he was seized with symptoms of lymphatic inflammation and of blood-poisoning on Wednesday morning. He was most assiduously attended by Dr. Stokes, Mr. Porter, Dr. Hudson, Mr. Jameson (his relative), and others of his colleagues and professional friends; but in vain, for he became gradually weaker, and died on Sunday morning. The sad occurrence has created the most profound sensation in professional circles and amongst the public. Mr. Collis began his profession as an apprentice to his uncle, the late Dr. Maurice Collis, at the Meath Hospital; and, after having obtained, in 1847, his surgical and medical qualifications, studied in Paris for above a year. On his return to Dublin, he was appointed Demonstrator in the School of the Royal College of Surgeons, and this office he continued to hold until he was elected Surgeon to the Meath Hospital, in 1851, on the retirement of his uncle. He has been for the past two years Examiner in Surgery in his College, and filled a few years ago a similar post in the Queen's University. His industry was very great, as the records of the Surgical Society and of the annual meetings of our Association will testify. The work, to the preparation of which he had devoted many years, and which will remain as a standard treatise, namely, "The Diagnosis and Treatment of Cancer and Tumours analogous thereto," was published in 1864. His paper on Diseases of the Upper Jaw, Cleft Palate, and Vesico-Vaginal Fistula, had gained him a most extended reputation. His interment, which took place on Wednesday morning, was attended by a most numerous body of the Fellows of the College of Surgeons, who had been specially summoned, and of the Irish Medical Association, in which he held office as President of Council.—At the meeting of the Standing Committee of the Meath Hospital on Monday, immediately after the formal confirmation of the minutes, it was proposed by Mr. Leslie, seconded by Surgeon Porter, and resolved, "That we have learned with deep grief the sudden and painful death of our friend and colleague, Surgeon Maurice H. Collis, by an accident, received in the discharge of his duty to the poor and sick. That we desire to place on record our high esteem for his ability and character, and our sense of the loss the hospital, the public, and the profession have sustained by his death, and to express our deep sympathy with his afflicted widow and family. That, as a slight mark of respect to his memory, this board now adjourn without proceeding with any business."

ASSOCIATION INTELLIGENCE.

CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at the Crown and Mitre Hotel, Carlisle, on Wednesday, April 21st, at 12.45 P.M. President—Thomas Barnes, M.D., Carlisle; President-elect—M. W. Taylor, M.D., Penrith.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends.

HENRY BARNES, M.D.,
Carlisle, April 1st, 1869. *Honorary Secretary.*

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

PATHOLOGICAL AND CLINICAL SECTION.

THE first ordinary meeting was held on February 26th, 1869. Present: T. P. HESLOP, M.D., in the Chair, and forty-one members and visitors.

Dr. MALINS (Cradley) exhibited a patient, F., aged 28, suffering from Addison's Disease of the Suprarenal Capsules. The malady came on with dyspeptic symptoms, two years ago. Five months ago, she was seized with pain in the right lumbar region. Progressive emaciation, and dusky discoloration of skin, which was most marked on the exposed surfaces, began to show themselves after her first illness. The chief peculiarity in the case consisted in the presence of minute isolated black spots scattered about the coloured surface. The spots were of a rounded shape, varying in size from a minute point to that of half a pin's head; and showed no tendency to coalesce. They had been present for some six weeks.

Mr. VOSE SOLOMON presented a female patient, aged 76, with Symblepharon, in whose history there was no evidence of previous inflammation or burn. The right lower eyelid was closely adherent to the globe, also the outer and inner angles to a limited extent. The cornea was clear. In the left eye, the disease was much more advanced; the cornea was opaque, ulcerated, and vascular. The patient's hands were excellent examples of the changes produced by chronic rheumatic arthritis.

Dr. WADE exhibited a specimen of Aortic Aneurism of the size of an orange, involving the origin of the innominate artery, taken from a man aged 41. There was a history of rheumatism and injury to the chest; and, five months before death, the patient was nearly choked by a piece of apple. Cough, dyspnœa, anginous attacks, husky voice, and slight dysphagia, were the chief symptoms; and, for eight weeks before death, swelling of the left neck and arm. The *post mortem* examination showed obstruction of the left brachio-cephalic vein, partly by clot, and partly by contraction. There was no clot in the aneurism; and much atheroma was present. Dr. Wade commented on the necessity of having clear notions on the principles of diagnosis, ignorance of which principles caused the great variety of symptoms attending cases of aneurism to be a source of perplexity, instead of assistance, in making a diagnosis.

Mr. BARTLEET showed a patient in whom a Wound of the Knee-joint had been treated successfully by the injection of carbolic acid solution and putting up according to Lister's method. The patient, ten weeks after the injury, was able to walk without pain.

Dr. FOSTER presented a boy aged 9, an excellent example of Paralysis with apparent Muscular Hypertrophy, as described by Dr. Duchenne de Boulogne. The boy was in the second stage of the disease, and presented the glutei and gastrocnemii enlarged, firm, and bulging, in contrast to the poorly developed muscles of the upper extremities. The spinal extensors were also hypertrophied; and, in the erect posture, the characteristic lumbo-sacral curve was well marked. The boy waddled, rather than walked, balancing himself on each leg alternately. When placed on his back, he raised himself by turning over, obtaining a *point d'appui* for his feet, and then lifting himself by placing his hands on his knees and thighs. Dr. Foster gave a brief history of the case, which was characteristic; and promised to submit to a future meeting, for microscopical examination, a specimen of the hypertrophied muscles, obtained by the method of Dr. Duchenne de Boulogne.

Dr. MACKEY showed a specimen of Intestinal Cancer, in part colloid, in part encephaloid, growing from the transverse colon. With this communicated a large ulcerating cavity, the walls of which were formed by the great omentum; and this again opened into the stomach by a large irregular orifice. The cancerous mass was in three lobes, internally dark red. On section, parts were red, or yellow, or white, and of the consistence of brain; other parts were grey and jelly-like. The subject was a man aged 28. The illness lasted fourteen months, and began with debility and emaciation, followed by vomiting and pain. After about six months, the tumour was detected to the right of the umbilicus, separable from the liver. The stools were examined microscopically, and contained nuclei and oil-globules of precisely the same character as those found in the tumour. The diagnosis was thus confirmed.

Dr. HESLOP showed a Heart taken from a Child aged six months, who had presented the signs of Cyanosis from birth. There was a loud single *bruit de soufflet*, audible over the whole præcordial region. The middle portion of the left lung was consolidated; and the heart presented the following abnormalities. The left ventricle was greatly dilated and hypertrophied; the aortic orifice was natural. The septum near the apex communicated by a narrow opening with the right ventricle; this latter ventricle was narrowed to a mere tube extending from the abnormal opening. The endocardium was denser and whiter than natural. There was no trace of the tricuspid orifice or valves. The pulmonary orifice was very slightly constricted just above the valves, which were only two in number. The ventricle seemed like a mere muscular appendage to its larger neighbour. The foramen ovale was widely patulous, capable of admitting the top of the finger. The aorta presented the right carotid and subclavian arising as separate trunks. The ductus arteriosus was impervious.

At the conclusion of the ordinary business, Dr. Russell, Mr. Furneaux Jordan, Mr. Bartleet, and Mr. C. J. Bracey, were appointed a Committee to examine and report on morbid growths submitted to the Section.

CORRESPONDENCE.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL".

MODERN DOCTRINES OF SYPHILIS.

SIR,—It is, I know, contrary to rule, to answer criticisms; but I would ask your indulgence as to some matters of fact. In the very kind and flattering notice of my book on Syphilis which you published on March 13th, your reviewer states that I am wrong in saying "that the 'unicist theory' is fast falling into oblivion." In the text, the term "unicist theory" is assigned to that theory which attributed a common origin to venereal sores and urethral discharges. This, I think, there can be no doubt is fast falling into oblivion. But this is of little importance compared with the next statement; namely, that, according to the evidence taken by the Committee on Venereal Diseases, the great majority of English hospital surgeons still hold that the soft non-infecting sore and the hard infecting sore have the same parentage, and are both a form of syphilis. An analysis of the minutes of evidence shews that nine of the Army surgeons and two of the civil surgeons who were examined, are satisfied that the two sores are as distinct in origin as in consequences. Now, the army surgeons are all hospital surgeons; and by the exact information they furnished on venereal diseases, they may be called specialists in this question. For the rest, a few civil surgeons believe that the provocative of the soft sore is allied to that of syphilis, but that by degenerating in some way it has lost its power of producing constitutional disease. Several other civil surgeons, but not the majority of English hospital surgeons, and certainly not of those distinguished by their writings on syphilis, suppose that the poison causing the two sores is in all cases the same, and that some peculiarity of the recipient determines whether constitutional syphilis shall or shall not follow a given sore.

I have ventured to write thus to you, as I conceived the present state of belief in this country among most of the experienced observers to be at variance with your statement. I may be allowed also to observe that no passage in my book suggests that the view held by your reviewer is "fast falling into oblivion," though I confess I trust it may be so.

It is intimated that the incubation of syphilis after contagion is a matter of belief or theory held by a certain school. The large number of experimental inoculations of syphilis (of which a list has been inserted at p. 62) have conclusively settled this question. They shew that, when local irritation is prevented, a period of quiescence always intervenes between the insertion of the poison and the development of the initial manifestation.

In concluding, I must thank you sincerely for the kind and able way in which various errors of omission in my book have been pointed out. I wish they had not occurred. I am, etc.,

London, March 1869. BERKELEY HILL.

⁂ Mr. Hill, in his chapter on "Doctrines of Recent Date," describes the unicist theory as attributing a common origin to venereal sores and urethral discharges. We took exception to this, because we thought it calculated to mislead the reader. It is certainly not a doctrine of *recent date*, for it has been discarded for nearly half a century. It is not falling, but has long since fallen, into oblivion. It was the doctrine of Hunter, and in that sense Hunter might be said to be a unicist; and modern surgeons, almost without exception, dualists. But such a definition is calculated to mislead, because the terms "unicist" and "dualist" have never been used in that sense; they are entirely of modern application, having been introduced since the publication of Bassereau's work, in 1852, and they have always been understood to refer to the question whether the two kinds of sore are or are not interchangeable, and whether they originate in one or in two contagious principles. We expressed no opinion on this point, but referred to the evidence taken by Mr. Skey's Committee as shewing that the unicist theory, as generally understood, is not falling into oblivion, but is still held by a large number of surgeons of repute whose opinion was sought by the Committee. In this we are corroborated by Mr. Hill when he can refer to only nine out of the sixteen military, and two out of the twenty-four civil, surgeons questioned on the point, who are satisfied that the two sores are distinct in origin and consequence. The opposite opinion is expressed in decided terms by several of the leading surgeons of the day, as well and also by most of those who may be supposed to have a special acquaintance with the subject, including four Lock Hospital surgeons, with Messrs. Acton, Boeck, and Bidenkap.

PURGATIVES AFTER THE OPERATION FOR HERNIA.

SIR,—In an abstract of a paper on the Treatment of Hernia after Operation, which was published in your JOURNAL of Saturday last, Mr. Stokes states that "he was aware it was the practice of many London surgeons to give a purgative the day after the operation"; and he wished to have the benefit of the experience of the Surgical Society of Ireland respecting the use of purgatives after operations for hernia. It would be an interesting piece of information to the London surgeons, if Mr. Stokes would kindly give them his grounds for such an astounding assertion respecting their practice; for I can assure Mr. Stokes that no London surgeon would ever dream of even asking the opinion of a learned society upon a point of practice that has been abandoned for many years. It has long been their unanimous opinion that the use of purgatives was injurious under such circumstances; and it is interesting to know that, at the present day, the practice has been in a great measure discontinued in the Dublin hospitals, although it will be far more satisfactory to learn that it has been given up there, as it has in London.

I am, etc., THOMAS BRYANT.

Finsbury Square, March 1869.

VESICAL ABSORPTION.

SIR,—The results of Sir Henry Thompson's experiments on vesical absorption are so unexpected, that it would be desirable to know whether the liquor opii was injected into a healthy or a diseased bladder, and whether it was washed out before the sedative was injected. Whatever may have been the conditions of these experiments, they do not invalidate those made by Dr. Braxton Hicks on the diseased bladder. His experience is confirmed by mine; for, in cases that may be referred to, of chronic cystitis, with vesical pain, irritability of the bladder, and very frequent desire to pass urine, even when these symptoms had lasted for many months, I have sometimes seen them suddenly abate by injecting for a few days, and once a day, one grain of acetate of morphia in an ounce of distilled water, after previously washing out the bladder with warm water slightly acidulated with vinegar. The check to these distressing symptoms of confirmed vesical disease was sometimes so sudden, that I do not feel justified in attributing the improvement to anything else but the injection of the sedative, although it never caused narcotism. I am, etc.,

Grosvenor Street, March 1869. E. J. TILT, M.D.

INDIGESTION FROM INABILITY TO MASTICATE.

SIR,—I have read with considerable interest Mr. Higginbottom's paper which appears in the JOURNAL of last week. The remarks that have more particularly attracted my attention are those in which he speaks of syncope due to gastric irritation. He refers to the evil effects that arise from the presence in the stomach of masses of food which, owing to the patient's inability to masticate, have not undergone the first highly necessary operation in the process of digestion which should be accomplished in the mouth.

Although the importance of mastication is dwelt on by all physiological and medical writers, I believe that, in cases of indigestion and of mal-assimilation, it is too often overlooked by the medical man as well as by the patient. This happens, perhaps, because the fact is not sufficiently well known that the power of mastication lost from the absence disease of the teeth can in the vast majority of cases be effectually restored by the dentist. Doubt on this subject ought certainly no longer to exist, for there are in London many, and in most provincial towns at least one or two qualified dental surgeons, competent to demonstrate the valuable results which are to be obtained from scientific dentistry.

Into the physiology of mastication I need not enter; it is to be found in all the text-books. Permit me, however, in conclusion, to add the following from the well known work of Sir Thomas Watson. It testifies to the serious importance of the due performance of the function of the teeth, and at the same time bears witness that dentistry furnishes aid as valuable in the treatment of disorders of the digestive organs as it does in that of many other local and constitutional affections. Sir Thomas says: "I am not at all sure that the increased longevity of modern generations is not in some degree attributable to the capability of chewing their food which the skill of the dentist prolongs to persons far advanced in life." I am, etc.,

6, Wimpole Street, W. March, 1869. HENRY SEWILL.

OBITUARY.

JOHN H. JAMES, F.R.C.S., OF EXETER:

ONE OF THE VICE-PRESIDENTS OF THE BRITISH MEDICAL ASSOCIATION.

JOHN HADDY JAMES was born at Exeter in 1789; his father, who had resided as a merchant in Bristol, having only a short time previously retired, and become a resident of Exeter. At the Grammar School he received the ordinary amount of classical and general teaching, which is usually acquired by those who leave school early in life. At the age of sixteen, Mr. James became an apprentice (the first of a long series) of the late Mr. Benjamin William Johnson, surgeon and apothecary, then practising in Exeter. Mr. Johnson was a man of no ordinary mark; he had a large mind, and had used it in the acquirement of a vast store of knowledge, both professional and general. Having passed a few years as a surgeon in the East India Company's Naval Service, he commenced general practice in this city. Kind and sociable, he took much interest in developing the mental pursuits of his young friends, and his apprentices were urged to accurate anatomical, medical, and scientific investigations; and for their sake (prompted, also, by a large benevolence), he cultivated an extensive gratuitous practice amongst the poor. Doubtless Mr. James benefited by the teaching of Mr. Johnson; and he ever spoke of him with the kindest feelings of reverence. During the time of his apprenticeship (in 1806), he became a pupil, and so continued for two years, of the Devon and Exeter Hospital, under Mr. Robert Patch, a distinguished surgeon of that institution, and one whose reputation as an accomplished operator still survives. The celebrated and more generally known John Sheldon was also one of the surgeons at this period; so that Mr. James had early ample opportunities of acquiring sound practical surgical knowledge. Besides these aids to professional acquirements, Mr. James often referred to the advantages he had derived during his earlier years from the friendship and kind interest taken in him by Counsellor White. In those days, it was not unusual for barristers to reside in provincial towns, and there pursue their profession, attending to such business as might present itself during the sitting of the local assize and sessions. Mr. White was a ripe classical scholar, and used ample pecuniary means in a generous hospitality. To Mr. James he was most partial, and was his adviser and referee on all occasions of moment. Having completed his local education, Mr. James proceeded to St. Bartholomew's Hospital. Here, for four years, he attended lectures and the practice in the wards. During one of these years he filled the office of house-surgeon to the hospital, and, during another, resided with Mr. Abernethy, as one of his house-pupils. His admiration for Mr. Abernethy may be said to have been one of his characteristics; and perhaps a little of Mr. Abernethy's manner, and a few of his peculiar expletives and exclamations, had been adopted by him.

In 1811, being then twenty-two years of age, he became a member of the College of Surgeons. Shortly after this, he entered the First Life Guards as assistant-surgeon. At the battle of Waterloo, he was present with his corps, and did efficient service. That he was well up to the front is evident, for the regimental order-book of the following morning ordered that "Assistant-Surgeon James was not in future to expose himself under fire as he had done on the previous day." Although he always wore his Waterloo medal on the 18th of June, it was yet an incident in his life about which he rarely liked to speak. This continued till the last. A friend, who had recently visited Waterloo, wrote to him, saying he should talk over with him the events of that day: he forbade his doing so, as the excitement would be too great. Not so, however with his subsequent residence in France, at Clery, near Orleans, where he was quartered upon a private French family, during the short period in which the regiment formed part of the army of occupation. He ever spoke of the kindness of his French friends, and the incidents which passed under his eye at this period, with the greatest pleasure. An accident nearly brought his career to an end. He was riding home one night, his horse, shying, jumped into one of the quarries in the neighbourhood of Paris, having a depth of twenty feet.

He continued assistant-surgeon of the Life Guards until June, 1816, when he returned to Exeter, having been elected, on the death of Mr. William Peppin, surgeon to the Devon and Exeter Hospital. Previously to this, Mr. James had twice announced himself as a candidate for this office—in June, 1813, on the death of his old master, Mr. Robert Patch, when the late Mr. Samuel Barnes was elected, and again in April, 1815, on the death of Mr. Peter Radford, when the late Mr. John Harris was elected.

Mr. James, being now twenty-seven years of age, commenced his career as a general practitioner in Exeter, residing within the precincts of the Cathedral Close. He would willingly have confined his attention to pure surgery; but the general confidence reposed upon his colleague, Mr. Barnes, debarred him from this field. Though the greater amount of his time was occupied in general practice, his counsel and assistance were often sought in cases of pure surgery. As it was his ambition to be esteemed a surgeon, so to be consulted in surgical cases was a source of keen gratification to him; and the wards of the hospital supplied him with a work in every way suitable and agreeable to his tastes. Perhaps there never existed a surgeon who was more apt at expedients: all manners of mechanical contrivances were brought in aid of repairing the errors and accidents to which Nature had been subjected; an adaptation of weights and pulleys to restore distorted limbs; syphons to suck out matter from wounds or abscesses, or to supply a constant stream of water to inflamed surfaces, etc.; but the mechanical contrivance to which he himself looked with the greatest satisfaction was the screw-collar, which he invented, and often successfully employed in remedying the contractions consequent on the cicatrices after burns. (*Vide* his Memoir *On the Results of Operations for Cicatrices after Burns.* 1868.)

In 1829, on the occasion of a case of iliac aneurism presenting itself, which was acknowledged by the whole medical staff of the hospital to point to an early fatal termination, he resolved upon the formidable and hazardous operation (hitherto performed in one instance only, by Sir A. Cooper, in 1817,) of tying the abdominal aorta. The man survived barely three hours. The details of this operation will be found in the *Medico-Chirurgical Transactions*, vol. xvi.

As an operator, Mr. James could not be described as a neat one: his hand was thick, and had not a graceful movement. The contrast in this respect with his colleague, Mr. Harris, was very marked. The precision of every movement of the knife in Mr. Harris's hand evidenced the artistic eye, and the finger which could depict with the ready and unerring pencil the forms mentally conceived. Nevertheless, Mr. James's operations were always satisfactorily and carefully performed. As a general practitioner, he accepted a large amount of work, such as only a very robust and enduring frame could have carried out. He was most solicitous about his patients, and indefatigable in the investigation of their diseases. He was, indeed, at times, over-anxious, and sought relief by a too frequent change of remedies. Here his fertility of invention came fully into play, and no remedy that presented itself as likely to arrest the progress of disease was thought unworthy of trial. He was a good practitioner, and gained the confidence, as also the friendship, of his patients.

During the course of his professional life, he had many pupils—some resident in his house; all were dressers in the hospital; and no man was more solicitous that they should do their duty, or more suggestive how that duty should be done. For many years he gave an annual course of lectures, with Mr. Barnes, on anatomy; and these were of the highest order. Besides graphic demonstrations, every opportunity was taken of impressing valuable information in physiology and surgery. The two names that most constantly occurred in his lectures were those of John Hunter and Bichat; not forgetting, however, his old master, John Abernethy. To the last, no modern doctrines shook his faith in the *dicta* of John Hunter. Amid all his practice, he found time to make a considerable number of anatomical preparations, which he at length deemed sufficient to form the nucleus of a museum. Very mainly through his suggestion, and at his solicitation among his friends, a museum, in 1853, was built on the hospital grounds, without calling upon the hospital itself for the expenditure of a single penny. In this museum have been deposited the preparations made by Mr. James, as also those by Mr. Barnes and others. Filling the office of museum curator, many a spare hour would Mr. James steal from a busy day in order to arrange and catalogue the specimens, and this as long as health permitted him; and he only resigned the office of curator in 1868, when no longer capable of repairing to the hospital. Of current medical literature, he was an assiduous student, and often made notes of points of interest, while he recorded, with the greatest precision, the details of his own cases. The result of all this is eleven folio volumes, nearly filled, in the small handwriting which characterised him.

His contributions to medical literature have been numerous. His original and larger work was *On the General Principles and Treatment of Inflammation*, the first edition of which was published in 1821, and the second in 1832. This work was an extension of his Essay, for which the Royal College of Surgeons awarded the Jacksonian prize in 1818. The lesser works and papers are as follow:—1817, "On the Causes of Hypertrophy of the Heart," *Medico-Chirurgical Transactions*, vol. viii; 1820, "On the Employment of Remedies in the Cure of Bronchocele," ditto, vol. xi; 1825, "On the Treatment, by a New Method, of Contracted Neck after Burns," ditto, vol. xiii; 1829, "On the Ligature of the Aorta," ditto, vol. xvi; "1833, "On the Diagnosis of Strangulated Hernia," *Transactions of the Provincial Medical Association*, vol. i; 1835, "On Amputation (Formation of Stumps)," ditto, vol. iii; 1839, "Retrospective Address in Surgery (with Description of Weight and Pulley for Treatment of Fractured Thigh)," ditto, vol. viii; 1844, "On Ligature of the External Iliac in a case of Double Aneurism (with Remarks on the Hydrostatic Principle)," ditto, vol. xii; 1849, "On the Causes of Mortality after Amputation for Injury," vol. xvii; 1850, "On the Causes of Mortality after Amputation for Disease," vol. xviii; 1859, "On the Operation for Strangulated Hernia;" 1865, "Results of Experience in Bleeding," BRITISH MEDICAL JOURNAL; 1867, "On the Distinctive Characters of External Inflammations," etc.; 1868, "Some Contributions to the Pathology of Fibrous Tumours," *Lancet;* 1868, "On the Causes of Difficult Dentition, and its Treatment," ditto; 1868, "On the Results of Operations for Cicatrices after Burns."

On the establishment of the Exeter Dispensary, in 1818, he was nominated one of the consulting-surgeons; but, save on two or three rare occasions, this appointment involved him in no responsibilities.

On the formation, in 1832, of the Provincial Medical and Surgical Association, he was enrolled in the first list of members, and contributed a paper (as above mentioned) to its first volume of *Transactions.* In 1839, he read the "Retrospective Address in Surgery" at the meeting of the Association in Liverpool. In 1840, he attended Court, as a deputation from the Association, in company with Dr. Jeffreys, Dr. Boisragon, and Sir John Forbes, to present a petition from this Association on the subject of medical reform. In 1842, on the occasion of the Association meeting in Exeter, he occupied the position of President, and devoted all his energy to the duties which devolved upon him; becoming next year, as a matter of course, one of the permanent Vice-presidents of the Association. In 1843, when the Royal College of Surgeons was reconstituted under its new charter, he was among the first honorary Fellows appointed. In 1858, he resigned the office of surgeon to the Devon and Exeter Hospital, and his son was elected in his place. Mr. James was made a consulting-surgeon and an honorary governor.

Although Mr. James passed the greater part of his time in the cultivation and practice of his profession, he enjoyed general literature. His personal politics were those of the old Tory school; while in religion he was warmly attached to the Church of England, as established at the Reformation; and to the last regretted to see the bulwarks which were then raised gradually crumbling away.

In the early part of his residence in Exeter, he became a member of the Corporation (1820). He was sheriff in 1826, and mayor in 1828. On the dissolution of the old corporation, in 1835, he retired from all municipal business.

He had a keen enjoyment of the beauties of scenery, and delighted in the freshness of the open air. In the early part of his professional life, his journeys were made on horseback; he then wore the blue dress-coat of that day, with brass buttons, buff waistcoat, and drab breeches, with drab caps to his boots, high shirt-collars, and a full neck-cloth (this latter was retained to the last). About 1830, however, he relinquished riding, and from that time, until a very recent period, journeyed always in some light open carriage. He rarely allowed himself any other holiday than such as could be obtained by a lodging during part of the hot season, at some contiguous watering-place, whither he went at nights, returning next morning to work.

In person, Mr. James was of middle height, and compact frame, and very muscular, without being large. His features were handsomely and sharply moulded; the eyes blue, and soft in expression. He retained, to the very last, a fresh aspect, and even some traces of youthful appearance. For the most part, he enjoyed robust health; nevertheless, he experienced some severe illnesses. In 1818, he took fever from a pupil of his own. In 1820, he had phlebitis, from pricking himself in an autopsy; this developed itself during a journey to London, where he became dangerously ill, and was treated by Mr. Abernethy in his own house. In 1841, he suffered from a very severe attack of phlegmonous erysipelas, consequent on the absorption of morbid matter from the body of a patient who died of uterine inflammation and puerperal fever. In 1855, he again had erysipelas from a poisoned wound. This so lamed his right hand that he wrote for upwards of six months with the left hand. In 1863, on the 9th of May, having felt previously indisposed, he fell into a state of collapse, after exposure to a burning sun. He continued for six weeks to suffer from fainting, irritability, and depression, with incapability of continued mental exertion. In February 1864, he relapsed. His condition was, then, that of an aggravated case of hypochondriasis, with an anxious temperament. Doubtless some portions of the great nervous centres were at fault. He always complained of pain at the uppermost part of the spinal cord; and, on the recurrence of this second attack, could not, for some time, in consequence, be induced to recline his head upon the pillow. At this period, when the paroxysms of morbid anxiety overtook him, his irritability was so great that, unless soothed and assured, he lost control over himself.

During the summer he sought relief by change of air, and visited Clifton and Weston-super-Mare. He was to a certain extent benefited by this sojourn from home, but his nervous system in the autumn received a severe shock from the illness of his eldest son, Mr. W. W. James, surgeon, of Exeter, which resulted in his death on March 17th of the following year. In 1865, he became affected with optic atrophy, which gradually proceeded to total extinction of sight. Now occurred a most interesting period of Mr. James's career. His daily routine had been to rise early; and during the day, when the intermission from his attacks permitted, he sought to divert his thoughts from the hypochondriacal feelings that oppressed him by reading such literature as presented itself, chiefly works of history, Sir Walter Scott's novels, and the newspapers of the day. He could not, however, do this for any continued length of time. This source of amusement was now debarred him, nor could he sustain long the being read to. He now resolved on thinking over and arranging his experiences on many points of medical and surgical practice. The results of these he daily dictated to the kind medical friends who had lived with him since his malady became confirmed, and they are recorded in the works which have been recently published by him. Two papers were only just completed when his disease assumed a fatal form—on "Paracentesis of the Bladder," and on "Chloroform *versus* Pain." He was ever glad to see his medical and other friends, and talk over professional matters, but could at no time endure a protracted interview. He continued, as had been his wont, an afternoon drive, and more often than otherwise alighted from his carriage to walk some four hundred paces. In all this it was deeply interesting to see him trying to rise superior to the calamity that had befallen him in the deprivation of his sight. Nothing of importance occurred beyond frequent fits of depression until December, 1868, when he began to express a feeling of increasing weakness, and this, accompanied by singing in the ears and occasional attacks of vertigo, gradually advanced upon him until, on March 11th, 1869, he was compelled finally to take to his bed. On the 16th, symptoms corresponding to those of cerebral compression began, and he breathed his last on the 17th, the anniversary of the death of his eldest son, four years previously.

His intellectual qualities were marked by quick apprehension and a most retentive memory. He was laborious in acquiring facts, and in seeking to arrive at just conclusions. His convictions were strong, and not easily shaken. He had large self-esteem, and was sanguine and irritable, but was singularly energetic and determined. Morally, he was honest to the backbone, good-natured, kind, and benevolent. These moral qualities appeared to be innate, and pervaded every thought and action of his life. The result of this combination of qualities was that the immediate duties of his position were anxiously performed, whilst the enunciation of his views and feelings bore the evidence that he held his positions in statement and argument with some pertinacity. These characteristics came out strongly when his capacity as a surgeon was concerned; here the aim and ambition of his life centred. Though irritable at times, he avoided giving others pain. He sought professional advancement by generous impulse, and never descended to detraction, underhand scheming, or secret cabal. He was a gentleman, conspicuously gentle, kind, and most forgiving. Socially, few men were more joyous; he then shewed himself a good cheerful companion, witty, and well-read. He was warm, firm, and enduring in his friendships, but these were rarely sought for, save amongst those whom he had known in earlier years, or who had gratified him with their professional confidence. During the whole of his protracted illness, his mind retained its characteristics, save that the irritability which marked its impress continued, more or less, throughout. To the last he was conscientiously doing his duty, and exercising himself in benevolent kindness and oft-repeated acts of generosity.

In 1822, Mr. James married Elizabeth Withal, who died in 1839, leaving nine children, four sons and five daughters, the whole of whom, with the exception of his eldest son, before alluded to, now survive their father. In 1840, Mr. James married, secondly, Miss Harriet Hills, of Exmouth. This lady also survives him, having by day and by night watched and nursed him for upwards of five years with assiduous care.

MAURICE HENRY COLLIS, M.D., F.R.C.S.I.

Maurice Henry Collis was born in 1824. He was the son of the Reverend Robert Collis, and nephew of the late Maurice Collis, Surgeon to the Meath Hospital. After receiving a good education, he entered Trinity College, and during his undergraduate course obtained several prizes. He commenced his professional career by being bound to his uncle, the late Maurice Collis. He was educated at the Meath Hospital and in the schools of the University and the Royal College of Surgeons, and he for some time availed himself of the clinique of the hospitals of Paris. In 1847, he became a Licentiate of the Royal College of Surgeons of Ireland; he took the degree of M.B. in 1848; he passed the Fellowship Examination at the College of Surgeons in 1850; and in 1867 he took the degree of M.D. in the University. He was President of the Council of the Irish Medical Association, member of the Council of the Surgical Society, member of the Dublin Microscopical Club, of the Pathological Society, and Examiner in Surgery, formerly in the Queen's University, and latterly in the College of Surgeons. He was elected to the Meath Hospital in the year 1851 on the resignation of his uncle. He was endeared to his colleagues, as to all who knew him, by his strict integrity, his affable and kindly manner, and his devoted zeal to the promotion of the interests of the Meath Hospital, both as an educational and as a charitable institution. He was an eminent member of the Ancient Order of Freemasons, and an active member of the Committee of the Masonic Orphan Boys' School. He was an author of no mean repute. In addition to many important contributions on operative surgery to the *Dublin Quarterly* and other medical journals, his work on "Cancer and Tumours" deserves more than the passing notice which our space permits. Elegant in language, and eminently lucid in style, it earned for its author the well merited approbation of many critics. For some time past he had been in delicate health; but, on the morning of March 22nd, after the operation during which he received his death-wound, he appeared in excellent spirits and in good health. The wound was a trifling one, inflicted by the knife which he was holding at the time in his left hand, on the middle finger of the right hand. He thought nothing about it at the time, and until early on Wednesday morning there was nothing to indicate any evil consequences. At three o'clock on that morning, a severe rigor indicated the approaching danger; and at nine, when Mr. Porter visited him, the arm was swollen, but not œdematous. From that time he was attended with the most unremitting care by his colleagues Drs. Stokes and Hudson and Mr. Porter, and by his father-in-law Dr. Jameson. All that skill and attention could do proved unavailing. On Friday, the right lung became implicated, and soon was completely solid; the pulse rose to 145, yet he retained the power of swallowing. He was perfectly conscious till about half an hour before his decease, which took place early on Easter morn. His death will be felt alike by the public, who had the fullest confidence in his skill; by the profession, who have to mourn the loss of one of their most talented brethren; and by the students, whose interests he was ever wont to promote, and who universally valued his teaching. He has been taken from us in the prime of life, and when he might have hoped to reap the harvest of that unceasing attention which it was ever his delight to give to the study of disease. It is of sad interest that the operation which gained him such a reputation was somewhat similar to that which led to his untimely death, at the early age of 45. He was married to a daughter of Dr. Jameson, and has left a family af seven children.

It is most remarkable to note how great the mortality of the surgeons and physicians of the Meath Hospital has been of late years. Since the year of Mr. Collis's appointment, a long and sad roll of the most eminent of the profession who have been elected on the staff of the hospital have gone to their rest. When we instance Sir Philip Crampton, Mr. Rynd, Professor Porter, Mr. Smyly, Dr. Lees, Mr. Ledwich, Dr. Stronge, and Mr. M. H. Collis, we think we furnish a noble list of men who have left behind them many a trace of brilliant talent, and more than one example of almost unique success in their professional career.

MEDICAL NEWS.

BRISTOL MEDICAL SCHOOL.

THE annual distribution of prizes took place on Thursday, March 25th. Dr. Martyn opened the proceedings with an address to the students, in which he first commented on the difference between the tedious introductory addresses with which the *annus medicus* is commenced at almost all English schools of medicine, and the custom in Bristol of meeting at the end of the winter's work to give a few words of encouragement and farewell wishes to those whose studies are over. The following is a list of the adjudications:—First year's prize (books to the value of £3)—Mr. William Allen Sturge. Certificates of honour—Messrs. Albert B. Rees, Alfred E. A. Lawrence, William J. Cole, and Benjamin J. Massiah.—Second year's prize (books to the value of £5)—Mr. William Thomas Benham. Certificate of honour—Mr. Alfred E. Prockter.—Third year's prize (books to the value of £7)—Mr. Lewis Walter Marshall. Certificates of honour—Messrs. Edmund T. Hale, Henry M. Chute, and William Hodges. The prizemen of the first and third years are pupils at the General Hospital. The prizeman of the second year is a pupil at the Royal Infirmary.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, March 25th, 1869.

Abbott, George, Nottingham
Cotterill, Alfred, Brigg, Lincolnshire
Davies, William Henry, Penna House, Newport, Monmouthshire
Grover, John Pollington, Lewes, Sussex
Lawrence, Charles Hinds, Sunderland Terrace, Bayswater
Liddard, William, Lambeth Terrace, Lambeth
Lougher, Richard, Pontypridd
Pippette, Walter, The Close, Salisbury
Roberts, Arthur, Stalybridge
Rees, Howell, Maesteg, Glamorganshire
Solly, Stephen Francis, St. George's Circus, Blackfriars Road
Walford, Augustus David Ceely, Uppingham, Rutland
Wilder, Henry Beaufoy, Lulham, Reading

At the same Court, the following passed the first examination.

Kavannagh, Michael Thomas, Guy's Hospital
Lidbetter, Thomas George, Guy's Hospital

As Assistants in compounding and dispensing medicines.

Barrow, Francis Clarke, Stainton Hall, Ulverston
Bilney, Joseph Thomas, Beverley Villas, Penge Park
Carr, James Bonwell, East View, Preston
Cooke, Henry John, Lime Street, E.C.

MEDICAL VACANCIES.

THE following vacancies are declared:—

BRADFORD (Yorkshire) INFIRMARY and DISPENSARY—Two Physicians.
BRIGHTON HOSPITAL FOR SICK CHILDREN—Surgeon.
BRISTOL GENERAL HOSPITAL—Physician.
CHELTENHAM GENERAL HOSPITAL AND DISPENSARY—Surgeon to the Dispensary.
CHESTER (new) COUNTY LUNATIC ASYLUM—Resident Medical Superintendent (£350 per annum, with furnished house, coal, gas, and use of garden).
EDINBURGH, University of—Professor of Chemistry.
GOVAN, Lanarkshire—Assistant Medical Officer for the Poor House and Annexation District (£100 per annum).
GRAY'S HOSPITAL, Elgin—House-Surgeon (£40 per annum, with board, etc.)
HENLEY UNION, Oxfordshire—Medical Officer for the Greys District (£70 per annum, and extras).
KELLS UNION, co. Meath—Medical Officer for the Moynalty Dispensary District (£100 per annum, exclusive of Vaccination Registration and Fees).
LEICESTERSHIRE LUNATIC ASYLUM—Assistant Medical Officer.
LINCOLN COUNTY HOSPITAL—House-Surgeon and Apothecary (£100 per annum, with board and lodging).
LINCOLN GENERAL DISPENSARY—House-Surgeon and Apothecary.
LURGAN UNION, co. Armagh—Medical Officer for the Moyntagh Subdistrict (£100 per annum, and Registration and Vaccination Fees).
MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY—Surgeon.
MIDHURST UNION, Sussex—Medical Officer, Fernhurst District (£70 per annum, and all extras).
MILE END OLD TOWN UNION—Medical Officer for the Workhouse, Infirmary, Schools, and North District.
NEW ABBEY, Dumfries—Parochial Medical Officer (£40 per annum).
NEWPORT UNION, co. Mayo—Medical Officer for the Achill Dispensary District. (£80 per annum, and Registration and Vaccination Fees.)
NORTHERN INFIRMARY, Inverness—House-Surgeon and Apothecary.
NOTTINGHAM BOROUGH AND COUNTY LUNATIC ASYLUM—Assistant Medical Officer (£75 per annum, with board, lodging, and washing).
READING DISPENSARY—Resident Surgeon.
SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Physician; House-Surgeon (£100 per annum, with board and residence).
WORKSOP UNION—Medical Officer and Public Vaccinator for the Cuckney and Whitwell Districts (each £20 per annum, and extras).

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Dr. B. W. Richardson, "On the Insusceptibility of certain Animals to the action of Opium—with Experiments"; Mr. Edwin Canton, "Case of Complete Removal of the Os Calcis"; Dr. Sansom, "On Fermentation within the Living Body: and on the Action and Use of the Sulpho-Carbolates."—Epidemiological Society.—Entomological Society.—Odontological Society, 8 P.M. Ordinary Monthly Meeting.

TUESDAY.—Pathological Society of London, 8 P.M.—Anthropological Society of London.

WEDNESDAY.—Obstetrical Society of London. 7 P.M., Council Meeting. 8 P.M., Mr. J. Hyde Houghton, "Hæmorrhage Fatal in Forty Minutes"; Dr. James Wynne, "On the Treatment of Ulceration of the Cervix Uteri"; Dr. Saboia, "On a Case of Ovarian Disease treated by the Injection of Iodine"; and other papers by Dr. Rogers and Dr. Cory.

THURSDAY.—Royal Society.

FRIDAY.—Royal Astronomical Society.—West Kent Medico-Chirurgical Society, at the Dispensary, Greenwich, 8 P.M. Mr. Bryant, "On some points connected with the Treatment of Suppurating Joints."—Clinical Society. Dr. Broadbent, "Cases of Anæmia and Chlorosis treated by Manganese, Nickel, and Zinc"; Dr. Greenhow, "Case of Nerve-Disease and Report thereon"; Mr. Holthouse, "Case of Subglossitis."

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

AUTHORS OF PAPERS, desirous of having extra copies printed for their own use, are requested to communicate with the printer, Mr. Richards, 37, Great Queen Street.

IN the list of the Committee on Hospital Administration, the name of Mr. Couper, of the London Hospital, was accidentally omitted.

THE HONOURABLE T. NICHOLSON, M.D., (Antigua).—Your note, with enclosures, duly received by the General Secretary.

WE have received One Guinea for the Heckstall Smith Testimonial Fund from Dr. J. Marion Sims, 47, Faubourg St. Honoré, Paris.

THE DECIDUA IN EXTRAUTERINE FŒTATION.

SIR,—Your correspondent in the number for March 27th, "A Fellow of the Obstetrical Society," has referred to your report of some observations made by me in your number for March 20th, in which I am reported to have stated that Dr. R. Lee had found the decidua lining the uterine cavity in nearly every case of extrauterine fœtation which he had examined. I spoke from memory, and under correction, from a paper in Vol. xli, p. 137, of the *Medico-Chirurgical Transactions*, by Dr. Robert Lee. I do not remember to have made so sweeping an observation as I am reported to have made. If I did, I never so intended it. I meant only a large number.

From a rough analysis of that paper, as I read it, of thirty cases of extrauterine fœtation, there mentioned, in thirteen decidual membranes in the uterine cavity were found. In eleven it was absent, and in six its existence seemed doubtful.

However conclusive your correspondent's quotation from Lecture VI of Dr. Lee's *Midwifery* appears to be, the concluding remarks of Dr. Lee, in the papers to which I refer do not justify his reading, I think, of Dr. Lee's views, that he argues with the vigour which is peculiar to him, that in cases of extrauterine fœtation no decidua is to be found in the uterus. Those remarks are as follows (p. 152):—Respecting the nature of the membrane or substance found coating the inner surface of the uterus in the greater number of these preparations, and which has been almost universally considered to be decidua since the time of Dr. Wm. Hunter, although no blood-vessels in it have been discovered, I shall at present refrain from expressing any positive opinion, the great object of this communication being to demonstrate the existence of a decidua around the ovum in cases of tubal gestation.

I am, etc., C. H. F. ROUTH.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

OIL OF PETROLEUM.

SIR,—Can any of your readers inform us where the "refined oil of petroleum" can be procured, which is mentioned by Dr. Mulvany in the JOURNAL of March 27th.

March 1869. I am, etc., D. M.

SIR,—I have been much annoyed for more than seventeen months by almost constant noises in the head, resembling exactly that made by an insect called the scissor-grinder of the West Indies, with occasionally that of the cricket in addition. About the same time, I became affected with most fearful paroxysms of tic douloureux, affecting the hyoglossus muscle on the left side; but this providentially ceased about June last. I have also had attacks of gout, with dyspepsia and hepatic congestion. I still have faulty digestive powers, with copious deposit of lithate of ammonia in the urine; and the noises in my head continue with unremitting steadiness, except at dinner and for an hour and a half afterwards. Can any of your numerous correspondents kindly suggest any remedy? My age is 62; and I have suffered from malarious fevers, etc., abroad. The subject of noises, such as I have described, seems to require ventilation. I am, etc.,

March 1869. MEDICUS.

P.S.—I enclose my card; and am a subscriber to your JOURNAL.

UTERINE HÆMORRHAGE.

SIR,—In answer to "Desideratum", in the JOURNAL of March 27th, I have found tinctura cannabis Indicæ, in twelve-minim to fifteen-minim doses, very successful in similar cases. I am, etc.,

Leeds, March 1869. F.R.C.P.

THE DEFINITION OF "EXPENSIVE MEDICINES".

SIR,—I wish to know what are understood as "expensive medicines" to be paid for by Boards of Guardians. My Board pays for cod-liver oil, leeches, and lint; but refuses to do so for castor oil. I have a strong impression that I have seen this included in the list; and should be obliged if some of our associates would set me straight on this point. I am, etc., H. TERRY, jun., Surgeon.

P.S.—The same Board supplies me with linseed-meal, for poultices.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, March 24th; The Lincoln Journal, March 23rd; The Western Daily Press, March 29th; The Supplement to the Yorkshire Post, March 27th; The Daily Review, March 20th and 22nd; The Sussex Advertiser, March 23rd; The New York Medical Record, March 1st and 15th; The New York Medical Gazette, March 13th; The Daily Bristol Times and Mirror, March 29th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. T. Watkin Williams, Birmingham; Mr. H. Terry, jun., Northampton; Dr. J. W. Paton, Burton-on-Trent; D. M., Blay; Mr. Eschwege, London; Mr. G. Nayler, London; Dr. H. Blanc, Brussels; Mr. C. J. Fox, London; Mr. Sankey, London; Dr. Bruce, Crimond; Sir G. Duncan Gibb, Bart., London; Dr. G. C. P. Murray, London; Dr. G. Williams, Rhyl; Dr. J. Ellis, Hoxton; Dr. Morell Mackenzie, London; Mr. Dixon, London; and Dr. Dickson, London.

LETTERS, ETC. (with enclosures) from:—

Mr. Joseph Lister, Glasgow; Dr. Aquilla Smith, Dublin; Dr. J. D. Heaton, Leeds; Dr. B. W. Foster, Birmingham; Mr. P. D. Hopgood, London; Dr. T. Shapter, Exeter; Dr. J. E. Morgan, Manchester; Mr. J. Brendon Curgenven, London; Dr. Lawson Tait, Wakefield; Mr. J. H. Casson, Riddings; Dr. J. M. Bryan, Northampton; A Poor-Law Medical Officer; Dr. Frederick J. Brown, Rochester; Dr. G. B. Mead, Newmarket; Medicus, London; Mr. W. Rivington, London; Dr. H. Barnes, Carlisle; Dr. Mac Cormac, Belfast; Dr. G. F. Elliot, Hull; Mr. J. F. P. McConnell, Aberdeen; F.R.C.S.; Mrs. M. A. Baines, London; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. Routh, London; Mr. Watt, London; Dr. R. D. Powell, London; Dr. E. J. Tilt, London; Mr. C. Holmes, Slough; Dr. Hugh Norris, South Petherton; Dr. J. Stephens, Brighton; Dr. Robert Barnes, London; Mr. J. Sampson Gamgee, Birmingham; Mr. J. T. Hester, Hastings; Dr. Goodridge, Bath; The Honorary Secretary of the Odontological Society of London; Dr. Wm. Fairlie Clarke, London; The Honorary Secretaries of the Obstetrical Society of London; Dr. Mapother, Dublin; Dr. Wallace, Liverpool; and Mr. J. R. Perkins, Hendon.

BOOKS, ETC., RECEIVED.

The First Annual Report of the Mildenhall Cottage Hospital. Established March 1868. Mildenhall: 1869.

The Third Annual Report of the Manchester Nurse-Training Institution. With Appendix. Manchester: 1869.

On the Dynamics, Principles and Philosophy of Organic Life. By T. C. McElroy, M.D. St. Louis: 1869.

The Conduct of the Admiralty in reference to the Revenues of Greenwich Hospital. By F. J. Brown, M.D. London: 1869.

On the Antiseptic Treatment of Wounds. By William MacCormac, M.A., M.D., M.R.I.A. Dublin: 1869.

A History of Chemical Theory, from the age of Lavoisier to the Present Time. By Ad. Wurtz. Translated and Edited by Henry Watts, B.A., F.R.S. London: 1869.

An Introduction to Scientific Chemistry. By F. S. Barff, M.A. London: 1869.

Abstract of Reports of Medical Officers, British and Indian Service, on the Treatment of Cholera.

Discoveries in Science by the Medical Philosopher. The Oration, Medical Society of London, for the year 1869. By Sir G. Duncan Gibb, Bart.

Athletic Training and Health: an Essay on Physical Education. By John Harrisson. Oxford and London: 1869.

The Handy Book of Anatomical Plates. Part VIII. London: 1869.

Address to the Members of the Shropshire Scientific Branch of the British Medical Association; delivered at the Annual Meeting, October 28th, 1868. By Samuel Wood, F.R.C.S., F.S.A., etc. Shrewsbury: 1869.

Results of Meteorological Observations, for the week ending Saturday, March 27th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	30.039	0.629	41.5	38.5	34.8	78	51.5	31.1	20.4	45.5	36.7	84.5	..	7.6	6.5	1	5	..	..	..	..	..	1	..	5	4	0.13
BOURNEMOUTH Dr. Compton, F.M.S.	30.060	0.580	41.4	38.1	34.0	76	50.0	30.4	19.6	45.9	35.3	113.2	27.3	5.5	5.8	2.7	3.7	..	..	..	..	..	0.3	0.3	3.1	3	0.12
DUBLIN Dr. J. W. Moore.	30.241	0.487	43.5	40.4	36.7	77	50.1	34.0	16.1	47.2	36.3	..	28.6	5.0	..	2.7	2.4	0.3	..	..	..	0.3	1.3	..	2.4	1	0.05
KEW Dr. Treutler, F.L.S., etc.	30.025	0.682	41.4	38.8	35.6	81	49.2	29.3	19.9	44.9	34.8	107.8	25.2	7.8	6.6	0.7	5	..	..	..	..	0.3	1	..	3.5	2	0.11
LLANDUDNO Drs. Nicol and Dalton.	30.110	0.630	44.1	40.7	36.7	75	52.4	31.3	21.1	47.6	36.7	..	..	5.1	..	3.0	3.0	0.5	..	..	..	..	..	0.5	2.5	1	0.11
MALVERN Messrs. W. and J. Burrow.	30.084	0.666	40.2	37.2	33.3	76	49.5	29.0	20.5	44.6	34.2	88.3	27.0	7	3.8	0.3	4.7	..	..	..	..	..	2	..	1	3	0.11
SCARBOROUGH Dr. Fox, M.R.C.P., etc.	30.038	0.876	42.2	39.8	36.8	82	51.0	29.9	21.1	48.1	37.9	..	..	7	1.0	3	2.3	..	..	..	..	..	1.7	0	42	6	0.53
SIDMOUTH Dr. Mackenzie, F.M.S.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
WORTHING W. J. Harris, Esq., M.R.C.S.E.	30.031	0.664	41.2	38.3	34.7	78	48.0	30.7	17.3	45.5	35.8	..	28.6	6.2	6.0	2.3	3.7	..	..	..	..	..	0.3	0.7	3	1	0.07

* Not received.

REMARKS.—There has been a general and considerable increase in atmospheric pressure during the week, while the range has been less than during last week. There has also been a general, but only slight, rise in the temperature, and its range has been on the whole rather less; the degree of humidity has been below that of last week. Temperatures have been very uniform over all stations. Winds have been wholly confined to the northerly quarter, and their force has been generally moderate, except at Bath, where the mean force for the week amounts to 5. The amount of cloud has diminished somewhat, and the quantity of ozone has been either the same as, or more than, during the previous week. The rainfall, including melted hail and snow, has in all cases been small, except at Scarborough, where over half an inch was collected. Hail and snow showers occurred at all stations,—except Malvern and Llandudno, whence none are reported,—on the 27th, accompanied by a fresh northerly wind. Thunder and lightning are reported on the 26th and 27th, from Scarborough. N.E. gales were recorded at Bath, of an average force = 8, on the 22nd, 23rd, 26th, and 27th. At Kew, a sudden and heavy storm (= 10) set in at 11 p.m. of the 26th, from the north, accompanied by snow; during the earlier part of the evening, which was fair, a bright lunar halo was observed. Generally speaking, the weather of the past week has been characterised over these islands, and indeed over the greater part of Europe, by a low temperature, and cold, dry, northerly and north-easterly winds of very variable force, and accompanied by occasional falls of snow or hail. In consequence, there has been an almost general increase in the number of cases of bronchitis, pneumonia, and similar complaints, and a corresponding increase in the rate of mortality. No new plants have come into flower during the week at Kew.

Kew, W., March 31st, 1869. W. J. TREUTLER.

OBSERVATIONS
ON
THE SUCCESSFUL TREATMENT OF DIABETES BY ALKALIES AND THE PHOSPHATIC SALTS OF AMMONIA; WITH LIMITED RESTRICTION OF DIET.

By WILLIAM R. BASHAM, M.D., F.R.C.P.,
Physician to Westminster Hospital, etc.

THE report of a case of diabetes successfully treated by opium, without restriction of diet, made by Dr. Pavy to the Clinical Society (see JOURNAL, January 9th, 1869), appears to me to give to the subject of the treatment of diabetes by other remedies, excluding opium, some interest at the present time. Those who have had opportunities of observing and studying the symptoms and progress of diabetes are aware of certain peculiarities which belong to the disease, according to the period of life at which it is manifested. They recognise the more manageable and less fatal character of the disease in advanced life, compared with its rapid and fatal progress in the early or middle period. In the diabetes of age, there are fewer complications, a greater exemption from pulmonary disease, less evidence of such degeneration of tissue as cataract, less emaciation, less aroma both in breath and in urine, although the specific gravity of the urine may be as high, and the proportion of sugar per ounce as great, as in the diabetic urine of an earlier period. Carbuncle is the most serious and the most fatal concomitant which presents itself in the diabetes of age. Nevertheless, based on clinical observation, there is a fairer expectation of the mitigation, not to say the removal, if even only temporarily, of the disease, by a plan of treatment about to be mentioned, than can be entertained in the earlier periods of life.

In advanced life, diabetes may either become intermittent or disappear altogether. In the former class, the urine for months together will exhibit maximum quantities of sugar—twenty, even thirty, grains to the ounce—with distressing frequency of micturition, and proportionate increase in quantity of urine, with aggravated thirst. The quantity of sugar may gradually subside, and be reduced to a scarcely appreciable amount of sugar—one or two grains of sugar to the ounce—with the disappearance of both thirst and the superabundant excretion of water. This favourable state may continue for months; when, usually attributed to some dietetic error, the old symptoms return, again to become mitigated, and again to return, presenting conditions which give to this form of the disease the not inappropriate title of intermittent diabetes.

These facts being premised, it becomes an interesting therapeutical question, how far remedies may be relied on as agents in those cases in which mitigation becomes so marked. This question has acquired an additional degree of interest from Dr. Pavy's case already mentioned, treated by opium without restriction of diet. The patient was sixty-eight years of age. It is not my intention to comment on that case, further than to remark that it is unfortunate for the claim of opium as a curative agent, that, by an oversight, the patient, during the whole period of treatment, continued to take alkaline remedies—carbonate of potash and the aromatic spirits of ammonia. For it was through the agency of such remedies that, in the cases about to be recounted, the mitigation of the symptoms, and indeed the disappearance of the sugar, appeared to take place. Opium in no form was given; and the restriction in diet was only carried out to a limited degree.

A gentleman, seventy years of age, a merchant of the city of London, of a stout and plethoric habit, of ruddy, not unhealthy aspect, consulted me first in the early part of the winter of 1867-68. He had been subject more or less through life to rheumatic, or perhaps gouty, symptoms, of which lumbago was a prominent symptom. From time to time the skin had been the seat of scaly eruptions (psoriasis), so intimately connected with the uric acid diathesis. Of late, a diffuse chronic eczema had appeared on the inner part of the thighs, perinæum, and buttocks. Constipation and piles may be added, as well as some structural condition of the sphincter ani, for which he had consulted the late Mr. Salmon, as the chief characteristics of his past history. The leading symptoms, when first under observation, were, an excess of urine, eighteen to twenty pints in the twenty-four hours, of specific gravity 1035, containing seventeen grains of sugar to the ounce. Micturition was distressingly frequent during the day, less by night. There were thirst, and a dry, furred tongue; but many of the ordinary and typical symptoms of diabetes were either absent or existed only in a minor degree. There was no wasting, nor loss of weight; no craving appetite; no odour in the breath; no preputial irritation; nor any of that nervous irritability present in some cases. The pulse was soft and equable. The heart's sounds were feeble and remote, as is usual in stout people of advanced years. The bowels were torpid, a condition habitual to him. A scheme of diet was written out; the phosphate of soda, in half-ounce doses, recommended as a purgative; and the carbonate of ammonia with the bicarbonate of potash, in effervescence, with fresh lemon-juice, prescribed three times a day. This treatment was continued for some weeks, with varying results as to the proportion of sugar present. At the end of two months, it had decreased to twelve grains to the ounce; by the end of the year, under the same treatment, to six grains. Up to this period, I have reason to think that only a moderate degree of restriction in diet was observed, chiefly in abstinence from wheaten bread and potatoes. The Pullna water for a time aided the action of the phosphate of soda as a laxative. During the months of February, March, and April of last year, the average specific gravity of the urine was 1036, and the mean average of sugar eight grains to the ounce. The treatment was continued uninterruptedly. During May, a notable increase in the proportion of uric acid became apparent, without any diminution in the proportion of sugar. As the summer advanced and the heat increased, the specific gravity rose to an average of 1040, with considerable increase in the sugar, which rose on several occasions to twenty grains to the ounce. The heat very much oppressed him. In September, the following form was substituted for the carbonate of ammonia and potash in lemon-juice: Phosphate of ammonia and carbonate of ammonia, each ten grains; and aromatic spirit of ammonia, half a drachm; in an ounce of water, added to the juice of a fresh lemon, and taken three times a day. This remedy was continued without intermission for the following four months, and with the most favourable results.

	Mean sp. gr.	Sugar per oz.
September (began the phosphatic salts) . .	1037	18 grs.
October	1040	18 grs.
November (great increase of urates) . .	1036	6 grs.
December 4th (large proportion of urea and urates)	1018	½ gr.
December 28th (urea and urates in excess; a large crop of crystals of oxalate of lime after cooling)	1024	*Nil.*
January 26th, 1869 (same as above as regards the urea, urates, and oxalate of lime) . .	1026	*Nil.*

All details of this case, unconnected with the decrease of sugar in the urine, and the consequent mitigation of the diabetic symptoms, have been purposely omitted. During the last four months, I have enjoyed the advantage of Mr. Hilton's suggestions in respect of symptoms unconnected with the primary disease, as well as the support of his opinion in enforcing a stricter attention to dietetic prudence, particularly as regarded beer and soft bread.

I am reluctant to swell this communication beyond reasonable limits; but I cannot forbear to add that this principle of treatment by alkalies, especially by ammonia and its phosphatic salt, has been successfully employed by so many physicians and writers on diabetes, as to justify our placing the greatest confidence in its utility. The success apparent in one case would not justify the inference I have drawn from the employment of this class of remedies; but the invariable mitigation of the symptoms even in the most unpromising cases, and its more complete success in others, warrant the conclusion at which I have arrived. A gentleman now living consulted me so far back as 1853 with the more prominent symptoms of diabetes. He was then in his fifty-fifth year; he is, consequently, now seventy-one. I saw this gentleman with the late Dr. Bright. An alkaline plan of treatment was suggested, and confirmed by that eminent physician. For a year or two it was continued, with more or less advantage. Eventually, the diabetic symptoms subsided; the amount of sugar was reduced to a trace. For several years past, this gentleman has followed a laborious profession with undiminished energy; and, when I saw him last, was, at the age of seventy-one, enjoying excellent health.

The particulars of other cases of diabetes in the more advanced period of life who are still enjoying immunity from this disorder might be added; but as I do not wish to burden this communication with unnecessary repetition, I will only allude to two cases of diabetes in the earlier period of life which have derived benefit from this alkaline treatment. A gentleman, 36 years of age, formerly in the army, suffering from all the more aggravated symptoms of diabetes—such as excessive diuresis; specific gravity of urine 1038, containing from twenty to twenty-five grains to the ounce; great and distressing thirst; a craving unsatisfied appetite; aromatic breath; preputial irritation and constipation; but without any pulmonary complication—began the treatment by ammonia and its phosphatic salt in the form above described in July last; and in December, though the proportion of sugar had only decreased to fifteen grains to the ounce, yet the nutritive functions had been so improved, that he had gained from nine to ten pounds in weight, and the more distressing symptoms had decreased. The health of a gentleman, 49 years of age, suffering from diabetes, which had not been detected till I examined the urine, became so much worse and with such serious complications, that it became necessary to advise his wintering in the south of Europe in the winter of 1867-68. In addition to the typical symptoms of diabetes, paroxysmal attacks of convulsions of an epileptic character, which had preceded the discovery of the sugar in the urine, and for which he had taken large doses of the bromide of potassium, were followed by serious indications of pulmonary disorder in the form of broncho-pneumonia, which rendered residence in a more temperate climate during the winter desirable. On his return in April of last year, the diabetic condition had rather increased than abated, although the cerebro-spinal and pulmonary symptoms had disappeared. In May, when the ammonia and phosphatic salt were commenced, the urine contained twenty-six grains to the ounce. The thirst was distressing, and the emaciation great. A moderately restrictive diet was enforced. In December last, after the treatment had been persevered in for six months, the specific gravity of the urine was 1028; it contained twelve grains to the ounce. Proportional to this decrease in the amount of sugar was the increase in weight of the patient. The thirst had decreased; and the physical debility which marked the earlier periods of the year was followed by powers of bodily exertion equal to that he had enjoyed before the decay in his health commenced; and, what was of more importance to him, the restless and fitful state of the nervous system was exchanged for powers of application and mental energy almost equal to the best periods of his life. In conclusion, I will venture to add one rule in the administration of these remedies essential to their beneficial action. It is, that they be uninterruptedly continued. It is only after long use that their remedial action becomes apparent. I will add no theoretic views as to the mode of action of ammonia and its salts. It is necessary, however, here to say that perseverance in the use of these salts is absolutely requisite. This observation is intended for the encouragement of those who are too apt to exchange one remedy for another, if the first selected be not quickly followed by remedial effects. Let the principle on which a given case is to be treated be first determined, then undeviatingly should that principle be followed, subject only to such contingent disturbances as cannot be foreseen

CASE OF TWINS: FOLLOWED BY EPILEPTIC FITS AND DELIRIUM.

By Edward Sandwell, L.R.C.P.Ed.

On February 10th, at 1 P.M., I was called to see Mrs. S., whom I was engaged to attend in her confinement. She had gone the full period. She was having continuous but feeble pains. The membrane had broken early in the morning, the pains continuing regularly until 10.30 P.M, at which time I delivered her of a living male child, the head presenting. On making an examination, I found another bag of membranes containing another child; the head presenting as before. On rupture of the membrane, two or three sharp pains proved sufficient to expel another male child, but dead, and partly decomposed. In a few minutes I removed the placentæ, quite distinct from each other. I left her doing thoroughly well at 11.30 A.M.; but, at 5.30 A.M. on the 11th, six hours afterwards, I was called hurriedly to her. I then found her in a fit of a distinct epileptic character. I ordered ice to her head, and the usual remedies. This first fit was followed by one every twenty minutes, without any conscious intermission for twenty-six hours. Then partial consciousness returned, but with it delirium, which lasted until the third day. I now prescribed a pill of four grains of calomel, and a quantity of opium; and also gave her a quantity of nourishment. She gradually improved, and took tincture of cinchona with ammonia every four hours. On the eighth day she complained of her breasts; they had filled rapidly and became somewhat nodulated. I ordered them to be rubbed with equal portions of brandy and sweet-oil, which relieved her after two applications. On the tenth day she took the child to suck, and has now had it for forty-eight hours, and both mother and child are doing as well as could be under the most favourable circumstances. No uterine symptoms have shown themselves. Mrs. S. had never had epileptic fits; she had been subject to fainting fits, but had been free from them during pregnancy. Her mother died in childbed. The whole of the family are highly nervous.

CASE OF CEREBRAL COMPLICATION OF ACUTE RHEUMATISM.

By HENRY F. A. GOODRIDGE, M.D.Lond., M.R.C.P.,
Physician to the Bath Royal United Hospital.

Among the rarer events that occur in the course of acute articular rheumatism must undoubtedly be reckoned true cerebral complications, or those affections of the brain which, by their intrinsic gravity, acquire for the time being a substantive position. Dr. Fuller has discussed them at some length in the tenth chapter of his work; and one of Professor Trousseau's Clinical Lectures, headed "Cerebral Rheumatism," is devoted exclusively to their consideration; but, with these and perhaps one or two other exceptions, writers seem to have made their comparative infrequency an excuse for leaving the subject almost untouched. Recent observations with the thermometer, however, have imparted a new interest to these complications, an unusual elevation of temperature having been found frequently to coincide with their occurrence. Several such instances have been reported, the first, I believe, by Dr. S. Ringer, in the *Medical Times and Gazette* of October 5th, 1867. The following case, although it may not be so purely characterised as to be typical of this class, possesses one or two points of its own which seem to be worthy of notice.

M. J. W., a laundry-girl, aged 15, and looking fully that age; had menstruated, but not during the last six months. She was of sanguine temperament. Her mother was living and healthy. She had usually enjoyed good health, and had not before suffered from rheumatism, nor from any neurotic disorders. Her present illness commenced three days before admission (April 11th), after exposure to cold. The joints were attacked successively: the right elbow, at noon of the 11th; the left ankle on the same night; the left knee on the 12th; and the right knee and ankle on the 13th. There were concurrent insomnia and anorexia. She was brought into the Bath Royal United Hospital, April 14th, in a completely helpless state, having already a systolic murmur at the apex of the heart.—At 7 P.M. the temperature* in the axilla was 103 deg; pulse 128; respirations 32. She was ordered to be put into flannel, with cotton wool to the affected joints. The following draught was ordered to be taken every four hours: ℞ potass. bicarb. ʒss; potass. nitr. gr. x; aq. camph. ℥j. M. She was directed to take eight grains of Dover's powder every night, and to have low diet, with a pint of milk and a pint and a half of beef-tea.

April 15th. She had passed a good night, but complained of pain in both knees, and in the left ankle and right wrist, which presented the usual appearances. She had also uneasiness at the cardiac region, where was a very distinct soft systolic apex murmur, but no friction-sound. Perspiration was profuse, neutral in its reaction. Temperature 101.8 deg.; pulse 132, rather weak; respirations 36. The tongue was moist, with a brownish fur on the dorsum. The bowels were regular. The urine was of specific gravity 1.020, feebly acid, uncoagulable by heat and nitric acid. The treatment was continued.

April 16th. She slept well in the early part of the night. The pain was rather severe in the left hand, the other joints were better. Temperature 103 deg. Urine alkaline. The treatment was continued.

April 17th. She had no sleep. There was a good deal of pain in the back and in the left arm. Temperature 103.2 deg.; pulse 124; respirations 36. A systolic murmur was heard at both the base and the apex of the heart. The draught was continued, but the powder was omitted; and she was ordered to have a minim and a half of liquor atropiæ injected subcutaneously into the left arm at bedtime.

April 18th. She slept several hours after the subcutaneous injection. She had most pain now in the right shoulder. Temperature 101.2 deg.; pulse 116; respirations 44; urine acid.

April 19th. She had not much sleep, though she was not in much pain. Temperature 101.8 deg. The urine was very slightly acid.

April 20th. She had a good night, with scarcely any pain; and the arthritis had for the most part subsided. Temperature 104.4 deg.; pulse 116; respirations 46. The cardiac murmurs were much as before. There was dulness at the bases of both lungs, greater at that of the left, where also bronchial breathing and obscure crepitation were heard. She had profuse perspiration, with copious miliary eruption over the trunk. The urine alkaline. Sinapisms were ordered to be applied to the ankles.

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* With this exception, the daily observations of temperature were made about 10 A.M., by the Resident Medical Officer, Mr. R. Carter, M.B.

April 21st. She had not much sleep. Temperature 104.8 deg.; pulse 100; respirations 48. Vocal fremitus was absent at the left base, but breathing was more open here. The murmur at the apex continued, that at the base had disappeared. The urine feebly acid; chlorides present. She was ordered to have ten grains of Dover's powder at bed time, and to continue the draught.

April 22nd. She slept well; had no pain, no cough. Temperature 104.6 deg.; pulse 88; respirations 44. The urine was alkaline.

April 23rd. She slept well. Temperature 102.2 deg.; pulse 100; respirations 28. Urine alkaline.

April 24th. She slept well. She had been observed to be more than usually restless the last day or two, frequently getting her legs quite to the edge of the bed; and somewhat dull too. Temperature 105.4 deg.; pulse 116; respirations 32. At my visit (2 P.M.), she was found to be talking incoherently; and the conjunctivæ were injected*; there were no indications of headache. The apex-murmur was as before, that at the base had returned. The miliary eruption was still copious. Perspiration was neutral. She had no vomiting. The bowels were open; urine alkaline. She was ordered to take the draught twice a day only, and to have four ounces of brandy daily.

April 25th. She has been incessantly chattering and singing since the report of the previous day. It was a jocund delirium, without being obstreperous or violent. As the head-nurse, who saw her during the night, impressed by certain things uttered, thought alcoholism was concerned in the case, special inquiry was made into her previous habits; but the result was to completely negative this supposition. Temperature 105.6 deg.; pulse 132, compressible; respirations 28, suspirious. There were no signs of headache. The head did not feel hotter than other parts. The conjunctivæ were rather less injected; the pupils normal; the tongue was moist, she put it out when told. There was no vomiting. She took her nourishment pretty well. The urine was passed under her. There was no arthritis; indeed she seemed quite free from pain. As there was some doubt about the brandy agreeing, it was given to her but once or twice on the previous night, and then discontinued.

April 26th. Again she had no sleep, and the delirium continued. She was frequently throwing off the clothes, and attempting to get out of bed. It was found necessary in the night to place her in a separate room. Temperature 102.2 deg.; pulse 108; respiration 28. There was some subsultus tendinum at the wrists—less injection of the conjunctivæ. The base and apex murmurs were as before. The tongue was dry and furred; and she had sordes on the teeth. The bowels were open this morning; the evacuations were passed under her. She was ordered to have a hot bath (102 deg.); some brandy and water to be given her if at all exhausted. The draught was omitted; and she was ordered the following draught three times daily, with fifteen grains of citric acid, in a state of effervescence. ℞ Potass. bicarb. gr. xx; ammon. carbonatis gr. v; spirit. chlorof. ♏ xv; syrupi aurantii ʒss.; aquæ ad ℥iss, M.

April 27th. She continued without sleep, but was much quieter. She answered questions more rationally. The catamenia appeared this morning, but scanty. There was a slight return of arthritic pains in the right arm and shoulder. Temperature 100 deg.; pulse 116, failing in power; respirations 24. The tongue was sticky, with sordes on lips and teeth. The hot bath was repeated; and she was ordered to have Dover's powder and nitrate of potash, five grains of each, at bedtime; also to repeat the draught, and to have six ounces of brandy daily.

April 28th. She slept well all night, and was quite rational this morning; no pains. The catamenia had disappeared. Temperature 99.2 deg.; pulse 104, firmer; respirations 28. The murmur at the base of the heart was absent; that at the apex was as before. The tongue was clean. The urine, now passed regularly, was slightly alkaline. The draught was omitted; and she was ordered to take five grains of iodide of potassium daily, in an ounce of decoction of cinchona.

April 29th. She slept well the whole night; there was no return of delirium. Temperature 99.2 deg.; pulse 100; respirations 20. Pudding and vegetables were ordered to be added to her diet.

May 1st. She was doing very well. Temperature 98.6 deg.; pulse 104; respirations 20. She had a little cough. The urine was slightly acid.

Of the subsequent progress of the case, it may suffice to say that it was very slow and interrupted. Pneumonia soon recurred in a severe form, both lungs being simultaneously involved, with extensive hepatisation of the left. Pericarditis, attended in its course with copious serous effusion, supervened on May 19th; and from time to time there were slight renewals of rheumatic arthritis and intercurrent boils. But on no occasion did her temperature rise again above 101.8 deg.; nor was there any return of delirium. She was discharged, recovered from all but the mitral lesion, as indicated by the persistent apex-murmur, on July 7th.

On a review of the foregoing narrative, it may be observed:

1. That a well-marked and continuous delirium occurred for about eighty hours between the fourteenth and eighteenth days of an attack of acute articular rheumatism.

2. That, although the excess did not amount to more than 0.8 of a degree, the elevation of temperature at this period was greater than at any other period of the attack. Absolutely regarded, it approached that (106 deg.) of a case of Dr. Allbutt's (epitomised in the *Medical Times and Gazette*, April 4th, 1868), which is the only similar one, where the patient recovered, that I have been able to find recorded.

3. That the characters, positive and negative, of the cerebral complication here present being duly taken into account, the existence of meningitis appears inadmissible. At the same time, it is to be observed that cases occasionally occur where, with scarcely anything but delirium to betoken its presence, lymph, pus, and other products of meningeal inflammation, are discovered after death; and, upon this evidence, *rheumatic* meningitis is described as lacking most of the distinctive features of the ordinary forms of the disease. Attendant rise of temperature does not avail in this exigency; it is inconclusive. Dr. Ringer's cases, and the entire class which these represent, are a standing testimony to the fact. In fine, so scanty and valueless, as a rule, are the data upon which to do it, that Trousseau denies the possibility of diagnosing during life the meningitic variety of this complication; and remarks that it is an anatomical, and not a clinical, one. The important fact, however, supplied by necroscopic investigation, remains. To state it in the words of the same authority,* "In the majority of *post mortem* examinations, nothing has been found, except occasionally some congestion of the pia mater. . . . . In most cases, nothing at all is found, no fluid in the ventricles or in the arachnoid sac, no injection of the cerebral tissue." Hence a certain presumption arises in favour of the non-inflammatory nature of this complication in any given case; and, though exact knowledge as to prognosis is of necessity, under such circumstances, wanting, there seems reason to believe that this presumption is rather strengthened than otherwise by the fact of recovery ensuing; the recovery, too, being so speedy, so complete, so unaided by anything like special antiphlogistic treatment, as that which, *quoad* this complication, ensued here.

4. That, in regard to the *rôle* sometimes assigned to pericarditis in similar instances, there was no evidence whatever of this inflammation being present either at or about the period of delirium. On the other hand, when, three weeks later, it unequivocally declared itself (friction-sound ten days consecutively, etc.), delirium was entirely absent. Endocarditis, as denoted by the valvular murmurs, coexisted at both periods.

5. That, as to the influence exerted by other inflammatory conditions, the primary arthritis had already gradually subsided. Pneumonia supervened on the tenth day, and the temperature on the eleventh was 104.8 deg.; but, in the course of the next two days, it fell to 102.2 deg., with other indications of relief; and no exacerbation of pulmonary symptoms occurred on the fourteenth or following days of the delirium.

6. That the menstrual molimen, imperfect as it was, may have operated as an accessory cause in determining the event under consideration; but, inasmuch as no commotion at all parallel occurred at other epochs during the three months of the patient's stay in hospital, it is probable that its influence was not great.

7. That the rise of temperature, upwards of 3 deg. on the fourteenth day, was in advance of the occurrence of delirium; and the fall of the former, nearly 6 deg. (3.2 deg. before any improvement), preceded the complete cessation of the latter. So, in two of Dr. Ringer's cases, the heat suddenly rose 2 deg. or more before the head-symptoms came on; and in one under my own care, where pericarditis coexisted, and which proved rapidly fatal; while in Dr. Allbutt's, already referred to, "the temperature fell 3 deg. the day before a marked improvement, and before any change of pulse or of delirium indicated this amelioration." This observation, if confirmed by further experience, may perhaps furnish some clue to the true pathology of these cases.

8. That, in this instance, the alkaline treatment of acute rheumatism, commenced on the third day of attack, and carried out rigorously afterwards, though attended with pretty prompt relief to the arthritic symptoms, failed to protect against the outbreak of this and other grave complications.

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* Conjunctival injection was observed in equal degree on two occasions long afterwards, when no other head-symptoms were present.

* New Sydenham Society's Translation, vol. i, p. 529. Trousseau, without doubt, would have looked upon the present and similar cases as instances of the "delirious" form of his co-called "cerebral rheumatism". But, cogent as his reasoning is against the supposed uniformly inflammatory nature of these cases, the temperature observations since made seem to suggest some modification of his pathological doctrine respecting them.

OVARIOTOMY: PEDICLE SECURED BY SILVER-WIRE LIGATURES: CURE.

By J. MARION SIMS, M.D.,
Senior Consulting-Surgeon to the Women's Hospital, etc.

MISS X., aged 58, had enjoyed good health till 1864, when she discovered some enlargement in the left side of the abdomen. In 1866, she saw Dr. Atlee, of Philadelphia, who diagnosed a non-adherent multilocular ovarian tumour; but, as her general health was very good, he wisely advised her to wait a while for an operation. The tumour gradually increased till the abdomen assumed huge proportions; and I saw her in December 1868, and confirmed Dr. Atlee's diagnosis. Her appetite was failing; she did not sleep, except in a semi-erect posture; she vomited occasionally; her pulse was 98; her skin was dry and parched; and she was emaciating very rapidly. I saw her a month later, and her symptoms were then so urgent, that I felt no hesitation in recommending either a tapping, or an operation for the removal of the tumour. She selected the latter; and the operation was performed on the 1st of February last.

Dr. Goodwillie administered Dr. Richardson's new anæsthetic, the bichloride of methylene. She was about twenty minutes coming under its influence, and vomited once just before she was fully narcotised. I was assisted by Dr. Swinburne, Health Officer of the port of New York, by Dr. Sands of Newport, Dr. Meaux of New Orleans, and Drs. Lee and Reed of Staten Island. The incision, about three and a half inches long, was made in the usual way; the walls of the abdomen were loaded with fat, which alone was more than two inches thick. The tumour had slight adhesions anteriorly, over a space of six or eight inches square, which were easily broken up by sweeping a uterine-sound over the surface of the tumour. Five or six large cysts were successfully tapped; then the incision was enlarged upwards for two inches or more, to allow the remaining solid part of the tumour to be extricated. This consisted of small semi-solid cysts so intimately blended together, that the irregular mass, larger than the human head, felt almost as firm as if it had been a real fibroid tumour. The pedicle was short, broad, and thick.

My special object in reporting this case now, is to again call the attention of the profession to my method of dealing with the pedicle. In this case, the walls of the abdomen were so thick, and the pedicle so short, that it would have been impossible to secure the pedicle in the usual way by the clamp externally, even if I had wished to do so. For more than twenty years, I have taught that the best plan of dealing with the pedicle was to secure it with silver-wire ligatures, and drop it back into the pelvic cavity. If the pedicle be small, it is enough to transfix it with a double silver wire, and secure the two halves of the pedicle by firmly twisting the wires on opposite sides. If the pedicle be broad, it requires a number of separate wires, according to its width. In a case of ovariotomy, reported in this JOURNAL in January 1867, the pedicle was five inches wide, and required five separate wire-ligatures; each embracing a separate segment of tissue about an inch wide. In the case here reported, three wire-ligatures were necessary; each enclosing about an inch of tissue. In the former case, the pedicle was first severed by the actual cautery, according to Mr. Baker Brown's plan; and, when the clamp was loosened, blood oozed out all along the cauterised surface. As this was almost in contact with the body of the uterus, there was no other method but to secure the bleeding stump, just as I did it. In this case, the pedicle was held firmly by a pair of suitable forceps; the tumour was then severed and removed. Three separate wire-ligatures were passed through the pedicle as it was held in the forceps; each twisted separately and firmly, just as we do with the wire-sutures in the operation for vesico-vaginal fistula, and with the same apparatus; each twisted end was cut off within a quarter of an inch of the tissue embraced, and then bent flatly over on it. The wires became deeply imbedded in the parts and almost hidden from view. After the ligatures are satisfactorily adjusted, the stump of the pedicle may or may not require a little trimming, when it is allowed to fall gently into the cavity of the pelvis.

This case required eight deep silver-sutures for closing the external wound. I am always careful to pass them so as to embrace the divided edges of the peritoneal coat. A piece of lint, wet with a carbolic lotion, was laid over the wound, and secured by a bandage and a large compress of cotton wadding. The urine was drawn off for three days. There was no constitutional disturbance, and the patient was convalescent from the moment of the operation. There was no vomiting after the operation, as we so often see when chloroform is used. The tumour was multilocular, and weighed sixty-seven pounds and a half. Dr. Swinburne thought its real weight was over seventy pounds; for a large quantity of fluid was lost in the tapping. One great superiority of this method of securing the pedicle and the abdominal incision is, that we have no trouble with the after-treatment. On the eighth day after the operation, we removed the bandage, and examined the abdominal incision for the first time. There was complete union, and we removed four of the wire-sutures; the others were removed on the following day. The bowels were opened by enema on the seventh day after the operation; and her convalescence progressed without the slightest untoward symptom.

Faubourg St. Honoré, Paris.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE VII.

BEFORE sketching the mode of Development of the Osseous Cranium, it is necessary briefly to refer to certain conditions relating to the appearance of the Sense-organs, and of the leading cerebral nerves, both of which constitute important landmarks in the skull.

The olfactory organs take origin as a depression on the outside of the hinder-part of the fore-brain on each side. The eye, like the olfactory sac, begins as an involution of the external integument. A third depression is placed on each side, behind the cranial flexure, and just above the second visceral arch. Each of the hindmost pair of depressions is soon converted into a short sac, which enlarges, and ultimately becomes the internal ear. The so-called olfactory nerves are really prolongations of the anterior part of the fore-brain. Another pair of prolongations extend out, one on each side, from the hinder-part of the fore-brain, and ultimately become the optic nerve, retina, sclerotic, etc. No similar prolongations grow out to meet the third pair of involutions. Behind these structures, a nervous ganglion sends a nerve down into the first visceral arch, and this nerve is the third division of the fifth. Another nerve (the *portio dura*) passes down more posteriorly, and bifurcates—one branch going to the first visceral arch, the other going to the second one. Another nerve lies still further backward, that which is called the eighth.

The cranium may be said to exist in three conditions: 1. Membranous; 2. Cartilaginous; and 3. Osseous. The first condition persists only in Amphioxus; the second condition (commonly spoken of, unfortunately, as the "primordial cranium") is the highest point attained by many of the lower Vertebrata. The third condition is by far the most common; but, probably, in no instance does bone completely replace the other materials, parts of the cranium remaining cartilaginous and membranous even in the highest forms. At that fœtal period, when the first visceral arch and naso-frontal process are formed, two masses of cartilage appear, one on each side of the anterior termination of the notochord. Sometimes, as in Triton, these take the form of two long rods of cartilage, but generally they coalesce into one cartilaginous mass which surrounds the notochord, at its front end, and thence shoots out into two diverging processes (*trabeculæ*), which meet together again further in front, thus enclosing a space where the pituitary body is lodged, and which becomes, ultimately, the floor of the "sella Turcica". After thus meeting, the coalesced trabeculæ form a plate, which bends over, forwards, and downwards in the naso-frontal process. The cartilaginous mass, surrounding the notochord, also grows up on each side at the hinder-end of the cranium, and, meeting above, forms thus a ring of cartilage, which is the only spot where the cranium is cartilaginously roofed, all the more anterior part being closed in superiorly by membrane only. Immediately in front of this cartilaginous occipital arch, a large mass of cartilage forms on each side of the skull, which is the auditory capsule; and, in certain forms, two small cartilaginous processes grow up on each side in front of this; but this is the utmost extent of cranial side-wall usually attained by the cartilaginous cranium. Thus the skull has a structure radically distinct from that of the vertebral column. There is, indeed, the occipital arch, somewhat reminding us of a vertebral segment; but, other than this, there is no trace of antero-posterior segmentation by transverse fission; on the contrary, if any division be indicated in the cartilaginous cranium, it is rather into two lateral halves by antero-posterior fission. The plate formed by the anterior coalescence of the *trabecular* arches over the olfactory capsules on each side, and sends down between them a median cartilaginous plate. From the inner side of each lateral part of the so-arching plate, three processes extend inwards, which, in the osseous skull, become the spongy masses of the ethmoid and the inferior turbinal.

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Ossification takes place in constant and definite parts of the so-called "primordial" cranium. Thus, behind the auditory capsules, four centres of ossification arise: one in the floor of the skull—the basioccipital; another in each side of the cartilaginous occipital arch—the exoccipitals; and a fourth in the upper part of the same arch—the supraoccipital.

In front of the auditory capsules, ossification takes places medianly at the sella Turcica, as the basisphenoid (which includes the anterior extremity of the notochord), and laterally as the alisphenoid, on each side—the latter appearing in the two lateral cartilaginous processes before spoken of as arising on each side in front of the auditory capsule. Anterior to these, we find another median and basilar ossification—the presphenoid (which, however, never includes the notochord), and two lateral ones—the orbitosphenoids, one on each side.

Here the brain-case ends, but in front of it we find an ossification in the median lamella, which descends from the plate overarching the olfactory capsules—the median ethmoid: also an ossification in each lateral half of the same overarching plate—the lateral ethmoid, or prefrontal.

The relations borne by the nerves and sense-organs to these parts is constant. The eighth nerve always passes out behind the auditory capsule, which latter is always placed behind the alisphenoid. The third branch of the fifth nerve also passes out behind the alisphenoid, or traverses its hindermost portion. The optic nerve passes between the ali- and orbitosphenoids; and, finally, the median ethmoid is always placed between the exits of the olfactory nerves.

As to the sense-capsules themselves, the sclerotic, though sometimes ossified, never enters into the formation of the skull. It is very different as regards the auditory capsule, which always constitutes an integral part of the cranial wall. It ossifies from three, sometimes from four, centres. The first of these is anterior, and is called the Prootic—this is the most constant. The second is posterior and inferior, is named the Opisthotic; the third is posterior and superior, and is termed the Epiotic. Sometimes there is a fourth ossification, situated on the outer side of the top of the capsule.

The osseous skull thus arising, occupies the floor, and more or less of the walls of the cranium; but, except in the occipital region, has no share in its roof. The bony roof is formed by another system of bones having a different origin, formed directly from membrane, instead of from cartilage. Such is the case with the parietals and frontals. Certain other membrane-bones, however, besides these, also make their appearance. These are the parasphenoid in the perichondrium, beneath the floor of the skull—the vomer, the nasals, and the squamosal.

ON THE VALUE OF PERCHLORIDE OF IRON IN *POST PARTUM* HÆMORRHAGE.

By HUGH NORRIS, L.R.C.P.Edin.,

Corresponding Member of the Edinburgh Medico-Chirurgical and Obstetric Societies, etc.

THE enclosed remarks are condensed from a paper read by me on the 12th of April, 1865, before the West Somerset Branch of the British Medical Association, "On the Value of Perchloride of Iron in Obstetrics, with Cases." I was requested to send it for publication in the JOURNAL; but, from various causes, I was prevented from doing so at the time. I the less regret this circumstance, since the delay has afforded me opportunities of further testing the correctness of the conclusions at which I had then arrived. I have given, in an appendix, a few skeleton cases from my note book, of a more recent date than my paper, but all corroborative of these conclusions; adding merely such comments as are suggested to my mind by their individual circumstances. I have preferred sending the paper in the form in which it was originally read, since I might otherwise, perhaps, have laid myself open to the charge of plagiarism, and because, moreover, I wish to escape the disagreeable task of exonerating myself from a suspicion so groundless. On the other hand, I hope I may not be accused of presumption, when I add that I am quite sure the fact of my having used the perchloride of iron in *post partum* hæmorrhage, could never have reached the ears of Dr. Barnes, to whom I am an utter stranger. In publishing the paper, I am actuated by the desire to make more widely known an *invaluable remedy*, and I esteem myself fortunate in being able to adduce the independent testimony of so impartial a witness as the distinguished physician whose name I have taken the liberty of using.

Scarcely, I imagine, need I do more than advert to the anxieties attendant on a severe case of *post partum* hæmorrhage, in order to enlist the sympathies of all who are engaged in the general practice of our profession. Whether we consider the suddenness of its accession on the one hand, or the insidiousness of its approach on the other—in *all* cases the imminent peril attending it, I think that few of my *confrères* will feel disposed to dispute my conviction that this complication may, with little or no warning, place a man face to face with one of the most appalling realities that can be conceived to present themselves in the practice of our art. Many precautions have been devised and recommended by the Nestors of our profession, and numerous modes of treatment have been from time to time adopted to avert the accident in question, but still, with every care—with all the skill—a man can exercise, it is notorious that even fatal cases do now and then, unfortunately, occur in the practice of our best and most accomplished obstetricians. I am not unaware that there exist practitioners who assert that "in their experience such things never happen," and that this immunity is due to some peculiar mode of proceeding, (in the vernacular some "dodge") on their part, by means of which they successfully provide against the dangers that result therefrom; but, whilst I would be the last person to defend a want of systematic carefulness, in even the most simple and most natural case of midwifery, I repeat that I do believe instances are constantly occurring in which every precaution that the highest skill, or the most enlarged experience can suggest, will not suffice to avert the perils attendant on severe flooding after child-birth; and (not to mention other causes), until that peculiar pathological condition which constitutes what is called the "hæmorrhagic diathesis" ceases to exist, we dare not expect entire immunity from the accident we are now considering.

It is not my intention to read an essay on the ordinary treatment of *post partum* hæmorrhage, or to inflict on you, at second hand, a recapitulation of rules which may, at any time, be found in books upon the subject; but, since we may feel assured that the dangerous complication referred to, *will* occasionally occur in the practice of *some*, and *may* force itself on the attention of *all*, in spite of every effort to the contrary, I beg leave, without further preface, to call attention to a local styptic, so cheaply and so easily obtained, yet withal so certain in its effects, and so harmless in its action, as to cast all others with which I am acquainted, immeasurably in the shade. I allude to the perchloride of iron, a strong solution of which, topically applied, will instantly arrest the flow from almost any bleeding surface. It is now eight or ten years* since I first became aware of the marvellous hæmostatic powers of this preparation, but it was not until the year 1859 that I used it in obstetricy; and, with your kind permission, I will relate a few cases from my own practice, which will, I think, bear me out in my encomiums on the valuable properties of the salt in question.

CASE I.—On December 25th, 1859, Mrs. A., aged about 33, multipara, aborted at the tenth week of pregnancy, immediately on which she flooded almost to death. In fact I at one time thought her dead, but I continued plugging the vagina, with a torn handkerchief dipped in a strong solution of the perchloride, and not the slightest flow occurred thereafter. The patient recovered; and although two years subsequently she underwent a similar ordeal (*vide* Case III), she is now living and as healthy as I have ever known her.

CASE II.—On May 13th, 1860, I attended Mrs. L., aged about 40, a multipara, in whom I had previously diagnosed the existence of placenta prævia. Although I had explained the case and its attendant dangers to her husband, requesting to be summoned the instant hæmorrhage occurred or labour commenced, the patient had wellnigh bled to death before I was sent for. I at once turned and extracted the child, more, I confess, in the hope of saving its life than that of the mother, whose state I feared was almost hopeless. After the labour was completed, on reaction setting in, I found that the flow had not ceased, and the uterus being large and flaccid I hastily injected into the *very fundus* of that organ, a strong solution of the perchloride of iron with the instantaneous effect of arresting all hæmorrhage, and the eventual result of restoring the mother to a condition of safety. The child is now a healthy fine specimen of humanity and the mother is in the enjoyment, I believe, of perfect health.

CASE III.—On October 20th, 1861. Mrs. A., above mentioned (*vide* Case I), again miscarried at about the eighth week of pregnancy, under circumstances precisely similar to those detailed in Case I. I again plugged with a solution of the perchloride of iron with instant good effect, and, as above stated, the patient is still alive and well.

CASE IV.—On February 28th, 1865, Mrs. C., aged about 30, pregnant for the first time, miscarried (in my absence) at the third or fourth month, and immediately thereafter appeared to be doing well. I will not detain you by relating symptoms irrelevant to the subject before us. Suffice it to say, that on the 4th of March, severe and alarming hæmorrhage occurred, as I then discovered, from retained placenta. She was, when I reached her, apparently in a sinking state, but the placenta was removed manually and a strong solution of the perchloride of iron was injected into the cavity of the uterus, with instantaneous and perfect styptic result. This patient had secondary exhausting hæmorrhage on the 5th of April following, (presumed to be on the access of her returning monthly period) on which occasion injection and plugging with the perchloride were again had recourse to, with perfect success, and she convalesced most satisfactorily.

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* This paper was read in 1865.

I would here notice the extraordinary corrugating or contractile effect of the perchloride on the superficial muscular fibres, as well as on the mucous surfaces. I have seen, in less than five minutes after injection, the sphincter vaginæ, which had previously allowed the passage of the hand, so contracted by its use as barely to admit a single finger, thus rendering the operation of plugging a matter of unexpected difficulty.

I quite believe that in *post partum* hæmorrhages it thus exercises a conservative effect almost as beneficial in producing a firm contraction of the uterus, as in primarily sealing up its bleeding sinuses. My experience of this drug would therefore lead me to the following conclusions.

1.—We possess no topical styptic, in efficacy at all approaching the perchloride of iron; its effects being certain, perfect, and instantaneous.

2.—In *post partum* hæmorrhages, a solution of this salt applied in the form of an intra-uterine injection, is of the utmost value both in immediately arresting the flow of blood, and in also causing a permanent contraction of the recently emptied uterus.

3.—Its presence in the cavity of the uterus, *post partum*, is not merely not injurious, but, on the contrary, from its well-known antiseptic properties, may frequently be productive of positive benefit in more ways than one.

In concluding these observations, I would refer to the report of the proceedings of the Obstetric Society of London, as recorded in the *Lancet* of April 1st, 1865, where my experience is fully corroborated by the remarks of a no less distinguished authority than Dr. Robert Barnes, the President, who therein states that "as a means of preventing the loss of blood, as hæmorrhage undoubtedly predisposed to puerperal fever, he had found nothing of equal efficiency to the injection of a solution of perchloride of iron into the uterus, after clearing out the cavity of placental remains and clots. He had used this plan for several years, and in a large number of cases after labour and abortion, and had always had reason to congratulate himself upon the result. The perchloride of iron had the further advantage of being antiseptic. He had certainly saved several women from death from flooding, and believed these and others had been rendered less liable to puerperal fever. He usually carried in his obstetric bag a saturated solution of the salt, of which he used a dilution of one part in eight of water, although he believed that a weaker solution would be effectual."

I am glad thus to be able to instance so strong a supporter of the treatment I am advocating, but I must also plead guiltless of any plagiarism in the matter; for I had only seen or heard of Dr. Barnes's remarks whilst preparing my notes and observations (collected some time since) for communication at the present meeting. The only further remark I would venture on the subject before us is this, that, inasmuch as the perchloride *ironmoulds* everything it touches, I would recommend great caution in the handling of sheets, napkins, etc., which may become soiled during its use, for although their value is as nothing in comparison with that of human life, yet a wholesale spoiling of bed or body linen would assuredly prove a serious matter in a poor man's house, and would, most probably, be deemed a source of considerable annoyance in the establishment of his more wealthy neighbour.

APPENDIX.

CASE V.—On May 27th, 1865, Mrs. H., aged about 34, multipara, of lax habit but strong and healthy, miscarried at seven and a half months, in consequence of a long walk. The child was born in the membranes, dead, before I was called in. She had very severe *post partum* hæmorrhage. Solution of perchloride of iron was injected, which produced an instant cessation of the flow. She made a good recovery. [This is the only instance that I have seen in which pain has been caused by injection. The pain was rather smart for six or eight hours, if not more, but with no ill result.]

CASE VI.—On September 1st, 1865, Mrs. I., aged about 35, multipara, very weakly and delicate, near her full period. She had hæmorrhage from placenta prævia. She was almost moribund on my arrival. I effected manual separation of the placenta, and delivered by version. Perchloride of iron was injected: but she died. [In this case, all the horrors of placenta prævia were at their full; an attenuated frame; a poor woman, miles from a doctor; ignorant surroundings; delay; death. On detecting the nature of the case, I separated the placenta which was presenting centrally) as far around the os as my finger could reach, gave stimulants, and, after waiting, I separated the whole placenta. Having accomplished this, I again gave brandy, and again waited for some evidence of returning power. After a time I extracted the child, injected perchloride of iron immediately, and gave largely of stimulants; the patient, however, was too far gone. She died of exhaustion four or five hours after labour was completed, but not a single ounce of blood was lost after the injection. My brother, Mr. George Norris, of Wiveliscombe, assisted me in this case, and can bear me out in the latter assertion.]

CASE VII.—December 30th, 1866. Mrs. B., aged 32, primipara, miscarried at the fourth month with more loss of blood than a delicate woman could well bear. I plugged the vagina with perchloride of iron. Her recovery was good and rapid.

CASE VIII.—May 3rd, 1867. Mrs. W., aged 26, primipara, with loud mitral *bruit* supervening on acute rheumatism, had flooding very severely after a somewhat lingering but good labour. Perchloride of iron was injected with instant good effect. She made an excellent recovery. *Query.* Does heart-disease ever predispose to *post partum* hæmorrhage? I have fancied it might from this and other cases.

CASE IX.—E. B., aged 20, unmarried, primipara, of rather full habit, was seized with convulsions on December 1st, 1867. Labour, at full time, was impending. She was bled to thirty ounces; cold was applied to the head; calomel and croton oil were given as purgatives. Turpentine enemata, etc. The forceps was used to effect delivery. Copious *post partum* hæmorrhage took place. I injected perchloride of iron, which produced a cessation of the flow. Death followed from exhaustion. [In this case, hæmorrhage occurred in my absence some hours after the child was born, and the patient was exceedingly exhausted before I could reach her, which, however, was almost immediately. I at once injected the perchloride, which was thoroughly efficacious in stopping the flooding and in causing uterine contraction, but the poor girl died of exhaustion thirty hours after the first convulsion, and about twenty-four hours after delivery.]

CASE X.—June 16th, 1868. Mrs. A., aged over 30, primipara, had a very good confinement, but from some imprudent act, I believe, flooded two hours after labour, *ad syncopen.* I injected the perchloride solution, and she made a good recovery.

CASE XI.—September 26th, 1868. Mrs. C., aged about 33, multipara, delicate, but of a very tranquil temperament, was confined after a short but good labour. She had internal hæmorrhage some hours afterwards. Perchloride of iron was injected. There was prolonged exhaustion, but she had a rapid convalescence. [This patient was the subject of Case IV; and her diathesis I should class amongst the hæmorrhagic. After confinement she appeared to be doing well for fully two hours, when very severe after-pains set in, which all that I could do failed to relieve. The uterus, though high in the pelvis, was apparently contracted, and there was no external flow of sufficient amount to cause anxiety, but the pulse went down so rapidly, and to such an alarming extent, as to lead me to suspect internal hæmorrhage. On examining, *per vaginam*, and finding my suspicions confirmed, I at once removed the clots and injected the perchloride solution. All bleeding immediately ceased, but the delicately organised system had received so rude a shock that, for upwards of thirteen hours, the patient was in the most imminent danger, and no amount of stimulant that could be administered roused the pulse for an instant. During this time, I am satisfied that the loss of even a few ounces of blood would have sufficed to turn the scale. At length, a full dose of morphia enabled the stomach to retain nourishment, and the patient thereafter made an uninterrupted recovery. My friend Mr. Mules, of Ilminster, was present at this case, in consultation, soon after the perchloride injection, and could bear his testimony to the correctness of my report.]

I have no desire to magnify cases or results, but I can safely say that during a practice of more than twenty years, I have never seen peril so imminent, and so prolonged after childbirth, recovered from as in this case; and I would here especially call attention to a result which, though not the primary one to be considered, can scarcely be deemed secondary amongst the advantages accruing from the use of the perchloride injection. I allude to the security a man feels in attending to other matters: such as administering nutriment, altering position, rousing the vital powers, or, perhaps, resuscitating a still-born infant (whose life may be a most valuable one) when he is satisfied that the immediate cause of danger has been removed. This advantage would be especially appreciated by country practitioners, who, from their isolated position, may be miles, or, what is of far greater consequence, hours from any assistance in a case of the greatest emergency; and it is to my rural brethren that I would more particularly address the foregoing imperfect remarks, assuring them that, whatever may be their shortcoming critically viewed, they are thoroughly truthful, practical, and easy of application, by any one who will take the trouble of providing himself with a Higginson's syringe, and a small bottle of a saturated solution of perchloride of iron, and of including them in his obstetric armamentarium.

It only remains for me to say that the vagina and uterus should first of all be freed from "coagula and placental *débris*," as Dr. Barnes directs; and that the long tube of the apparatus should be introduced thoroughly within the uterus before injecting. With these precautions I have found a few ounces of the liquid answer every purpose. Should my recommendation induce other practitioners to make use of the above safe and simple remedy my end will be answered, since I am well assured that the event will be a sensible falling off in that column in which the Registrar General tells of "mortality after childbirth."

South Petherton, October 1868.

A CASE OF LIGATURE OF THE RIGHT COMMON CAROTID FOR WOUND OF THE SUPERIOR LARYNGEAL ARTERY.

By G. ANNESLEY D. MAHON, Esq.,
Surgeon Peninsular and Oriental Steam Navigation Company's Steamship *Golconda*; late Resident Registrar and House-Surgeon, St. Mary's Hospital, London.

On December 23rd, 1868, whilst on a voyage from Aden to Bombay, I was called to see a native fireman, who had been stabbed in the throat with a pair of scissors. On his presenting himself, I found that he had received a punctured wound of the throat, about half an inch in length, opposite the upper edge of the thyroid cartilage, on the right side of the neck, about three-fourths of an inch in depth, and leading downwards. He appeared rather faint; a very little blood was issuing from the wound; and the trachea was not touched. I therefore brought the edges of the wound together with plaster, applied wet lint and a bandage, and told him to go and lie down. About half an hour afterwards, I was called to see him, as he was bleeding. I found the lint and bandage saturated with bright arterial blood, besides a quantity running down his chest. I at once removed everything; and, with my colleague Dr. Allshorn, began to search for the bleeding vessel. Not being able to see it, I enlarged the external wound to about an inch, but still was unable to find it. I then applied ice, lint soaked in perchloride of iron, tincture of matico, and all the styptics I had with me; but without controlling the hæmorrhage in the slightest. I therefore decided to ligature the common carotid. We tried to administer chloroform; but he resisted so strongly, and he was bleeding so freely, that there was no time to lose; so we operated without it.

The operation was performed in the usual way; but, the man being very muscular about the throat, the artery was deep, and the omo-hyoid muscle was larger than usual, which necessitated the division of some of the lower fibres of it before the sheath of the vessel could be seen. After having carefully opened this on a director, I passed the aneurism-needle, armed with ligature-silk, round the vessel, when the bleeding from the stab immediately stopped. I then withdrew the needle, and ligatured the vessel, and brought the edges of the wound together with one silver-wire suture and sticking plaster, applying wet lint over all. Not above half an ounce of blood was lost from the operation itself, as only a superficial vessel was cut across in the first incision through the skin.

Dec. 23rd (twenty minutes after the operation). The pulse was full, 72, slightly intermittent. The patient was rather drowsy. He was ordered to be kept quite quiet.—6 P.M. same day (six hours after operation). The patient was still rather drowsy. He complained of pain in his head. The pulse was full and strong, 102. He was slightly feverish. Cold wet towels were constantly applied to the head. The pupils were somewhat dilated. He had had a cup of beef-tea.—10.15 P.M. He appeared to have a little difficulty in swallowing. He had slept for half an hour.

Dec. 24th, 6 A.M. He slept from 10.30 last night to 3 A.M. this morning, then had a cup of beef-tea. There was still difficulty in swallowing. The pain in the head was easier. He had passed urine. Pulse 102, full and soft. Both wounds looked well. Cold wet lint was applied. The tongue was slightly furred. A teacupful of beef-tea and sago were ordered to be given alternately every four hours. The pulsations of the inferior thyroid and transversus colli arteries were very visible. The pulsation of the facial artery on the right was not nearly so strong as on the left side.—10 P.M. He had been sleeping quietly. Pulse 96; skin cool. He complained of being hungry.

Dec. 25th. He felt better; he slept pretty well. He heard equally well on both sides. Pulse regular, not so full, 90. There was no fever. The wounds were both looking well. The wound of operation had healed by the first intention, except where the ligature was.

Dec. 26th. He was progressing favourably. The bowels were open for the first time since the operation, naturally. There was very slight pain in the head. Pulse 96. The wound of the stab was discharging a little ichorous pus.

Dec. 27th, 28th, 29th, 30th. He was going on very well. I removed the silver-wire suture on the 27th. He had occasional throbbing pains in the head. Half an ounce of castor-oil was given on the 30th. He was still on beef-tea and sago diet. Pulse 96.

Jan. 1869, 1st to 4th. He was progressing favourably. Pulse 82. He was ordered his ordinary diet of curry and rice.

Jan. 5th to 10th. He continued still improving. The wound from the stab was quite healed. There was slight discharge from the rest of the ligature. Bread poultice was applied twice a day.

Jan. 13th. The ligature was removed to-day, exactly twenty-one days after the operation. No hæmorrhage followed. Unhealthy granulations at the edges of the wound, where the ligature had been, were treated with nitrate of silver, and a lotion of two drachms of carbolic acid and ten ounces of lead lotion constantly applied on a piece of lint.

Jan. 14th. The granulations were much better. He had been suffering from diarrhœa, and was ordered to take every four hours an ounce of a mixture containing ʒ iss of dilute sulphuric acid, ℥ss of compound spirit of sulphuric ether, and ℥vii of water.

Jan. 15th. The diarrhœa was stopped. He was nearly well.

Jan. 16th. He was able to go to the police-court, a distance of four miles, to give evidence against the prisoner.

Jan. 20th. To all external appearances, he has quite recovered.

REMARKS.—Ligature of the common carotid for wounds is not of frequent occurrence; and I think, as far as I know, that this artery has never before been ligatured at sea—at any rate, not board of a steamer going at the rate of eleven knots an hour. I think that the non-appearance of hæmorrhage when the case was first seen by me may be accounted for by the artery having been only punctured by the point of the scissors. Some muscular fibre or fascia must have been carried on the point of them, and formed a sort of plug in the artery, the action of the heart being at the same time somewhat lessened by the shock; but, after resting awhile, reaction came on, the plug was forced out, and uncontrollable hæmorrhage ensued. In conclusion, there were, as may be supposed, numerous difficulties to contend with during the operation.

POISONING BY WHITE PRECIPITATE.

By A. R. GRAHAM, M.A., M.B.Cantab., Weybridge.

ONE evening, shortly before midnight, I was called to see a gentleman, aged about 35, who, being much depressed in spirits, had swallowed, about half an hour previously, white precipitate powder to the amount probably of more than two drachms. He immediately became alarmed, and took an emetic of mustard, which caused copious vomiting. In the matters vomited, however, none of the white powder was visible. I ordered another emetic of sulphate of zinc to be taken immediately, and to be followed, after an interval, by a dose of opium. He passed a very restless night, with great pain in the abdomen, vomited much, and had one copious evacuation from the bowels, containing mucous shreds in some quantities, and a good deal of dark blood. The last matter vomited consisted of clear deeply blood-stained fluid. Ten hours after the poison had been swallowed, I found him almost in a state of collapse, with a cold clammy skin and much congestion of the cutaneous vessels; his tongue was covered with a thick greenish fur, and his breath was very offensive. He was ordered to take plenty of barley-water and mucilage, and small quantities of wine and water; and gentle action of the bowels was kept up by means of castor-oil.

There was no tenderness of the abdomen on pressure; and towards evening the pain very much abated, although there was constant griping, which continued through the succeeding day, accompanied by frequent slight vomiting. During this day also there were numerous scanty evacuations of the bowels, with a very large intermixture of blood. This continued until sixty hours after taking the poison. The patient had one very copious motion, consisting apparently of almost pure bile, the passage of which caused a great scalding of the anus. This occurred again after the lapse of another forty-eight hours, the evacuations in the interim containing bile, and apparently scarcely any blood. After the first three days, there was no vomiting. The abdominal pain continued after taking any, even liquid, food for more than a week; but there was uninterrupted improvement in the graver symptoms after the first twenty-four hours. There was at no time any blue line on the gums, or sponginess, or salivation. This, together with the copious discharge of blood from the bowels, are the chief points of difference between this and any other case of poisoning by white precipitate, which I have seen recorded.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 23RD, 1869.

EDWARD MERYON, M.D., Vice-President, in the Chair.

A CASE ILLUSTRATING THE PHYSIOLOGY AND PATHOLOGY OF THE CERVICAL PORTION OF THE SYMPATHETIC NERVE.

BY WM. OGLE, M.D., ST. GEORGE'S HOSPITAL.

J. R., found in the commencement of 1866 that a hard lump had formed on the right side of his neck. This enlarged rapidly, and the arm became very much swollen, apparently from pressure upon the brachial vessels. The swelling of the arm soon subsided; but the lump in the neck grew larger, and at length suppurated, forming a large abscess, which took many months to heal. While it was still open—about the close of 1866—the man's wife noticed that his right eye was smaller than the left, and the right ear redder than its fellow. On looking in a glass, he found it was as she had told him. He soon also noticed that his right ear and cheek felt hotter to him than the corresponding parts on the left, and that this was specially the case when he had washed his face in cold water. Neither in mind nor body was he discomforted by these symptoms, and never thought of speaking about them to a medical man. They were noticed accidentally when he was under treatment for slight rheumatism at the latter end of 1868.

The following were the symptoms found by the author at that period. There was a puckered scar across the root of the neck, on the right side, extending from the median line behind to the clavicle in front. There was no pulse in the radial or in the brachial artery, though the arm was well nourished and fairly muscular. The superficial veins of the arm and right side of the thorax were swollen and tortuous. The lesion which had thus permanently obstructed the large brachial vessels had not interfered with the carotid. The right palpebral fissure was narrowed to about half its proper width, the upper lid having somewhat fallen, and the lower lid being somewhat raised. The upper lid could be raised perfectly when the man so chose, so that the ptosis was not due to palsy of the levator palpebræ muscle. The motions of the eyeball were quite normal. The right pupil was much smaller than the other. It dilated fully with atropine; and, when this was applied to both eyes, they dilated to an equal size. With Calabar bean the right pupil was reduced to a pin's point; the left not to quite so small a size. The right eyeball was somewhat retracted. The cornea was considerably flattened. The conjunctiva was rather more congested than that of the left eye, but in no great degree. There was no hyperæmia of the right retina, nor could any difference be detected with the ophthalmoscope in the condition of the two eyes. The sight was equally good on both sides. The right ear was redder than the left, and sometimes the increased redness extended to the back part of the cheek, and to the skin above the eye. The right temporal artery was larger than the other. The right ear was hotter than the left one, and the difference could be even felt distinctly with the hand, as well as measured by the thermometer. The right nostril, also, and the right side of the mouth, were hotter than the corresponding parts on the left. This at least was the case when the man was at rest and in health. When he took violent exercise the thermometric conditions of the two sides were inverted; the left side become the hotter, and the right the colder. At the same time, the left side of the face, head, and neck sweated profusely, while the right remained perfectly dry. According to the patient's account, there was a similar contrast on the two sides of the face in the other secretions. The right eye never watered as did the left, when exposed to a cold wind. The right nostril never discharged mucus, and the right side of the mouth felt drier than the left. There was abundant cerumen in both ears. Febrile excitement seemed to act in the same direction as exercise, and to equalise the temperature on the two sides. There were no nutritive alterations in the hyperæmic parts; no hyperæsthesia; no muscular paralysis; no alteration of form in mouth or nostril. The pulse was always rapid. There was a slight husky cough; but the voice and respiration seemed quite normal.

The author explained these symptoms by supposing that the abscess had eaten through the cervical sympathetic. Such a lesion and no other would account for the phenomena. The chief symptoms were compared in the paper with those observed in the only other case on record of section of the cervical sympathetic in man, and also with the results of such section in animals. It was shown from the experiments of Schiff, and from similar ones made by the author, that the strange symptom of inversion of the thermometric conditions of the two sides from violent exercise, or other febrile excitement, was not exceptional. The physiological explanations of this and the other chief symptoms were considered.

Mr. SOLLY expressed a very high opinion of the value of Dr. Ogle's paper. He wished, however, to ask a question as to nomenclature. Dr. Ogle did not state what portion of the sympathetic nerve was injured; whether it was one of the cervical ganglia, the commissural fibres between the ganglia, or the nerves proceeding from them. Again, the author spoke of the region of the sympathetic from the spinal cord; now it had no origin, but formed, with the brain and cord, a connected system. The paper furnished evidence that active dilatation of the vessels was connected with the sympathetic nerve; and he (Mr. Solly) believed that to this nerve we must look for an explanation of the contraction of the vessels of the brain in sleep and their subsequent dilatation.

Mr. BROOKE asked if any examination had been made to determine whether the eye retained its normal power, or whether there were any hypermetropia or defect in the power of accommodation to distances.

Mr. SAVORY thought that one point had been passed over lightly—the effect of lesion of the sympathetic nerve on nutrition. Observers differed as to this: and in such cases as those of Dr. Ogle there was the means of settling this important question. Increased vascularity of a part must be allowed to be the effect and not the cause of nutritive changes; and yet some attributed increased local nutrition to an increased supply of blood. He thought that, in such instances as Hunter's experiment of transplantation of a cock's comb, the subsequent growth of this was not the result of increased flow of blood, but of the greater nutritive activity of the comb itself. So, also, the hairs which spring up around ulcers do not arise from an increased supply of blood, but because the nutrition of the part is modified by the irritation of the ulcer. If, after a long continued increase of the supply of blood to a part, no modification of nutrition be observed, there is proof that the demand may produce an increased supply, but not that the increased supply of itself produces an increase of its consequences. With regard to the question of the supply of blood to the brain during sleep, he thought that sleep was not produced because the brain had less blood, but that the smaller supply of blood to the brain was the effect of sleep.

Dr. PAVY said that Dr. Ogle's case coincided with what he had himself observed. The difference of temperature in the ears of animals after division of one sympathetic was greater if they were exposed to cold; if they were kept in a warm room, in a short time very little difference was perceived. In the first experiment of this kind which he had performed on a rabbit, there was in two or three months mortification of the end of the ear; but he had not observed this result in fifteen or twenty other instances in which he had operated. Bernard had said that an unnatural state of the secretion of the eye and nose was produced by division of the sympathetic. He had not found this.

Dr. ROBERT J. LEE said that the difference in the anatomical structure of the iris in various animals was important. He had paid some attention to this subject; and had observed the differences to be great. In the cat, the contraction of the pupil was very remarkable, and could only be compared to that of some nocturnal birds, as the owl. But, in the cat, instead of a large supply of ciliary muscles and nerves and a large muscular iris, the iris consisted almost entirely of erectile tissue. On the other hand, the iris of the owl was muscular, and the ciliary nerves and ganglia were numerous. In the fish, the iris had very little extensibility, was very slightly influenced by light, and was also deficient in ciliary muscles and nerves. Between these, there was a complete chain. In the rabbit, the ciliary nerves were few, and the iris consisted in great part of erectile tissue. Experiments on birds with non-muscular irides and on animals with muscular irides would be of value in determining the influence of the sympathetic nerve on the iris.

Mr. CARTER regarded the paper as one of great interest. He had lately seen a patient who had been injured on the upper part of the spinal column, and in whose left eye there was paralysis of the outer and lower part of the iris. There was no change in the temperature or in the power of the eye. He believed that nervous fibres went directly to the pupil from the spinal cord.

Mr. POWER thought that nothing was really known as to the functions of the sympathetic nerve. Some observers had described unipolar cells as existing in the ganglia; but it was not known whither the fibres from these cells went. Others held that the cells were bipolar; but there was the same ignorance of the destination of their fibres. The paper, however, with the experiments of Schiff and Bernard, contributed information towards the knowledge of the nerve. Dr. Ogle's patient, whom he had examined, could read the smallest print.

Mr. MOORE thought that the difference in perspiration between the two sides of the head was explained by the fact that, on one side, the blood-vessels were large enough to allow the blood to pass through, while in the other the supply was too large for the small vessels, and consequently there was perspiration. He held to the opinion that diminution of the supply of blood in the brain was the cause of sleep.

Dr. W. Ogle, in reply to Mr. Solly, said that he had made an attempt to determine the portion of nerve injured, but without success. A slight hacking cough which his patient had, and which had also been observed where the ganglion was torn through in animals, was not sufficient for the diagnosis. He had only used the ordinary language in speaking of the "origin" of the sympathetic; and agreed with Mr. Solly in his remarks on them. In reply to Mr. Brooke, he said that Mr. Power had made an ophthalmoscopic examination of the eye; the sight in both eyes was very good, and the patient could read very small print at long distances. There was no local hypertrophy in his case, though it was carefully looked for. Snellen's experiments went to show that, in rabbits, the hyperæmiated parts, though liable to inflammation, healed more readily when crushed than those of the sound side. He had believed that the iris was influenced by the action of the sympathetic nerve on its blood-vessels; but a case recently published by Dr. John W. Ogle led him to doubt this.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, March 16th, 1869.

Richard Quain, M.D., President, in the Chair.

Mr. Myers called attention to the frequency of Valvular Heart-Disease in the Army from other than rheumatic causes, and exhibited two living examples in soldiers who had suffered neither from rheumatism nor syphilis. He believed the disease to be produced by the tightness of the belts and tunic now worn in the army. He showed the Austrian tunic introduced in 1862, where the button pressed, not on the neck, where it impeded the circulation, but on the sternum. The winter tunic of our own army afforded increased space for the chest, but still the hook was made to rest on the neck. The Norfolk jacket for summer wear in the army was looser about the neck.—Dr. Murchison was inclined to think there must be a previously diseased state of the artery before aortic disease could be produced from this cause.—The President asked if the pressure would not more likely affect the venous than the arterial circulation.—Dr. Robinson believed that the pressure also increased the tendency to pulmonary disease.—Mr. Myers said, in answer to Dr. Murchison, that the evil results were due to the heart enlarging to overcome the pressure; and that the valves were ultimately unable to fill up the increased size of the aperture thus produced. In answer to the President, he stated that brain-disease from the stock was not very frequent. The stock had been almost superseded.

The Report of Dr. Greenhow and Dr. Moxon on Dr. Down's and Dr. Powell's cases of Suprarenal Disease was then read. Both specimens presented the usual appearance of the disease.

The Report of Dr. Greenhow and Dr. Powell on Dr. Green's case of Lung-Disease was read. The specimen contained dilated bronchi and cavities, without tubercle. The intercellular tissue was increased.

A Report from the Committee on Dr. Robinson's case of Syphilitic Brain-Disease was next read. There was a tumour present, of an inflammatory origin.

Dr. Moxon brought forward a case of Thrombosis of the Renal Vein from a man who died in a state similar to typhus, with albuminuria, and with white leg of a few days' duration. After death, there was found to have been acute meningitis. The spleen was full of embolic patches; there was a clot in the femoral vein; and both kidneys, which weighed together 29½ ounces, were rather, but not extensively, lardaceous, and all the veins filled with thrombi. There was an excess of white blood-corpuscles. After fevers, the cerebral veins were, he believed, often full of clots.

Mr. Pick also showed a case of Thrombosis of the Renal Veins from a female aged 42, who died in a delirious state, and with highly albuminous urine. After death, both lungs were found extensively gangrenous. There were also present two pulmonary abscesses. The veins of the left kidney were quite blocked up. The right kidney was healthy.

Dr. Moxon brought forward a specimen of Lardaceous Disease in the Liver and Spleen. The disease of the liver was in patches, and looked like syphilitic deposit. The tonsils and suprarenal capsules were also lardaceous.

Dr. Dickinson showed a Lardaceous Condition of Kidney from a patient who had died with advanced phthisis, and who had had for some time an abscess connected with the uterus. He deprecated the present loose way of using so many names for the same disease, as lardaceous, waxy, albuminoid, and amyloid disease, many of which were liable to mislead persons as to the real nature of the malady. He had proposed the word depurative.—Dr. Legg believed that Sir W. Jenner had first introduced the word "albuminoid" into medical nomenclature as a substitute for amyloid. He used the word in his lectures to indicate not only the state of the organs found often in rickets, but all those conditions which are classed together under the names "lardaceous" and "waxy". The word seemed to be far more appropriate than any yet proposed, as it pointed out the true chemical nature of the substance in its relations to the protein group, and did not confound it with the starches.—Dr. Moxon said that in his case the liver was an extreme example, with no sign of suppuration to cause it except a small ulcer. He thought the name lardaceous suitable for the coarser or bacon-like kinds, and amyloid for the appearance presented by the arteries, as in them it is like starch.—Dr. Wilson Fox believed that the degeneration assumed many forms. In the spleen, the Malpighian bodies were affected in one case, and the surrounding tissue in another. Some few cases did not stain with iodine. He was able to coincide with Dr. Legg as to the name albuminoid.—Dr. Bristowe dissented from the name of Sir William Jenner. He mentioned that a paper was read years ago before the Society, but not published in the *Transactions*, on the subject, by Dr. Montgomery, who had found cholesterine, with more or less albuminoid material, in cases of this disease.—Dr. Marcet said that cholesterine was found in the spleen and other organs in health.—Mr. Maunder, as a surgeon, was horrified to hear Dr. Dickinson's opinion of the causation of the disease. If correct, he wished to know to what extent surgeons might allow suppuration to go on without danger of this disease.—A Committee was ultimately appointed, composed of Dr. Wilks, Dr. Bristowe, Dr. Wilson Fox, Dr. Andrews, Dr. Moxon, Dr. Dickinson, and Dr. Marcet, to report fully on the subject next session.

Dr. Green showed a slowly growing Cellular Tumour, which had appeared in the tibia after an injury received four years ago.

Mr. Wagstaffe exhibited a specimen of Ossifying Scirrhus of the Rectum, unconnected with any disease of the bones. The growth had given rise to total obstruction of the bowel, which lasted for three or four weeks, at the end of which time a communication was established between the sigmoid flexure and the rectum below the obstruction. The patient lived two months after this. The peculiar interest in the specimen was the fact of ossification occurring in parts of the growth, and not in the deep parts, but in a large nodule which projected into the cavity of the rectum; and that this bone was the result of ossification of the scirrhus, was evident from the mode in which it could be traced under the microscope; the lacunæ replacing the nuclei, and the rest of the bone taking the place of the intervening matrix.—Referred to the Committee.

Mr. Wagstaffe also showed part of an Ovarian Tumour, whose lining membrane was mapped out into a number of colourless circles and brown intervening areas. The colourless circles showed vessels, ramifying irregularly in their centres; but these were obscured towards the margins, where the lining membrane became opaque, white, and gradually merged into the dusky-brown areas. The colourless centres were covered by a thin regular layer of polygonal epithelium, and the dark patches showed degeneration and a quantity of granular pigment. Mr. Wagstaffe was inclined to think there had been at some time a number of endogenous cysts, and these had fused into one another; and that the colourless circles remained as the bases of attachment, while the dusky areas represented the degenerated intervening walls. A recent multilocular cyst was exhibited, showing the mode of communication between contiguous cysts, in explanation of this view.

Mr. Henry Arnott showed a Spindle-shaped Cell Tumour of the Mesentery from a soldier aged 50, who had contracted syphilis in 1844, which was followed by a painful tumour of the calf. He was afterwards sent home invalided with the tumour in the calf, and one also in the abdomen. He died, in the Middlesex Hospital, of gangrene of the foot and peritonitis. A large tumour was found in the abdomen, like medullary cancer at some parts, and like milk in others. It consisted mostly of spindle-shaped cells. The liver also contained deposits. The kidneys were syphilitic; the aorta and its valves were much diseased; and the posterior tibial artery was plugged. The tumour in the calf was made of connective tissue, with delicate spindle-cells and fibrillated stroma.

Dr. Greenhow exhibited an extremely well marked specimen of Coal-miners' Lung, sent by Mr. Thomas Upton of Yorkshire. The man had suffered from bronchitic asthma, but had only sought medical advice four weeks previous to his death. He expectorated a quantity of black matter. The intercellular lung-tissue was much thickened, and showed fibrous bands throughout its structure. There was a large irregular cavity in one lung. The cell-walls were full of black granular matter. He had found, on careful examination of the lung-tissue, amorphous matter, and a crystalline substance which would probably, on further examination, turn out to be silica. The pleura in this case contained pigment. The black matter found in these and similar cases of lung-disease he believed to be probably not due to grit, but to the products of combustion, being darker in coal-miners' lungs from the candles which they burn.

Dr. WILSON FOX showed a Tuberculous Guinea-pig, the offspring of an inoculated mother—the first he had seen out of two hundred which had passed through his hands.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MARCH 12TH, 1869.

JAMES PAGET, Esq., F.R.S., President, in the Chair.

DR. DAY communicated a case of Enlargement of the Right Lower Limb with Distension of the Subcutaneous Lymphatic of the Penis and Scrotum, and occasional Discharge of Chylous Fluid, in a child aged seven years. The enlargement was first observed when the patient was two years and a half old, and was considered to be due rather to infiltration of the subcutaneous cellular tissue than to hypertrophy. In 1866, the case was seen by Mr. Paget, who pronounced that the condition of the limb was not œdema, but over-growth, and believed that it was due to obstruction of the femoral vein, there being at that time no indication of disease of the lymphatics. Towards the end of the same year, the prepuce became enlarged and indurated; and, in 1868, a vesicle, not surrounded with redness, appeared at the edge of the frænum; other similar vesicles presented themselves on the scrotum and on various parts of the affected limb soon after the vesicle first formed began to discharge. Since this period the discharge had recurred at intervals in increasing quantities, the patient's health being generally good, with the exception that each discharge was proceeded by oppression, and followed by more or less exhaustion. The case had been referred at the last meeting to a committee, who reported that they had directed their attention, in the first place, to the nature of the enlargement of the right lower limb. From comparative measurement, they had concluded that the bones and muscles participated no less than the skin and cellular tissue in the overgrowth. They were further of opinion, from the examination of the patient, that the hypertrophy was intimately connected with the distended state of the lymphatics. In confirmation of this view, they referred to four recorded cases in which lymphorrhagia with dilatation of the lymphatics was associated with hypertrophy of the affected part; as well as to the researches of Virchow as to true hypertrophy of the tongue, which show that in that disease the muscular overgrowth is of lymphatic origin.—A discussion followed, in which Dr. CHOLMELEY and Mr. BARWELL expressed the opinion that the enlargement of the limb was due to excessive arterial supply, and that, accordingly, the proper treatment would be to apply continuous pressure to the femoral artery.—Dr. BROADBENT, on the other hand, agreed with Dr. Day in believing that the overgrowth was to be attributed to the detention in the affected parts of lymph which, in common with most physiologists, he regarded not as an excretion, but as a nutritive liquid.—The PRESIDENT, after expressing his general concurrence with Dr. BROADBENT, briefly related a case in which it was clear that hypertrophy of the muscles of a limb had resulted from obstruction of a vein receiving its tributaries from them. He referred in illustration to the fact in comparative anatomy that those muscles which required to contract strongly for short periods—as, *e.g.*, the muscles of flight in birds—are always richly supplied with veins, the plexiform arrangement of which seems adapted to secure the sufficient detention of blood in the muscular tissue. It was the consideration of this fact that had led him, when first asked to see the case at a period when there was no indication of disease of the lymphatics, to infer that the hypertrophy might be due to venous obstruction. He thought that, although there was no doubt that the disease had its origin in the condition of the lymphatics, yet there was much obscurity both as to the nature of the change they had undergone, and as to the reason why the liquid was chylous.

Mr. BARWELL reported a case of Pyæmia with Pneumothorax, seen by himself and Sir Thomas Watson. A gentleman, aged 35, after pain in the axilla, suffered from a small abscess in the armpit. A sudden change in his temper and manners caused fear of mental derangement; pneumothorax succeeded. Besides the original abscess, pus collected in the knee and elsewhere. Coma supervened, and he died after fifty-five days. The pyæmia here arose from a slight cause. The sudden change of the patient's tone and manner was not an isolated or unusual coincidence. Mr. Barwell had seen it in many cases; so that, after an injury or surgical operation, a change in the patient's manner to sullen moroseness and mental depression was, in his belief, the first sign of pyæmia; at least, its occurrence was of great import.

Dr. JULIUS POLLOCK read a case of Typhoid Fever.

Dr. LANGDON DOWN related a case, illustrative of the beneficial employment of Pancreatine in the treatment of Fatty Alvine Evacuations.—After some observations by Drs. Bäumler, Broadbent, and Church, Mr. GASCOYEN related a fatal case in which, as in Dr. Down's patient, diarrhœa adiposa was complicated with diabetes. On dissection, it was found that there was complete atrophy of the pancreas.—After a few remarks by the PRESIDENT, relating to cases previously recorded, the Society adjourned.

MEDICAL SOCIETY OF LONDON.

MONDAY, MARCH 22ND, 1869.

PETER MARSHALL, ESQ., President, in the Chair.

MR. SPENCER WATSON exhibited two cases of Interstitial Keratitis.

Mr. DUNN related a case in which he believed that a woman, having contracted Syphilis within a month of Pregnancy, had communicated the disease to the child.—Mr. WEEDEN COOKE considered the evidence insufficient.

Dr. THOMPSON DICKSON read an abstract of his paper on Matter and Force considered in Relation to Mental and Cerebral Phenomena. Our ideas are vital phenomena, the resultants of motion conveyed through nerves from external objects. The immediate phenomena are chemical and physical changes in the brain-cell or cells with which these nerves are connected; and agitation or vibration of that cell or cells, which is communicated to other cells, as evidenced by a succession of impressions related to the antecedent and suggested by it. The evidence of the physical change is the permanence of the impression. We see a rose, for instance; its image fades from mental view on removal, but its impression remains; a permanent change in a cell or cells which becomes prominent whenever the cell or cells are rendered active, and we appreciate the comparative difference from other cells. Music is an illustration. Music is a modification of motion reaching our aural sense-organs as waves, varying in rapidity and known as hearing, one factor of which is the permanent impression of the musical sound. The evidence afforded by diseased conditions is very characteristic, especially when compared with pathological changes as seen after death; we observe various forms of imperfection in mental phenomena, as loss of memory, incoherence, etc.; and associated therewith are atonic, atrophied, amyloid, and fatty cells: and as a current of electricity will not pass through a glass rod connecting two portions of copper wire, those cells which are unhealthy or have foreign matter in them cut off the current which should otherwise pass between two portions of brain connected by them, the current, on the other hand, running in the course of the greatest vitality. Morbid speech is often strongly confirmatory: the current, being unable to pass to the cell bearing the impression of the word which should follow in logical sequence, darts off to its antithesis. Many such cases are followed by epilepsy or cerebral hæmorrhage. The author touched upon epilepsy, which appears in two forms; one, in which the muscular phenomena are violent while the mental are more or less slight; the other, in which the mental phenomena are profound, while the muscular are more or less absent. Observation had led him to the conclusion, that in health there is a perfect balance between the controlling organ of the brain and the muscular system. In the latter form of epilepsy, the whole surface of the brain is more or less changed; while, in the former, a part only has been injured, and that, perhaps, by coarse disease as tumour, in which case a portion of the seat of control over the motor centres is destroyed. In passive conditions there is not any manifestation till the potential energy (or specific power) so overbalance that of the seat of control, that it would expend itself in violent contraction till its potential energy again approximates the balance of that of the controlling seat.

MANCHESTER MEDICAL SOCIETY.

FEBRUARY 4TH, 1869.

HENRY SIMPSON, M.D., President, in the Chair.

DR. WAHLTUCH read a paper giving details of a case of what he regarded as Cataleptic Ecstacy. The patient was a girl, aged 17. She began to menstruate at fourteen, the crises being occasionally irregular and painful, although latterly they had been quite regular. She had occasionally walked in her sleep, but no ordinary signs of hysteria had ever been shown. The cataleptic attacks were ushered in by a fit of shivering and spasm about the throat, occurring one night at 11 P.M., two hours after she had gone to sleep. They were characterised by anæsthesia and insensibility to surrounding objects, immobility of limb, occasional convulsive movements of the facial muscles, and, during this state, she often prayed aloud and addressed absent persons, or such as were long deceased. During the fits, and while her eyes were closed, she could, apparently, distinguish claret from milk, for which she had asked, and could write letters with a pencil, specimens of which were shown. The fits recurred every evening, at first about 6, afterwards at 6 and again at 8, and then at 6, 9, and 12 P.M. The severity increased as well as the frequency. They then receded in frequency and severity in the same order in which they had increased, till one night, exactly thirteen weeks after her first seizure, in the usual fit at 6 P.M., she thanked God for her deliverance from her malady, and at 11 P.M. had a shivering fit similar to that with which the series commenced. Since then she has remained free from any attack. The author remarked on the apparent strict periodicity indicated above, and referred to her sedentary and anxious life, together with a very strict religious instruction, as no doubt influencing one who, from her previous history of dysmenorrhœa and sleep-walking, may be regarded as especially susceptible.—Dr. Wm. Roberts remarked on the resemblance of such anomalous cases to hysteria, and mentioned a case of cooing hiccup.

Mr. Windsor showed a case of Paralysis of the Fifth Nerve on both sides, the patient being the same whose case has already been fully described by Dr. Althaus.

Dr. Wm. Roberts exhibited Stoehrer's Apparatus for the use of the Interrupted Electrical Current. When charged, it continues ready for use at any moment for weeks together. The cost is £6:10.

The President exhibited the Electro-Magnetic Apparatus of M. Trouvé, which is fitted up in a small leather pocket case. The cost, with fittings, is £3:13:6.

Dr. Thorburn read a paper on an Efficient Method of Inducing Premature Labour. After reviewing the various plans hitherto proposed, and endeavouring to assign to each its due merit, he suggested a modification of Dr. Tarnier's method by the introduction of an India-rubber catheter, capable of being afterwards distended at the point into the form of a bladder.

SURGICAL SOCIETY OF IRELAND.

Friday, March 5th.

G. H. Porter, Esq., President, in the Chair.

Dr. J. H. Benson exhibited the Heart, Spleen, Kidneys, and Liver of a patient who had died under his care in the City of Dublin Hospital, of primary Cancer of the Liver. The cancer was of the encephaloid kind in the saniated stage. It was examined microscopically by Dr. Benson and Dr. John Barker. The full particulars of this case have appeared in the report of the proceedings of the Pathological Society.

Mr. Richardson read the details of a case of Compound Dislocation of the Ankle-Joint, contributed to the Society by Dr. John Nolan of Wicklow.

Mr. Croly read a paper containing the particulars of eight cases of Pott's Fracture treated by the application of Dupuytren's apparatus modified by the substitution of strips of soap-plaster for the bandages; also the details of two cases of Dupuytren's Fracture of the Fibula, with partial Dislocation of the Foot backwards and upwards. He wished to elicit the opinion of the Society as to the value of Dupuytren's apparatus. He thought that the lower bandage was often misapplied, and that it was difficult to keep the splint in position, owing to the facility with which the lower bandage slipped. He had adopted the expedient of substituting slips of adhesive plaster for this lower bandage; and he had found that it was pleasant to the patient, very efficacious, easily applied, and that it never permitted the apparatus to slip out of position. The patients so treated varied in age from 23 to 68 years of age, and they were all discharged cured in from a month to six weeks, with the exception of a patient, aged 68, in whom it required a period of nine weeks to complete the cure. He did not approve of Dupuytren's apparatus *per se* in cases where the foot was displaced backwards; he used Dupuytren's splint applied along the back of the limb, which he then put up in the box-splint. He used this method with great advantage in such cases. In Pott's fracture, his experience was that there was not that great amount of eversion spoken of by Pott. He thought that the deltoid ligament was often ruptured in these cases, but that fracture of the internal malleolus was the exception. He alluded to the difficulty of obtaining crepitus in this fracture, and to the facility with which the diagnosis from sprain might be made by noting the seat of tenderness, it being always complained of over the articulation in sprain, while in fracture it was elicited by pressure on the lower end of the fibula.—Mr. Stapleton thought that there was not much difficulty in keeping the splint in position, and that the modification advocated by Mr. Croly was not new. He thought that rupture of the deltoid ligament without fracture of the internal malleolus was a very rare injury: in over thirty years' experience he had never known it to occur.—Mr. White had seen a large number of cases of Pott's fracture both in Jervis Street and in the Meath Hospitals, and he believed that there was positive proof that the end of the internal malleolus had not been broken. He did not think that the apparatus, as exhibited by the drawing, could be said to be Dupuytren's apparatus. He had not found it give satisfactory results, and was in favour of the use of the box-splint.—Mr. Stokes did not agree with those who found any difficulty in the application of Dupuytren's splint. He had found this method to yield very good results, and he did not experience that great difficulty in retaining the apparatus in position of which some surgeons seem to complain. He thought the drawing was very like the original plate of Dupuytren's apparatus, but in Mr. Croly's case the foot seemed to be drawn too much downwards.—Mr. Wharton thought that the drawing indicated too much extension of the foot, and he feared such a position of the foot would lead to talipes varus—Mr. Fleming considered it most important to attend to the position of the foot in cases of Pott's fracture. He preferred the use of straps to that of bandages. He did not think the box-splint necessary for Dupuytren's fracture.—Dr. Grimshaw stated that Mr. S. Cusack was in the habit of using straps of adhesive plaster instead of bandages. He had frequently, as Mr. Cusack's dresser, made use of the adhesive plaster, and it was found to answer admirably.—Mr. Richardson thought that the obliquity of the fracture of the fibula accounted for the difficulty experienced in determining the exact distance of the fracture above the internal malleolus.—Mr. Croly described the apparatus in Dupuytren's own words. He did not claim credit for the suggestion of the plaster as being absolutely new, but he thought its use would be found highly convenient. He thought the splint was not long enough, and was in the habit of using one twenty-three inches in length. He referred to the incorrect description of Dupuytren's apparatus given by so admirable an author as Miller, who described the bandage as applied along the entire limb, and thought this a sufficient reason for drawing attention to the subject. He explained that the extreme extension of the foot which the drawing made to appear in his case arose from the position assumed by the artist when he made the sketch.

Dr. Mapother read the details of a case of Simultaneous Dislocation of both Patellæ outwards. The details of the case were sent to him by a former pupil, Dr. Conry, now Assistant-Surgeon in the Navy. A sailor aimed at a bird, and had fired, when suddenly the two patellæ became simultaneously dislocated. Reduction was affected by placing the heels of the patient on the shoulder of the surgeon, and then pressing the patellæ inwards.

DUBLIN PATHOLOGICAL SOCIETY.

Saturday, February 13th, 1869.

Fleetwood Churchill, M.D., in the Chair.

Dr. McSwiney exhibited the Liver and Duodenum of a woman, aged 50, who died in Jervis Street Hospital. She was married, but had no children; she was temperate; her habits were sedentary; she enjoyed good health. The only exception to this was that, at irregular intervals, she had had for some years attacks of colic, which, however, promptly yielded to household remedies. On February 4th, she was suddenly seized with severe pain in the right epigastric region shortly after taking her breakfast. The pain was soon followed by vomiting, and she got very weak. She remained in her own house until the evening of the 6th, when she was placed under Dr. McSwiney's care in hospital. On admission, she had a sunken, prostrate look; her face, hands, and feet felt cold and damp, and were of a livid colour; her pulse could not be found at the wrist. She vomited everything she swallowed, and, having thirst, she frequently asked for cold drinks. She was obstinately constipated. Her abdomen was very tympanitic; it bore pressure without pain in all parts, except a space of about four inches square at the right side below the ribs in the situation of the liver. Here pressure was intolerable. The pain of which she complained was agonising, and compounded of three different kinds. Thus she had—1, a constant general, dull uneasiness; 2, an occasional paroxysmal accession of severe pain; and 3, pain upon the least movement of her body. She was slightly jaundiced. The diagnosis of local circumscribed peritonitis was not very difficult; the cause of this was shrouded in some doubt. She was evidently dying, and sank on the 8th inst., just four days after the advent of the symptoms. *Autopsy.*—There was a great mass of subcutaneous abdominal fat, being three inches in depth in parts. The mesentery and omentum were converted to fat. The liver, stomach, and duodenum were adherent from very recent lymph; the adhesions most easily separated; the effused lymph was green in colour. A viscid fluid, evidently bile, lay on the surface of the duodenum and adjacent parts. The gall-bladder contained no bile, but was nearly full of polyhedral gall-stones. There was a pouch at the junction of the ducts, which had an opening of the size of a fourpenny-piece; in apposition with this pouch was the duodenum, slightly adherent to it, and having a similar ulcerated opening. The openings communicated, and it was clear that, in an effort to discharge a gall-stone into the intestine, the bile had become effused into the cavity of the peritoneum. The common duct was found greatly enlarged in calibre, and its extremity was occupied with a large calculus very firmly impacted. The sequence of pathological events was not easy of determination, but might have been thus. A large calculus slowly progressed through the duct, with the intention of ultimate escape through the papillary opening in the duodenum, and, perhaps, allowed the bile to slowly trickle past it; the second gall-stone was arrested in the aforesaid pouch; there was an unsuccessful effort to isolate it, and send it through fistulous opening; and finally, a fatal effusion of bile took place into the peritoneal cavity.

Dr. J. G. BURNE exhibited a large Tumour of the Pharynx occurring in a patient under his care in the South Dublin Union Hospital. John Glennon, a shoemaker, aged 25, was admitted September 16th, 1868, suffering from difficulty of deglutition, accompanied with dyspnœa, the latter coming on suddenly during sleep. He stated that, four months previously, he caught cold and suffered from sore throat with an enlargement of the left tonsil. He did not get any medical advice at the time; but difficulty in swallowing solids increased to such an extent that he came to Dublin for advice. He was anæmic, probably owing to his being unable to swallow any food but liquids. In breathing, he protruded the chin and kept the neck quite stiff. The voice was raucous; he spoke very indistinctly; he profusely salivated. There was slight fœtor of the breath. He could hear distinctly with both ears, and blow through each nostril. He could lie on either side, also on his back; but when in the latter position he did not breathe so freely. He protruded the tongue and opened the mouth with facility. In the mouth, a tumour of the size of a large hen's egg, at the back of the throat, bulged forward the soft palate. It almost completely closed the aperture leading from the mouth to the pharynx, and pressed down the tongue. It was very vascular; and on the inferior surface there was a large slough, which bled freely when touched. The tumour had a hard semi-fluctuating feel, and could be moved slightly by passing the finger along the dorsum of the tongue to the right side, by which manœuvre the base of the tumour and its attachments, which were extensive, might also be felt. It seemed to grow from the left side of the pharynx, left arch of the soft palate, and base of the tongue. The tonsil of that side could not be distinguished from the tumour. The sublingual glands were not enlarged; but on the outside there was a lateral projection at the angle (left) of the lower maxilla, corresponding to the site of the tumour. Both lungs were evidently extensively diseased. There was a to-and-fro friction-sound heard over the region of the pericardium. He suffered from fistula *in ano*, and was rapidly losing flesh. He was so anxious for relief, that, on October 5th, 1868, Dr. Burne removed a large portion of the tumour with the *écraseur*. Bleeding was stopped by the sucking of ice. Two days after the operation, he ate a chop and bread, and continued to enjoy his food till the latter end of November, when the tumour again enlarged more rapidly than ever. Dr. Burne was thinking of another operation, when the patient got an attack of purpura, and died on Feb. 10th. The autopsy revealed a large tumour springing from the left side of the pharynx, the left arch of the palate, and the base of tongue. The recent appearances were well seen in a drawing by Burnside, which was exhibited. The lungs were extensively diseased; the right lung exhibited several large cavities, and the left a considerable amount of tubercular deposit. There was lymph on the surface of the heart and pericardium, thus accounting for the to-and-fro friction-sound during life. The tumour was examined by Dr. Bennett, and pronounced to be probably malignant. Tumours of the pharynx were rare; and when they did occur, were most frequently pendulous, and arose by a peduncle which rendered their successful removal comparatively easy.

A CHINESE WORKHOUSE OR "ASYLUM FOR OLD MEN".—In Hang-chow, the provincial capital of Chekiang, I found, in connexion with a variety of benevolent institutions, an asylum for old men, in which I became particularly interested, and which I frequently visited. It contained, in 1859, about five hundred inmates. The building was large, the beneficiaries were made very comfortable, and everything connected with the establishment was carried on with as much order and system as in a similar institution in our own country. In addition to an immense dining-room, kitchen, and sleeping apartments, conveniences were afforded in separate buildings for making different articles of handicraft; and the inmates were at liberty to spend as much time as they chose working at some trade, and to make such use as they pleased of whatever they might earn in this way.—Nevins's *China and the Chinese*.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 10TH, 1869.

THE DIRECT REPRESENTATION OF THE MEDICAL PROFESSION IN THE GENERAL COUNCIL OF MEDICAL EDUCATION.

I.

IT would be difficult, if possible, to find a parallel, in any corporation or body of men, for the activity, public spirit, and disinterestedness displayed in this generation by the medical profession of the United Kingdom. To its members do the large majority of hospitals and dispensaries directly owe their origin; and those foundations for the relief of the sick which date from the golden age of fat endowments, are no less indebted to our brethren for the learning and disinterestedness which have raised them to the level of modern requirements in the common interest of science and civilisation. Though satirists may point out that they are interested in the existence and diffusion of disease, members of the medical profession have always been foremost amongst sanitary reformers, and have never tired in preaching the humane and economical doctrine of prevention, in the teeth of stolid opposition. In the army and navy, our *confrères* have never ceased to exert themselves for the mitigation of the horrors of war; and their ardour has been proof against the mistaken policy which has denied rank, retarded promotion, and poorly remunerated a class of officers who might fairly claim the first place for humanity and skill, and will yield to none, when occasion requires, for bravery and self-sacrifice. Whence is it, if not from our ranks, that the loud protest has gone forth against the horrors of infant mortality, and the withering influence which preventable contagious diseases are silently, but with fatal certainty, exerting on the human race?

The schoolmaster has been abroad a good while, and it cannot be denied that he has done some good; but he will stand a comparatively poor chance of success, so long as the material upon which he has to work is the ill-fed squalid population of our great cities. It is of little use to hope for healthy and vigorous minds in bodies attenuated by vice and filth through successive generations; and, if we are to give up the unprofitable work of breeding paupers and criminals, the sanitary reformer must be listened to and supported with something of the patience and heartiness with which the politician and the soldier are wont to be greeted by the great officers of State.

We have but recited some of the work to which members of our profession have devoted themselves—work which they will not abandon, though justice be tardily done them in honourable recognition and adequate remuneration. But, in this eminently practical age, no one, certainly no body of men, can afford to indulge too much in the sentimental comfort of the copybook maxim, that "virtue is its own reward." The members of the medical profession have shared rather bountifully the fate which never fails those who take a large interest in the welfare of other people, and neglect their own; but the conviction is at last gaining ground rapidly, and with good reason, that, if we do not take care of ourselves, we are not likely to be made much of by other people. And, since the medical corporations have, with few exceptions, given their members to understand that all they have to do is to pay the money for their entrance and have no voice in their concerns; since statesmen point to the General Medical Council as the pattern after which professional grievances should be listened to and redressed,—it behoves the great body of the profession to assert in unmistakeable language the grounds on which they claim to be directly represented in the body charged by the Act of 1858 with the control of medical education.

With every disposition to bury the hatchet and let bygones be forgotten, we must recall the fact that the representatives of the corporations, who now stand up so jealously for the honour and immunities of the General Medical Council, would never have had a seat in it at all, had not the opposition of their colleges to all reasonable reform been reduced by a struggle which extended over a quarter of a century. The Worcester reformers of 1832 little thought, when they founded the Provincial, now the British Medical Association, that they would be called upon to sustain the brunt of opposition of the combined colleges year after year, with scarcely a glimmer of hope. Our colleagues in the medical press did render help, and every now and then a convert was made in the legislature; but progress was tediously slow, and at last a victory was only obtained by a compromise which failed to give full satisfaction to any of the parties to it. Cheerfully conceding that the Act of 1858 has done some good, its imperfections are too many and too important to escape even a superficial observer. A new Act must be obtained, and that Act must embody a provision for the direct representation of the profession in the General Medical Council. The resolutions printed in another column will convey some idea of the vigorous plan of action jointly determined upon by the Committee of Council of the Association and by the Committee specially designated for this work at the memorable Oxford meeting. The will of the profession is clear and unequivocal. Direct representation in the General Medical Council is desired; and it shall be our endeavour to give expression to that resolve with befitting plainness and sincerity.

NAVAL REDUCTIONS.

It has been announced that the First Lord of the Admiralty, having regard to the economy of our naval establishments, is about to reduce the staff at Haslar by one inspector-general, or physician. Although this may be suitable to the present wants of the place—there being very few ships now at Portsmouth—yet we doubt whether, on the arrival of our iron-clads from Lisbon, it will not be found that "efficiency has been sacrificed to economy." Our naval hospitals differ from civil hospitals in that the inspector-generals are the house-physicians, who are charged to assist all their patients, and to prescribe twice daily for them. How this can be done by one physician in an hospital with nine hundred beds, receiving epidemic and zymotic, as well as all the acute cases that occur among a large body of men, when Spithead and the harbour are the resting-place of such squadrons as are sometimes assembled there, we are at a loss to determine. On such occasions, true economy consists in having a medical staff to whom the whole resources and machinery of such an establishment are perfectly familiar, for the safety of the sick must depend on the completeness of the medical staff. We are told that at times the zymotic wards alone fully occupy the time and attention of a physician, who, likewise, should be one of no ordinary administrative as well as professional ability. We, therefore, trust, for the good of the public service, that no such reduction will be made hastily. On professional grounds, also, we see grave objections to this measure, which will reduce the active employment of inspectors, or physicians, to two appointments. The naval medical service, as is too well known, is already at a very low point, in the inducement it offers to well-educated members of the profession; and it must become still lower, if the objects that encourage zeal are thus taken away. The army possesses eight appointments in that rank; and, if the highest appointments of the navy be reduced to two, there will indeed be small inducement to enter on a service so ill-requited. It may be a judicious step to retire the senior members of the corps, who have served long and faithfully, by increasing the good-service pensions on retirement; but, at the same time, the paths to these should not be so narrowed that these prizes become practically unattainable. To effect this at once, it is proposed to place on the retired list Sir D. Deas, Dr. Burn, and Dr. Stewart, with pensions of £100 a year each, which in total will only equal the good-service pension of a flag-officer, thus giving them, individually, but an insignificant preeminence, as they will each have been deprived of the emoluments of active service. Of these gentlemen, Sir D. Deas is an officer of eminent services, who forcibly relinquishes a difference of £400 a year in his emoluments by the change. He will take with him not merely the esteem of his class, but the admiration of his profession, for the uprightness with which he has endeavoured to establish, unhappily to his detriment, the principles on which the fresh appointment of the director-general should be made. He is mature in honours and distinctions, and may well afford to retire into private life without regret.

Dr. Burn not only relinquishes full-pay, but has richly deserved war-honours that have not been accorded to him; and on this ground alone may well be dissatisfied. He may be resigned to leave a service that has not treated him equal to his deserts, and to end his days amid scenes remote from professional anxieties.

Dr. Stewart was harshly treated, as we have frequently remarked, by removal from his appointment at Plymouth Hospital last year. The good-service pension will afford him a small *solatium* for the grievance under which he has been too long allowed to labour.

To all these deserving officers we offer the best wishes of their profession, which regards with respect the men who, by superior attainments and zeal, have reached the highest positions the public service affords. In parting with them all, we feel it our duty to state that it would be a well-paid compliment to them and to the profession, if Her Majesty were advised to confer on each *honorary distinction*, as the most coveted reward obtainable in the service of the Crown.

IS CANCER A BLOOD-DISEASE?

The question raised by Mr. De Morgan, at the last meeting of the Pathological Society, as to the constitutional nature of cancer, is one of the highest importance. The almost universal opinion that cancer is what is called a blood-disease, is founded partly on the very frequent recurrence of the disease after operation; partly on its wide distribution when once formed; and partly on the evidence, so frequently afforded, of hereditary tendency.

A protest against this opinion was raised by Mr. Moore; and Mr. De Morgan has taken the same view. It was argued at the Society that a great, if not equal, tendency to recurrence is found in the case of tumours which are not cancerous, as in the specimen of cystic sarcoma exhibited at the meeting; that diseases not cancerous are distributed when once formed; and that hereditary tendency is as strongly marked in the simplest tumours as in cancer—as, for example, in a case of hereditary fatty tumour mentioned by Mr. De Morgan. It is indeed familiar to all that peculiarities of nutrition in the parent, of whatever kind, are constantly transmitted to the offspring.

The argument advanced by those who deny the constitutional nature, in the ordinary acceptation of the term, of primary cancer, is that prior to, and for a long time after, the appearance of a cancerous tumour, the constitution is distinguished, in most cases, by its healthy characters, and by the absence of any appearances which would indicate disease.

Mr. T. Smith asked, if the evidence of constitutional taint was absent in cancer, where could it be found? What was a blood-disease, if cancer were not? Mr. De Morgan referred to the constitutional characters seen in struma before any deposit of strumous matter took place; and Mr. Moore alluded to small-pox as an instance of what one would expect if the blood were primarily diseased—viz., the general and simultaneous appearance of the disease over the body—whereas, in fact, small-pox was generated in blood from a matter first introduced into it, which interjected or inhaled substance was equivalent to the primary tumour, out of which general cancer spread.

Then, again, they argue that, if in these non-cancerous tumours we get recurrence and distribution, as in the case presented, it affords a strong ground for belief that the same cause is in operation in both cases; and that the *onus probandi* of the contrary rests with those who maintain that the recurrence and distribution in cancer are evidences of previous general tendency to disease. Mr. De Morgan and Mr. Moore look on this recurrence in both cases as an evidence that some of the elements of the original disease are carried in the liquids of the body, in blood-vessels, or lymphatics, or spaces in the connective tissue, to a greater or less distance; the extent to which this tendency exists being a question of more or less: that, as we find some forms of cancer far more disposed to distribution than others, so cancerous tumours generally may be more disposed to it than other tumours.

The great question which is thus raised is as to the propriety of early operation. If, in the first place, the disease is purely local, but with a structure which allows of the free dissemination of its elements, it is obvious that the earlier and more completely it is removed, the greater the prospect of future immunity. Mr. T. Smith's observation, that it ought to be shown that early and thorough operations do preserve the patient from recurrence, is important; but it is obvious that no logical proof can be given, since surgeons rarely or never see the disease in its early stages. The subject ought not to rest here; and we should be glad if the question could be more thoroughly discussed than is possible at the meetings of the Pathological Society.

THE LEEDS MEETING.

THE arrangements for the Annual Meeting of the Association at Leeds are, we are informed, in a forward state. It is intended to hold the Meeting on the 27th, 28th, 29th, and 30th of July, being a week earlier than has been usual in recent years. There are to be five sections, each with a President, Vice-President, and Secretaries; [viz., MEDICINE —*President*, Dr. W. T. Gairdner, Glasgow; *Vice-Presidents*, Dr. Banks, Dublin, and Dr. Heaton, Leeds; *Secretaries*, Dr. C. Allbutt, Leeds, and Dr. Charlton Bastian, London: SURGERY—*President*, William Hey, Esq., Leeds; *Vice-Presidents*, George Southam, Esq., Manchester, William Stokes, jun., Esq., Dublin; *Secretaries*, W. Fairlie Clarke, M.B., London, and T. R. Jessop, Esq., Leeds: MIDWIFERY—*President*, Dr. Arthur Farre, London; *Vice-Presidents*, S. Berry, Esq., Birmingham, Dr. Priestley, London; *Secretaries*, Dr. Kidd, Dublin, Dr. Thorburn, Manchester: PHYSIOLOGY—*President*, Dr. Hughes Bennett, F.R.S.E.; *Vice-Presidents*, Dr. Beale, F.R.S., London, Dr. A. T. H. Waters, Liverpool; *Secretaries*, E. Chapman, Esq., M.A., Oxford, H. Power, M.B., London: STATE MEDICINE—*President*, Dr. William Farr, F.R.S.; *Vice-Presidents*, Dr. Mapother, Dublin, Dr. A. P. Stewart, London; *Secretaries*, Dr. Philipson, Newcastle, and Dr. Wiltshire, London. Addresses are to be delivered: in Medicine, by Sir Wm. Jenner, Bart., M.D.; in Midwifery, by Dr. Beatty; and in Surgery, by Thomas Nunneley, Esq.

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FOR the vacant post of Assistant Surgeon to the London Hospital, Mr. Tay is, we believe, now the only candidate in the field. Mr. Tay's candidature is likely to meet with success.

MR. BALMANNO SQUIRE, M.B., is a candidate for the appointment of Physician to the Department for Diseases of the Skin at Charing Cross Hospital.

MR. J. A. H. Toulson, of Kirkstall Road, Leeds, chemist, has been fined £1 and costs, under the Vaccination Act, for refusing to have his infant, nine months old, vaccinated. The amount (£1:8:6) was paid by Dr. J. P. Payne, on behalf of the Leeds Branch of the London Anti-Compulsory Vaccination League.

DR. JOHN J. PHILLIPS has been appointed Assistant-Physician to the Hospital for Sick Children.

THE Queen, attended by Sir William Jenner, has this week paid a visit of inspection to St. Bartholomew's Hospital. The medical officers were in attendance in the wards, to give details as to the cases, in which Her Majesty manifested a deep interest.

IN order to signify her interest in the Cottage Hospital for Consumption, Ventnor, Her Majesty intends to depute a member of the Royal Family to lay the foundation-stone of one of the houses. When the houses are completed, the hospital will hold one hundred patients.

ADULTERATION OF BEER WITH COCCULUS INDICUS.

A GERMAN periodical has drawn attention to the fact that a very large quantity of cocculus indicus is annually imported into England, which would suffice for the adulteration of no less than one-fifth of the beer consumed in this country; and it is suggested that this fact gives considerable probability to the prevalence of adulteration of beer —especially London porter and stout—with that material. According to the statement of Lord E. Cecil, in the late discussion on the subject of adulteration in the House of Commons, the quantity of cocculus indicus imported into England in 1857 amounted to 68 hundredweight; in 1867, the quantity had increased to 689 hundredweight; and last year, it amounted to 1,064 hundredweight. This latter quantity is more than three times as much as the German authority above referred to has taken into account, so that, upon his view, it would be sufficient for the adulteration of three-fifths of the beer consumed in the United Kingdom. According to a statement of Professor Dragendorff, formerly chemist to the St. Petersburgh Police, picrotoxine—the active principle of cocculus indicus—is largely used for adulterating beer in Russia; and it is a frequent occurrence that brewers are fined on this account, and the beer confiscated. Schubert of Wurzburg also states that Bavarian beer is very often adulterated with cocculus indicus. It would appear, therefore, from these statements, that the use of cocculus indicus, for giving fictitious strength to beer, is a very general practice, and one which, if it prevails to any extent in England, is not by any means peculiar to this country, as has been stated by some persons.

THE METROPOLITAN SICK POOR.

A RETURN has been made to the House of Commons with reference to the arrangements which have been made for providing asylums, infirmaries, and dispensaries under the Metropolitan Poor Act, 1867. It appears that two Asylums for Imbeciles are to be provided, each to be capable of accommodating 1,500 patients; one at Leavesden, near Watford, the other at Caterham, Surrey. The cost of the site for the Leavesden Asylum is £7,600, estimated cost of the building £110,000, of furnishing, bedding, and clothing, £18,000, total £135,600. The cost of the site for the Caterham Asylum is £6,000, the estimated cost of the building £111,000, of furnishing, etc., £18,000, total £135,000. Sites have been purchased at Stockwell, Homerton, and Hampstead, for Infirmaries for fever and small-pox patients. The Stockwell Infirmary is to be capable of receiving 162 fever and 102 small-pox patients; the cost of the site is £15,500, estimated cost of the building £56,600, of fittings, furniture, bedding and clothing, £22,700, including 10 per cent. for contingencies, total £94,800. The Homerton Infirmary is to be capable of receiving 182 fever and 102 small-pox patients; the cost of the site is £12,500, estimated cost of building £44,000, to which may fairly be added as much as the Stockwell Infirmary for fittings, etc., (it will probably be more, as twenty more patients are to be provided for) viz., £22,700, total £79,200; both plans are, however, still under consideration. A site has been obtained at Hampstead for £16,000, but the erection of the building is to be deferred until it has been ascertained how far the other Infirmaries will meet the requirements of the district. For Infirmaries for the Sick, other than fever and small-pox patients, six districts have been formed, and sites obtained in four of them at a cost, altogether of £35,570. Nothing appears to have been decided about the buildings. Dispensaries have been established in St. George-in-the-East; St. George, Hanover Square; St. Mary, Islington; St. Margaret and St. John, Westminster; Mile End, Old Town; St. Mary, Newington; St. Olave; St. Pancras (not yet in operation); Poplar; St. Saviour; Stepney; and Whitechapel. And Dispensaries will soon be completed in Paddington and Lambeth.

THE MIDDLESEX HOSPITAL HOME FOR NURSING.

THIS Institution is well-nigh completed, and will form a valuable addition to the hospital. Her Royal Highness the Princess Teck has consented to open the building on May 3rd, the day of the Hospital Festival, at which Lord Enfield, M.P. will preside.

LABORATORY OF THE LONDON INSTITUTION.

WE hear with surprise that the Laboratory of the London Institution is about to be abolished. It is proposed to render the Institution more educational than heretofore; and, with this object in view, a class-room for giving elementary instruction in chemistry is to be substituted for the laboratory of research, which is at present occupied by Professor Wanklyn. That Professor Wanklyn's laboratory should be supplemented by a class-room, we could comprehend; but that it should be sacrificed to make way for an elementary class-room, is unworthy of the Institution, which has done much of late years to advance the progress of chemical science in this country.

THE PRESERVATION OF FOOD BY ARTIFICIAL REFRIGERATION.

IN a paper on this subject by Dr. Paul, in the *Quarterly Journal of Science*, the various methods of effecting artificial refrigeration are described; and it is stated that, though little has hitherto been done in applying them to making ice in this country, they have been found to work very advantageously in hot countries more remote from natural sources of ice. Apart from the actual production of ice, which, from our proximity to Norway, can be chiefly obtained thence in great abundance, there are many other purposes for which artificial refrigeration may be of service. In preparing salt meat, for instance, a certain degree of cold is required to enable the meat to take the salt; and in this case the use of an apparatus capable of producing cold at pleasure would partly do away with the expense attending the transport and storing of ice for that purpose. Again, the influence of cold in preserving meat, fish, and other provisions, is sufficiently well established to justify the belief that artificial refrigeration might be applied with great advantage, not only in the transport of such materials to the metropolitan markets, so as to ensure their arrival in better condition than is often the case, but also as a means of compensating that uncertain and variable relation between supply and demand which sometimes renders articles of food excessively dear, and sometimes reduces their value to almost nothing. Large quantities of provisions are constantly being destroyed, as unfit for food, on account of damage during transport, or from being kept too long in hot weather; and this might, in all probability, be prevented, if suitable means were applied for keeping down the temperature of provisions during their transport, and for storing surplus supplies under the same conditions. Enormous quantities of fish are at times destroyed, or carted on the land as manure, because, in the absence of any means of preserving an unusually large supply, it is not worth the cost of transport to market. In like manner, the importation of what may be termed the waste meat of the Australian colonies, South America, and of other countries, appears to depend mainly on a practical solution of the problem whether a sufficiently low temperature for preserving the meat fresh can be maintained during the passage of a vessel to England, at such a cost as to afford a profit on the trade. Another of the purposes to which artificial refrigeration may be applied with advantage is the brewing of beer, especially since the necessity for cooling power is of uncertain occurrence, and varies according to the season; so that there is too great a risk in keeping a store of ice for this purpose, to admit of its being so much used as might be desirable. It is, indeed, remarkable that brewers have hitherto done so little in applying artificial refrigeration; for, with the exception of Messrs. Flower of Stratford-on-Avon, who were the first to put up a machine for the purpose, and Messrs. Truman, Hanbury, and Buxton, who have lately put up one of Siebe's ether-machines at their brewery, there is perhaps no other brewery where artificial refrigeration is practised. Among other purposes to which it has been proposed to apply artificial refrigeration is the cooling of air in dwellings, hospitals, and passenger-ships passing through tropical regions; and there are, no doubt, many cases in which it might be usefully employed in that way.

PROVIDENT DISPENSARIES.

WE have heard much in favour of provident dispensaries in general, and especially of the Northampton Victoria Dispensary. But we have lately received complaints that it acts injuriously towards medical men who are not attached to it as officers. A reliable correspondent, in forwarding the enclosed cutting from a local paper, vouches for its accuracy. "As your columns have lately teemed, in glowing terms, with a report of the Victoria Dispensary, and as being so successful, it is only fair that your readers should know all the merits of the same, and how all parties are affected by it. It is charitable as well as provident, that is, it has honorary subscribers to the amount of about £200 annually, besides considerable donations. Now, the extension of it in a manufacturing town like Northampton, where mechanics predominate, and where wages are tolerably high, that is, ranging from 18s. to £2: 10, or even £3 weekly, by absorbing the greater proportion of these, and other denominations, as clerks, dressmakers in business, revenue officers, shoe trade, etc., into the institution, must necessarily operate greatly to the disadvantage of resident medical men (not officers to the Dispensary) and detract from their incomes. It may, therefore, be considered that unless a dispensary is wholly provident, or only admits members with wages or other sources of income not exceeding £1 weekly, it must needs be a great injustice to other local and non-resident medical practitioners (particularly when principally worked by paid assistants, a most unusual course for public appointments), and must be acting against the 1st rule for free members, viz., 'Being unable to pay for medical advice in the usual manner.' And as the Dispensary is shown to be so successful, why should there be any necessity for the continuance of honorary subscribers? but leave it to stand on its own merits, with ordinary subscribing free members only."

THE NAVAL MEDICAL DIRECTORSHIP.

IN the course of the week it has been announced that Mr. Childers has filled the office of Director-General of the Naval Medical Department by the appointment of Inspector-General Armstrong. It had already been more than once our duty to intimate that it was by Dr. Armstrong's appointment that we believed the interests of the service and the public would be best promoted; and we are glad to find that, now the appointment is made, it has been received with the general and unqualified satisfaction which we predicted for it. The choice of Mr. Childers has been ratified in Parliament by the expression of opinion of Mr. Corry, the late First Lord, who, amid the cheers of the House, congratulated Mr. Childers on an appointment which he believed to be unexceptionable; the House of Commons thus confirming the opinion which we ventured to express in this JOURNAL, and to urge upon the First Lord. It is, no doubt, a great matter to have this office filled by a Director-General of so much energy of character and administrative ability, and one whose appointment has received public and unusual sanction; but the value of the office, and its usefulness to the Government and to the service, depend hardly less upon the conditions with which it is surrounded and the prerogatives attached to it, than upon the character of its incumbent. In discussing the organisation of the Naval Medical Service, we have already stated very freely what we believe to be the essential conditions of usefulness for a Director-General, whoever he may be. The Director-General should be, together with the First Lord, the person essentially responsible for all appointments and promotions. He should have immediate knowledge and a high consulting voice in all that relates to the department. It has long been a source of weakness and complaint, that the opinions and representations of the Director-General were liable to be filtered through a third person before reaching the First Lord. The department generally had lately fallen into a state of deplorable weakness and depression. We look forward—we hope not with undue confidence—to a restoration of a more satisfactory state of things. We hope to see a strong Director-General, on good terms with his chief, able to make his department respected, and in possession alike of the confidence of the First Lord and of his naval medical brethren. The task is one of no mean difficulty, but it is also one of no small importance. It has been confided to able and earnest hands, and we must await the result. Such a state of things as there is now some hope of securing will, we trust, tend to restore the popularity of the service in the medical schools. Until it does, comparatively little is gained. What is needed is, that the Naval Medical Service should become popular, and that good men from the schools should be tempted to enter it. To tempt the best men into the service of their country is the soundest economy.

PRESERVED MEAT FOR THE NAVY.

WE learn that some difficulty has arisen as to the conditions to which the Admiralty require contractors for the supply of Australian preserved meat to agree; and that, consequently, no arrangement has yet been completed for providing the quantity which the Admiralty recently requested tenders for. The evil reputation of preserved meat supplied on contract, resulting from former experience, appears to have made a deep impression on the authorities connected with the Victualling Department; and, if we may judge from the reference made to Mr. Goldney in the House of Commons on Tuesday, there appears to be no little fear that that reputation might again be justified. This is a point to which too much attention can scarcely be given by those who are responsible for ensuring a proper supply of food for the navy; and it is even more important than the possible saving of £30,000 a year which might be effected if the Australian meat could be substituted for that preserved at Deptford. Under existing circumstances, it would seem indispensable that, to secure the adoption of that source of supply, intending contractors should be more than ordinarily disposed to conform with stringent conditions, since they have not only to establish a character for the excellence of the Australian meat, but, unfortunately also, to overcome and dispel the apprehensions to which former experience of meat supplied on contract has given rise.

HOUSE-SURGEONS' CERTIFICATES.

FROM the following letter it will be seen that the system of requiring a small payment for certificates of sick clubs has been successfully carried out.

"The letter of a Metropolitan House-Surgeon, in the JOURNAL of March 13th, on the subject of House-Surgeons' Certificates, induces me to send you a few observations, as it is a subject which has pressed itself much upon my notice for some time past. Although I stand now in the reverse position to your correspondent, I fully agree with some of his suggestions. I am frequently requested to give certificates to club-patients who happen to be for the time in or out-patients of the infirmary, although, of course, I have no personal knowledge of the state of health in which they are, nor of the nature of the accident from the effects of which they may be at the time suffering; nor have I a right to interfere for the purpose of gaining such knowledge. I naturally object, at first, to comply with their request, as they are not for the time being my patients. The invariable reply is, that the house-doctor at the infirmary will not give the required certificate, as it is against the rules. On several occasions I have held out, causing the patient to make a second application to the house-surgeon; but ultimately have felt compelled to yield, on his refusal, as it seems hard to deny the request; and besides, the patient is, of course, *entitled* to the certificate from some one. The point is, by whom should it be furnished? I maintain that the medical man under whose care the patient is for the time being (or his deputy) is the proper party, whoever he may be; and I think it is somewhat a straining of rules to carry them out strictly in such cases. I believe that in no hospital whatever is there a special rule to this effect; and where there is a rule at all, it is more in the form of a *direction* to the house-surgeon—which he would naturally be only too glad to carry out to the letter—to refuse to comply with all such requests. At the infirmary in this town, I believe the house-surgeon does give a printed certificate to in-patients on their admission and on their discharge, but none during the interval, however long that may be; none whatever to out-patients. There are two causes which operate as a difficulty in the case: first, the absurd frequency with which some clubs demand certificates—as often as every fortnight, or even every week. In the case of an *in*-patient of a hospital, a certificate on admission and another on discharge; and in the case of an *out*-patient, and in all other cases, one once a month ought to be amply sufficient for all clubs. The second difficulty is the fact that clubs accept the certificate of their club-doctor, although he has no personal knowledge of the nature of the member's illness. They evidently ought to demand it of the house-surgeon in the cases under consideration. I may incidentally state it as my opinion that clubs have no right to demand that the *nature* of the member's illness should be stated in the certificate; that is a point which concerns the doctor and the patient only. A few words as to remuneration. It will be said that no medical man—house-surgeon or not—is bound to give a certificate without being paid for it; and I fully endorse that opinion. Club-members, as a rule, are not able to pay the usual fee for such—say half-a-crown or five shillings; but I believe they would be always found willing to pay a smaller and moderate sum, say one shilling. I do not think the clubs themselves would ever be induced to pay the fee; it must be the person himself who reaps the benefit, viz., the member, to whom we must look. I was for several years house-surgeon of a large county hospital, and the plan I adopted was the following, which was found to answer admirably. Printed slips were used with the house-surgeon's signature attached, a blank space being left for the patient's name and the date. These were filled up by the house-surgeon himself, or by the house-pupil under his direction, when required, with very little trouble indeed; and the sum of one shilling was always charged for the same, the money received being put into the hospital donation-box or other similar receptacle. Such sum was always paid readily, whereas I think a larger fee would not be, and moreover, I consider it would be hard upon the general run of club-patients. As I am now situated, I always give my own club and dispensary patients, who happen for the time being to be patients of the infirmary, the required certificate gratuitously; in all other cases charging half-a-crown."

CLIMATIC CHANGES THROUGH THE AGENCY OF MAN.

THE ground on which stands Ismailia, a town of six thousand inhabitants, and the head-quarters of M. de Lesseps, was, but a few years since, a dry sandy desert, on which rain was never known to fall. All is now transformed. The old dried-up basin of Lake Timsah has been again filled with water from the Nile by a fresh-water canal. Trees, shrubs, and plants of all descriptions grow rapidly wherever the soil is irrigated, and the artificial oasis widens fast. "Accompanying," writes a correspondent, "this extraordinary transformation of the aspect of the place, there has been a corresponding change in the climate. At the present time, Ismailia during eight months of the year is probably the healthiest spot in Northern Egypt." The mean temperature for the four months June to September is 94°; the following four months, 74°; and the four winter months, 45°. "Until two years ago, rain was unknown; but, in the twelvemonth ending April last, there were actually fourteen days on which rain fell; and, no later than Sunday last, there fell a tremendous shower of rain, a phenomenon which the oldest Arab had never previously witnessed." Rain ceases to fall on a country deprived of its forests, or only falls in violent storms. Here we see rain returning to the desert on restoring the trees.

MEDICAL BENEVOLENT FUND.

THE sum of £140 was granted by the Committee at their meeting on the last Tuesday in March; this was among sixteen applicants, and included £25 promised conditionally at previous meetings. Legacies of £100, duty free, from the late J. Hodgson, F.R.S., and £500 : 11 : 11, duty free, from the late Miss Terrett, were reported; these, in accordance with the laws, are added to the Annuity Fund, and are invested in Government securities. Cases of temporary distress receive relief from the Donation and Subscription Funds; to these the Honorary Secretary reported a further contribution from Dr. Burrows, F.R.S., of £10 : 10, and from Miss Abernethy of £5 : 5.

PROPERT LIBRARY FUND.

The Propert Library Fund seems to be prospering well. A good library will, no doubt, supply a deficiency in the school; and, by tending materially to forward the education of the boys, will be an appropriate tribute to the memory of the founder. We are glad to see that some few very handsome subscriptions have been made to the fund, and altogether a very good nucleus for a sufficient fund. The present boys, by subscribing £58 7s. among them, have shown how highly they value the project; and we hope to find the present insufficient sum collected quickly supplemented. Donations of books may be forwarded to the head-master at Epsom College; or of money, to Mr. Wagstaffe, 122, Kennington Road, the treasurer.

DISCREPANCIES IN WATER ANALYSIS.

It is strange how errors, once committed by distinguished scientific men, continue to be copied by one author after another long after they have been refuted, and after they have ceased to be received by those specially conversant with the subject to which they relate. This remark is called forth by a recent article in the *Quarterly Journal of Science*, in which, when treating of the future water-supply of London, occasion is found for statements concerning the high degree of accuracy attained by Frankland and Armstrong's process for the estimation of the organic matter in water. Now, as has been shewn, Frankland and Armstrong's method is affected by errors which are of greater magnitude than the total quantity of organic nitrogen in the worst natural water, and quite untrustworthy. In our standard work of reference, Watts' *Dictionary of Chemistry*, the acknowledged inaccuracy of this process is pointed out. Under these circumstances, it is not very surprising that Dr. Frankland and Dr. Letheby give diametrically opposite accounts of the sanitary state of London water.

SCOTLAND.

Dr. J. R. Wolfe has been appointed Lecturer on Ophthalmic Medicine and Surgery in Anderson's University, Glasgow.

Dr. Graham Weir has been appointed Consulting Physician to the Hospital for Children, Edinburgh. Dr. R. Peel Ritchie, who has acted as extra Physician, has been appointed full Physician.

Dr. A. Dalzell has been appointed by the Senatus Academicus to conduct the class of Practical Chemistry in the Edinburgh University during the ensuing Summer Session.

UNIVERSITY OF GLASGOW: INSTALLATION OF LORD STANLEY.

On Thursday, April 1st, The Right Honourable Lord Stanley was installed as Lord Rector of the University, and delivered an eloquent inaugural address to the students. He dwelt specially on the advantages of a cheap University education, such as that to be obtained at Glasgow. In the evening, Lord Stanley was entertained at dinner in the Fore Hall of the College by the Senatus Academicus.

LEITH HOSPITAL.

On Wednesday, March 31st, a crowded and influential meeting was held in the Assembly Rooms, to consider what measures should be taken to secure for the hospital a larger amount of public support than has lately been given to it. Numerous resolutions were passed which ought to meet with the approval and receive the generous support of the inhabitants.

GLASGOW SANITARY BENEVOLENT SOCIETY AND EDINBURGH ASSOCIATION FOR IMPROVING THE CONDITION OF THE POOR.

The Annual Public Meeting of the Glasgow Sanitary Society was held on Wednesday, April 2nd, in the Religious Institution Rooms. The first annual report was read and adopted. The Committee expressed themselves as sanguine of successfully carrying out the objects of the Society by improving the dwellings of the working classes and thereby diminishing the excessive mortality of the city. The urgent necessity for such a Society may be shewn from the statement of Dr. Gairdner, at the meeting, that, as far as he could gather, out of 93,000 to 95,000 families in Glasgow, there were more than 30,000 inhabiting only one single apartment each. This statement appears almost incredible; but, coming as it does from so accurate an observer as Dr. Gairdner, we doubt not it is an approximation to the actual state of matters.—A similar society in Edinburgh held its annual meeting on Monday, when the Hon. Lord Ardmillan delivered to an influential audience an address on the present state of the poor in Edinburgh, and the means taken by the Society for their relief, chiefly guiding the authorities to carry out properly the Poor-laws and various Acts of Parliament for preventing overcrowding and other nuisances. The Annual Report, which was read at the meeting by Dr. Hanna, shewed that the city had been divided into twenty-eight sections, embracing a population of 100,000, or 20,000 families; and that each section had a chairman and committee who performed the work of the district. 1143 ladies and gentlemen were engaged as visitors among the poor, and special visitors were appointed to prevent imposture. The report went at great length into an explanation of the objects of the Association—namely, the education of the young, the suppression of beggary, the promotion of sanitary improvements, finding work for the unemployed, assisting the struggling, the suffering, and the destitute.

THE ROYAL MATERNITY HOSPITAL, EDINBURGH.

At the Annual Meeting of this Charity, held in the Council Chambers, on Wednesday last week, the Lord Provost in the chair, it was stated that the income for the past year had been altogether inadequate for the requirements of the hospital, and that many needful alterations could therefore be made. The Chairman expressed a hope, which will be echoed by everyone, that a portion of the New Infirmary would be devoted to the purposes of a Maternity Hospital.

IRELAND.

TYPHOID FEVER IN TRINITY COLLEGE.

For the first time since the years 1838 and 1839, Trinity College has been subjected to an epidemic happily limited in its extent, and though fatal in one lamented instance, unattended with serious consequences in any great degree. Five cases of enteric typhus have recently occurred; in one instance, as we have said, death took place on the seventeenth day, the others are progressing favourably and are all safely over the twenty-sixth day. At the same time one case of scarlatina appeared, and one case of illness ascribable to fright. All these cases were attended in their rooms, experienced nurses were procured from the training institution in connection with Sir Patrick Dun's Hospital. Ample accommodation for some relatives was provided in the rooms of the students, and rations were supplied to those and the nurse at the expense of the College. The Board has had to sustain rather a hot fire on the occasion of this epidemic, at the hands of some of the daily press. It seems that the water intended for drinking purposes was found, on analysis, to contain a large percentage of organic matter, and the cry was raised that the Board had neglected to obtain a supply from the City Water Works; but, in the first place, it is certain that the water came from the same or a similar source to that which had supplied the College during the thirty years of immunity from epidemic attack of any kind, though in the City around there had raged, during that time, cholera, typhus, scarlatina, etc. In the next place, we believe the water yielded as much organic matter on analysis twenty years ago as it does now, yet it produced no bad results. We confess, however, that this is but a lame excuse to urge in favour of the water, although it is sadly at variance with the notion that cholera and typhoid are generated by a supply of water impregnated with organic matter. The College authorities have not, however, been utterly neglectful of hygienic laws. More than a year ago, a Committee of Health was appointed by the Board to investigate and report on such hygienic reform as was, in their opinion, needed. This Committee made their report; and, under their direction, various improvements were being effected at the time when the fever broke out. The old "muses" were being removed, and improved water-closets substituted and an ample supply of Vartry water was being procured. We must confess that the arrangements for the removal of foul discharges from the students' rooms are most unsatisfactory. The water-closets are so far from most of the rooms as to render their use in case of sickness more than inconvenient, and the fact that a sick person should expose himself to the imminent danger of cold in reaching them precludes their use. Under these circumstances, the discharges might remain for nigh twenty-four hours poisoning the air not only of the rooms but of the entire building, and it is a marvel to us how Trinity College has escaped during the cholera epidemics. Something may be due to the free draught there is from the open doorway below through the windows on the landings off which the rooms are situated. One writer in the daily press urged the necessity of an Infirmary for those attacked by contagious diseases, and this has drawn from the able pen of Professor Haughton, who is himself a Governor of Sir Patrick Dun's Hospital, a somewhat unqualified condemnation of the hospital system, on grounds similar to those urged by Sir James Simpson. Dr. Haughton proposes that, in case of any future epidemic, one of the buildings at present occupied by the students should be set apart as an Infirmary; and, with the exception referred to above, we cannot imagine a more convenient and useful arrangement, as it would secure the most complete isolation of each case with every facility for the most experienced nursing.

ROYAL COLLEGE OF SURGEONS: ELECTION OF AN EXAMINER.

THERE will be a Meeting of the Council of the College of Surgeons on Saturday, April 10th (this day), for the purpose of electing an Examiner in the room of the late lamented Maurice H. Collis. As the usual quarterly examinations are to be held on the 13th and 27th of April, it is necessary that the vacancy in the Court of Examiners should be filled up thus early. Among those whom we have heard mentioned as being likely to be candidates for the vacant office, we may enumerate Mr. Stapleton, who was, for many years previously to the election of Mr. Collis, a Member of the Court, and who is now Examiner in Surgery in the Queen's University; Mr. Smyly, Surgeon to the Meath Hospital, and son of the late Josiah Smyly, who was for some years a Member of the Court; Mr. White, Surgeon to the Meath Hospital; and Mr. Roe, Assistant Master to the Coombe Hospital.

SURGEONCY TO THE MEATH HOSPITAL.

WE believe the Medical Board of the Meath Hospital will shortly undertake the difficult task of selecting, from a long list of candidates, a successor to their late much esteemed colleague Mr. Collis. The names of as many as eleven candidates are mentioned who are desirous of obtaining the much coveted post, and it is certain that the Board will find it by no means an easy matter to make their choice. The 17th of April is spoken of as the day of election.

SUPERANNUATION OF POOR-LAW MEDICAL OFFICERS.

GREAT hopes are entertained that the time is not so far distant when the long neglected claims of the Poor-law Medical Officers will receive attention. It is only consistent with justice that men who spend their lives in tending the sick poor, and preventing the spread of disease, to the great advantage of the public, should receive some pecuniary provision when, after long service, through sickness or infirmity they are obliged to resign that which often affords them their chief income. Many of the Boards of Guardians throughout the country have expressed themselves favourable to such a provision, and it is hoped that Dr. Brady's Bill will receive the support it deserves.

HOSPITAL PRACTICE IN VIENNA.

[FROM A SPECIAL CORRESPONDENT.]

I.

Allgemeines Krankenhaus, Vienna, April 2nd, 1869.

THE various kliniks here are all closed at present for the Easter recess, and the medical staff of the Krankenhaus, as well as a great proportion of the students, are enjoying a short holiday till the beginning of next week, when I understand that work will be resumed in earnest.

So much of interest, and so much that is new to the London practitioner, is seen among the two thousand cases collected together in this hospital, that it becomes a matter of difficulty to decide from which of the superabundant materials one had best concoct a letter for the BRITISH MEDICAL JOURNAL. I shall thus purposely avoid rare and strange cases, and rather describe the Viennese treatment of common every-day cases, and the use made here of some of the most ordinary remedies; believing that in this way I shall be best able to give your readers some idea of the differences and resemblances between the schools of London and Vienna.

Carbolic acid is, so to speak, quite the rage here at present as a therapeutic agent. In the surgical wards, it is by far the most generally used application for wounds of all kinds. Lister's carbolic acid "putty," spread upon thin tin-foil, is the form in which it seems most popular. It is strange to find, even here, where so much attention is paid to minutiæ and detail, that Professor Lister's directions as to the method of using it are utterly disregarded; and that there is no proper appreciation of the beautifully scientific theory on which the antiseptic treatment is founded. The belief seems current, that carbolic acid has some magical healing property, and that a foreign body does no harm in a wound, provided that body be carbolic acid. I have been watching with some interest the progress of a compound fracture of the humerus, which has been treated antiseptically. The patient is a lad of about 18 years old, whose left arm was smashed by the passage of a railway-carriage over it. The humerus was considerably splintered, and there was an ugly ragged wound on the anterior and outer surface of the arm, as large as a crown-piece. On admission, several splinters of the bone were removed, and then the ends of the fractured bone were brought into approximation by means of a stout suture of iron wire. I am unable to say, precisely, what kind of dressings were applied on the patient's first admission; but I have since frequently had an opportunity of seeing the wound dressed, as they say, "after Lister's plan"! The old dressings are, first of all, completely removed, and the wound, being laid bare, is washed out with simple water. This being done, a mixture of carbolic acid and oil is poured into the wound until it is, so to speak, "full to the brim," and then over all is put a piece of tin-foil and putty, just of the size of the external wound, the office of which seems chiefly to be to keep the carbolic acid from escaping from the wound. The wound is dressed in this way twice during the twenty-four hours; and, if the surgeon is anxious to expose the wound at any time, either to gratify his own curiosity, or to show it to a medical friend, he does not scruple to do so. This patient at one time had very severe febrile symptoms; but, when last I saw him, his tongue was clean, his pulse quiet, and his appetite good. As regards the wound, it was gradually filling up; but, in superficial extent, it was as large as ever—a fact hardly likely to cause any surprise. If carbolic acid and oil be not poured into a wound, as in this case, the whole surface of the wound is covered by a mass of charpie, saturated with carbolic acid and oil, or else the tin-foil and putty, cut to exactly the size of the wound, is simply laid upon it. The putty and tin-foil is used as an application for every describable kind of wound. It is placed over indolent ulcers, over recent wounds, over fistulæ, leading to carious or necrosing bone, and over the small openings of abscesses. As a result of this, since the disinfectant is applied frequently fresh and fresh, one very rarely meets with an offensive discharge from a wound. Carbolic acid is also much used in the syphilitic department, as an application to sores and suppurating buboes.

Quinine and cinchona bark are also frequently used here as disinfectants. It is the custom of Professor Sigmund to inject quinine, subcutaneously, into glands which are enlarged as the result of syphilitic infection; and, in the department for diseases of women, an infusion of cinchona bark is a very favourite injection in all cases of offensive uterine discharges. This use of quinine is but little appreciated in the English medical schools. I remember to have even seen it used as a disinfectant, although I have more than once heard practitioners speak of its extreme value as an injection in cases of vesical catarrh or atony of the bladder, accompanied by an offensive state of the urine.*

Simple fractures of the leg, in Professor Billroth's wards, are, whenever there is no contraindication, put up at once, on their admission, in a plaster of Paris bandage. Directly it has set—which it does in a few minutes—it is cut up, and thus is obtained a splint as firm as a rock, exactly fitted to the leg, and capable of being padded as required with cotton-wool. This plan has the charm of extreme simplicity, and with it there is no danger (as there is with starch, when used as a primary application to fractures) of too tight compression of a swelling limb, since twenty minutes is the utmost period which need elapse before relief is given. Plaster of Paris is a very favourite appliance here in all cases which require mechanical support; and an use is made of the extreme firmness with which it sets, which, as far as I am aware, is not generally appreciated. I will illustrate this by taking as examples three cases now in Professor Billroth's wards. First, in a case of morbus coxæ in a lad, with great rotation of the thigh inwards, and some contraction of the knee-joint as well, the knee was forcibly straightened and put up in plaster of Paris, and to the outer-side of the plaster was cemented a small wooden rod, about six inches long and half an inch in diameter, which, as the patient lay in bed, projected about three inches above the level of the patella, but did not project at all behind the knee-joint. To the summit of this rod (which, by the firm setting of the plaster, had become part and parcel of the bandage round the knee) a cord was attached, and carried over a pulley at the side of the bed, and to the end of this cord a weight of two or three pounds was fastened. Thus the tendency of the thigh to rotate inwards was counteracted by the power applied to the small lever attached to the knee-joint, which constantly tended to rotate the limb outwards. The second case is one of double hip-joint disease in a boy, in which there is considerable *ab*duction of the right thigh, and as much *ad*duction of the left, so that both knees are swayed over, and point towards the right side of the body. An attempt has been made to counteract this tendency in the following manner. Both hips and the pelvis have been enveloped in a strong plaster of Paris splint, and to the left side of this apparatus has been cemented, by means of the plaster, a wooden rod, which projects downwards from the trochanter to the level of the left knee-joint. The lower end of this rod (which is parallel to the normal direction of the thigh) is, owing to the distortion of the hips, four or five inches away from the lower end of the left femur, and presents a fixed point, towards which both knee-joints are continually drawn by the agency of an elastic band passing round the rod and both knee-joints. The third case is one of simple fracture of both legs, in which it was deemed advisable to elevate the legs somewhat above the level of the body. This was accomplished as follows. A back splint was provided for each leg, having a foot-piece about twice as long as the foot of the patient. The patient's feet were then held in apposition with the foot-pieces of the splints, the toes of the patient being on a level with the summits of the foot-pieces. In this way an interval of five or six inches was allowed to intervene between the heel of the patient and the heel of the splint; and the patient's leg formed an angle with the back part of the splint, so that, when the splint lay horizontally upon the bed, the patient's feet were considerably elevated. Plaster of Paris was next applied to the fractured leg, and several turns of the bandage were taken round the foot-pieces and back parts of the splint. When the plaster had set, the legs remained in an immovable apparatus of wood and plaster, which permitted not the least movement of the fractured bones, and by which the necessary elevation of the limbs was constantly maintained.

I offer no opinion as to the value or otherwise of this treatment in the particular cases which I have chosen as illustrations. These cases are still under treatment, and, therefore, I am unable to speak as to results. I give them merely as illustrations of what is, at least, an uncommon use of plaster of Paris—a use by which, in suitable cases, a few pence spent with the plasterer may be made to take the place of as many pounds, which would otherwise find their way into the pocket of the instrument-maker.

While on the subject of plaster of Paris, I may mention that it is Professor Billroth's practice to put all cases of resection of the elbow-joint, immediately after the operation, in a plaster of Paris splint—the arm at a right angle, with the wound and parts adjacent, of course, uncovered by the plaster. In this way the arm is kept immoveably fixed for the first three or four weeks after the operation. The after-treatment of these cases is rather a matter of dispute. I hear that Professor Billroth's treatment usually leaves his patient with a freely moveable and useful arm.

The water-glass bandage is in great favour here. It certainly has the advantage of being applied with great ease and rapidity, and with an entire absence of the mess that attends the application of a starched or plaster bandage. It is certainly, however, by no means so firm as either of these latter. The water-glass (silicate of potash) is used in very strong solution, nearly of the consistence of syrup, and is painted on to an ordinary calico-bandage, by means of a paste-brush. It requires about twenty-nine hours to set. I have seen a very light form of water-glass bandage applied in a case of synovitis, in which it was merely desired to keep the knee extended and at rest. An ordinary calico-bandage was applied from the ankle to six or seven inches above the knee. As an extra support, a few strips of thin wood, such as is used for veneering or for the manufacture of bandboxes, were placed around the joint, running in the direction of the axis of the limb. The water-glass was then painted on *in lines* running both circularly and in the axis of the limb. When these waterglass bands had set firmly, the intervening parts were cut out, and the limb was thus left in a lattice-work splint, which was quite firm enough for the purpose required, and allowed at all times a free view of the injured joint.

The starched bandage has been quite discarded here. It is regarded as cumbersome, troublesome, and expensive, and has been entirely superseded by plaster of Paris and water-glass.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH.

THE fifth ordinary meeting of the Session will be held at the Royal Hotel, College Green, Bristol, on Thursday evening, April 15th, at 7 P.M.; R. N. Stone, Esq., President, in the Chair.

CHARLES STEELE, } *Honorary Secretaries.*
R. S. FOWLER, }
Clifton, April 1869.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting of the above Branch is appointed to be held at the Union House, Dartford, on Tuesday, April 20th, at 4 P.M. Flaxman Spurrell, Esq., F.R.C.S., will take the Chair.

Dinner will be provided at the Bull Hotel, at 6 P.M.

FREDERICK JAMES BROWN, M.D., *Hon. Secretary.*
Rochester, April 6th, 1869.

CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at the Crown and Mitre Hotel, Carlisle, on Wednesday, April 21st, at 12.45 P.M. President—Thomas Barnes, M.D., Carlisle; President-elect—M. W. Taylor, M.D., Penrith.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends.

HENRY BARNES, M.D.,
Carlisle, April 1st, 1869. *Honorary Secretary.*

WEST SOMERSET BRANCH: GENERAL MEETING.

A GENERAL meeting of this Branch was held on Thursday, April 1st, at the Clarence Hotel, Bridgewater, at 5 P.M. W. L. WINTERBOTHAM, M.B., President, occupied the chair. Ten members were present.

New Members.—It was announced that, at a Council meeting held before the general meeting, the following gentlemen had been admitted members of the Association and of the Branch:—G. M. Evans, Esq., Bridport, Dorset; Alfred Howse, Esq., Stogursey, Bridgewater; B. R. Morris, M.D., Burnham; R. B. Robinson, Esq., Dulverton.

Communications.—After dinner, the following communications were made:—1. Case of Plastic Bronchitis; preparation of casts shewn. By W. M. Kelly, M.D.—2. A Specimen of Monstrosity, which had occurred in his practice, was shewn. By J. Cornwall, Esq.—3. A Preparation of the Sac, in a case of Hernia, was shewn, and a short history of the case given. By W. Liddon, M.B.—4. Notes of a case of Lithotomy in a small Child; and the large Calculus extracted shewn. By H. J. Alford, M.B.—5. Notes on Therapeutics. By H. J. Alford, M.B.

A very pleasant evening was passed in the discussion of the above and other professional subjects.

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* A full notice of a paper by Dr. Gieseler, published in the *Archiv für Klinische Chirurgie*, on Quinine as a Local Antiseptic, appeared in the BRITISH MEDICAL JOURNAL of January 22nd, 1864.

DIRECT REPRESENTATION OF THE PROFESSION IN THE GENERAL MEDICAL COUNCIL.

The Committee, appointed at the meeting of the British Medical Association, held at Oxford in August 1868, to obtain Direct Representation of the profession in the General Medical Council, held another meeting at Birmingham on the 25th of March last, and resolved:—

First.—To reprint the Address to the members of the British Medical Association, and to the profession generally, agreed to at the previous meeting of the Committee, sanctioned by the Committee of Council of the Association, and published in the JOURNAL of the Association, in the *Lancet*, and in the *Medical Times.*

Second.—To prefix to the Address an Explanatory Preface for the information of members of the Legislature, and of the public unconnected with the profession.

Third.—To publish the Address and Preface conjointly in the medical journals, and to have copies of the same struck off for general distribution.

Fourth.—To request the Committee of the Council of the British Medical Association to join the Committee in petitions to the Legislature to grant the prayer of the Association.

Fifth.—To issue similar petitions to the Legislature for signature by the members of the profession generally.

Sixth.—To urge on all the Branches of the Association the advisableness of independent action by petition and otherwise.

Seventh.—To recommend that a Deputation, composed of the Committee, of the President of the Council of the Association, and of all interested in, or friendly to, the movement, wait on the Government at the earliest possible opportunity, with the view of obtaining its support for the Petition.

Eighth.—To recommend that a subscription, to defray the expenses incidental to the movement, be sanctioned by the Committee of Council of the Association, a subscription for that purpose having been commenced by the Committee at its last meeting; and that Dr. Falconer, the Treasurer of the Association, be requested to act as treasurer of the fund to be so raised.

The Committee cannot close this report without an expression of thanks to the President of Council for his kindness in attending the meeting, and for the valuable aid he afforded.

CORRESPONDENCE.

PURGATIVES AFTER THE OPERATION FOR STRANGULATED HERNIA.

SIR,—In your last impression appears a letter from Mr. Bryant, in which he comments in terms of some indignation on an observation attributed to me, in reference to the practice of London surgeons in the after-treatment of cases of strangulated hernia. He states, with unseemly sarcasm, that "it would be an interesting piece of information to the London surgeons if Mr. Stokes would kindly give his grounds for such an astounding assertion." The information which, in all kindliness, I would give Mr. Bryant and his surgical friends is that, in the paper which I had the honour of reading before the Surgical Society of Ireland, and which appears *in extenso* in the *Medical Press and Circular* for March 17th, no allusion whatever was made either to his mode of practice in such cases, or to that of any other "London surgeon." It is to be regretted that Mr. Bryant did not follow the simple, and, at the same time, more becoming, course usually adopted among members of our profession, of first ascertaining whether refuted statements were actually made, before having recourse to a public refutation of them.

Mr. Bryant takes the trouble of assuring me that "no London surgeon would ever dream of asking the opinion of a learned society upon a point of practice that has been abandoned for many years." This, however, I must take leave to doubt. I have too great a respect for the scientific attainments of the London surgeons to believe that they would, unanimously, endorse so unphilosophical and unsurgical a doctrine as that held by Mr. Bryant, that in *no case* of strangulated hernia, after operation, should purgatives be administered.

With a more extended experience, however, than he at present possesses, I feel little doubt that Mr. Bryant will modify his views on this point, and become convinced eventually, that in certain cases persistently withholding purgatives is fraught with as much peril to the patient as the systematic administration of them is to others, and these the great majority of cases. I am, etc., WILLIAM STOKES, JUN.

Clare Street, Merrion Square, April 1869.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL".

VESICAL ABSORPTION.

SIR,—I was surprised to see that Dr. Black could think that Sir H. Thompson would perform a physiological experiment to disprove a pathological statement. The bladder used by Sir Henry was a diseased one; and, in all cases where he has used anodynes, this organ was always in a more or less morbid condition. I am, etc.,

University College Hospital, April 1869. JOHN BOLTON.

MEDICAL NEWS.

THE MARSHALL HALL MEMORIAL.

A GENERAL appeal to the profession, in favour of the memorial of Dr. Marshall Hall, is, we hear, about to be issued. Dr. Waters, of Liverpool, intends to bring the subject before the Medical Institution of that town. Abroad, the movement meets with favour from several distinguished men—among whom may be specially mentioned Louis and Virchow.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on April 6th; and, when eligible, will be admitted to the pass examination:—

Messrs. John Tunley, R. W. Edginton, J. P. Smith, J. P. Oates, Thomas Bailey, W. M. Yeates, A. S. Newman, H. W. L. Browne, and E. A. Elkington (Students of the Birmingham School); W. R. Smith, T. H. F. Tothill, C. P. S. Wayman, W. J. Walsham, and G. T. Langridge (St. Bartholomew's); A. H. Hughes and D. G. Fleming (Toronto and St. Thomas's); J. S. Slater and Samuel Osborn (St. Thomas's); L. C. Miall and W. J. Lorraine (Leeds School); H. E. Southee and J. L. Shaw (Guy's); C. W. Vickers and Hildrith Kay (London); Christopher Harvey and T. P. Lucas (Westminster); Richard Lowther (Edinburgh); W. T. Kay (Newcastle); M. C. Soutler (King's College); W. M. Johnson (Cambridge and King's College); John Scully (Middlesex); and L. L. Powell (University College).

It is stated that four candidates out of the thirty-six examined failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their anatomical and physiological studies for three months.

The following gentleman passed on April 7th:—

Messrs. H. A. Latimer, John Marshall, A. K. Newman, Richard Paramore, H. H. J. Nicholls, F. E. Newington, Whitford Perkins, E. C. R. Rose, D. W. Duke, and G. D. Deeping (Students of Guy's Hospital); W. A. Moseley, C. J. Newton, G. A. Phillips, and A. H. G. Doran (St. Bartholomew's): George Millson, E. W. Moore, J. F. Parsons, and E. J. Parrott (St. Mary's); J. T. Leigh, S. S. Noakes, and Cecil Drake (Charing Cross); R. E. Wilmot and A. C. Mayo (King's College); A. J. Moore and J. B. Edis (London); J. E. Morris and W. R. Pike (St. Thomas's); Henry Dustan and F. H. Edmonds (University College); J. B. James and B. B. Floyer (Middlesex); G. O. Risdon (St. George's); and W. T. P. Douglas (Cambridge and Guy's).

It is stated that only three out of the thirty-six candidates examined failed to acquit themselves to the satisfaction of the Court.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 1st, 1869.

Daldy, Frederick Samuel, 41, Finsbury Square, E.C.
Etheredge, George Ernest Frederick, St. Bartholomew's Hospital
Farnfield, Walter Edmund, 8, Lambeth Terrace, S.E.
Griffin, Innes, Banbury, Oxfordshire
Hopkins, John, Llantrissant, Glamorganshire
Jones, Watkin Williams, Dolgian, Cardiganshire
Lacey, Thomas Warner, Cotes, Loughborough
Marsh, Walter Alfred, 23, New Kent Road, S.E.

MEDICAL VACANCIES.

THE following vacancies are declared:—

ABERDEEN ROYAL INFIRMARY—Professor of Pathology.
BRADFORD (Yorkshire) INFIRMARY and DISPENSARY—Two Physicians.
ELY UNION, Cambridgeshire--Medical Officer for the Purls Bridge District.
GAINSBOROUGH UNION, Lincolnshire—Medical Officer for the Haxey District (£26 per annum).
GENERAL HOSPITAL AND DISPENSARY FOR SICK CHILDREN, Manchester—Assistant Medical Officer to the Dispensary.
GENERAL INFIRMARY, Leeds--Four Assistant Resident Medical Officers.
GRAY'S HOSPITAL, Elgin--House-Surgeon (£40 per annum, with board, etc.)
HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Assistant-Physician.
LINCOLN COUNTY HOSPITAL—Physician; House-Surgeon and Apothecary (£100 per annum, with board and lodging).
LINCOLN GENERAL DISPENSARY—House-Surgeon and Apothecary.
LIVERPOOL INFIRMARY FOR CHILDREN—Surgeon.
MANORHAMILTON UNION, co, Leitrim—Medical Officer for the Dromahair Dispensary District (£90 per annum, exclusive of Registration and Vaccination Fees).

MEATH HOSPITAL AND COUNTY DUBLIN INFIRMARY—Surgeon.
NORTHERN INFIRMARY, Inverness—House-Surgeon and Apothecary.
NORTH RIDING INFIRMARY, Middlesborough-on-Tees—House-Surgeon.
NOTTINGHAM BOROUGH AND COUNTY LUNATIC ASYLUM—Assistant Medical Officer (£75 per annum, with board, lodging, and washing).
ROYAL COLLEGE OF SURGEONS IN IRELAND—Examiner.
ROYAL HANTS COUNTY HOSPITAL, Winchester—Dispenser and Clerk (£52 per annum).
ST. GEORGE AND ST. JAMES DISPENSARY, King Street, Regent Street—Physician; Accoucheur.
SEVENOAKS UNION—Medical Officer for District No. 5 (£80 per annum, and extras).
SLIGO UNION—Medical Officer to the Workhouse (£80 per annum).
STRABANE UNION—Medical Officer for the Newtown-Stewart Dispensary District (£100 per annum, and Registration and Vaccination Fees).
SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Physician; House-Surgeon (£100 per annum, with board and residence).
TENDRING UNION, Essex—Medical Officer for District No. 9 (£50 per annum); Medical Officer for the Parish of Ardleigh (£29 : 5 per annum).
WINDSOR ROYAL INFIRMARY—Dispenser (£35 per annum, with board and residence).
WISBEACH UNION, Cambridgeshire—Medical Officer for District No. 10 (b).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

CUMMING, James, M.B. and C.M.Edin., appointed Assistant Extra Physician to the Royal Sick Children's Hospital, Edinburgh.

GALTON, J. C., M.A.(Oxon.), appointed Lecturer on Comparative Anatomy at Charing Cross Hospital.

PERKINS, J. R., Esq., appointed Surgeon to the Hendon, Finchley Road, and Mill Hill districts of the Midland Railway.

PHILLIPS, John J., M.D., appointed Assistant-Physician to the Hospital for Sick Children.

ROSS, Geo., M.D., appointed Medical Officer of Health to the St. Giles's District.

*WILLIAMS, G. Harvey, M.D., elected Honorary Physician to the Rhyl Convalescent Institution.

*WOLFE, J. R., M.D., appointed Lecturer on Ophthalmic Medicine and Surgery in Anderson's University, Glasgow.

WOODS, George A., L.R.C.P., M.R.C.S.E., appointed Honorary Surgeon to the Southport Convalescent Hospital.

BIRTHS.

M'COY.—On February 19th, at Madeira, the wife of R. W. M'Coy, Esq., F.R.C.S., Colonial Surgeon, Sierra Leone, of a daughter.

SMITH.—On March 30th, 1869, at Monksheath Hall, near Congleton, Cheshire, the wife of S. H. Smith, Esq., Surgeon, of a son.

MARRIAGES.

*EASTWOOD, J. William, M.D., of Dinsdale Park Retreat, Darlington, to Anna Maria, only daughter of the late J. ROBINSON, Esq., of Stoke Bruerne, Northamptonshire, at Alfreton, Derbyshire, on April 7th.

MACLAGAN, James M'Grigor, M.D.Edin., Mexborough, Yorkshire, youngest son of the late David Maclagan, M.D. (Physician to the Forces, and Surgeon to the Queen for Scotland), to Catherine, youngest daughter of the late P. LAMOND, M.D., Surgeon H.M.'s 60th (Royal Rifle) Regiment, at Glasgow, on April 6th.

DEATHS.

BIRD.—On April 2nd, at Liverpool, aged 76, Mrs. Mary Bird, mother of *W. V. Bird, M.D., Bootle, Liverpool.

LOE.—On March 24th, aged 4 years, Gertrude Eliza, fifth daughter of *J. S. Loe, Esq., Surgeon, Leeds.

TILT.—On March 17th, at 60, Grosvenor Street, of stricture of the œsophagus, Dorothy Emma, wife of *Edward John Tilt, M.D.

◆

ODONTOLOGICAL SOCIETY.—At the Ordinary Monthly Meeting, April 5th, 1869, J. H. Barrett, Esq., in the chair, Mr. Vasey read a paper on Gold-filling. The discussion was adjourned to the following meeting.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.—The usual monthly meeting will be held on Saturday, the 17th inst., at 7.30 P.M., at the Scottish Corporation Hall, Crane Court, Fleet Street, when a paper will be read by Dr. Letheby, "On the Methods of Estimating the Nitrogenous Matters in Potable Waters; and on the value of the expression '*Previous Sewage Contamination*', as used by the Registrar-General in his monthly reports of the Metropolitan Waters."

TESTIMONIAL.—An elegantly engrossed and framed testimonial was presented to Mrs. Osborn on Friday, April 9th, by the Brixton Medical Book Society, testifying in eulogistic terms the great esteem and gratitude of the members for the late Dr. Samuel Osborn's valuable services as Honorary Secretary for the last twenty years. The late Dr. Osborn was greatly beloved and respected by all; and at his funeral, the medical men of the district, to show their esteem, followed him to the grave. It will be seen in another page that a son of the deceased gentleman has just passed his anatomical and physiological examination at the Royal College of Surgeons.

OPERATION DAYS AT THE HOSPITALS.

MONDAY	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY......	Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY..	St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY........	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London. 8 P.M., Casual Communications. 8.30 P.M., Dr. Morell Mackenzie, "Syphilitic Diseases of the Throat."

TUESDAY.—Ethnological Society of London, 8 P.M. Professor Huxley, F.R.S., "Opening Address"; Mr. William Blackmore, "Notes on some of the Principal Tribes of the Indians of the United States, with a brief account of the late Indian War"; Dr. Bell, "On the Aztec Tribes of New Mexico."—Royal Medical and Chirurgical Society. 8 P.M., Ballot. 8.30 P.M., Dr. Barnes, "On the Operations for Relief of Chronic Inversion of the Uterus"; Dr. Kelly, "On the Spontaneous Cure of Hydatid Cysts."

WEDNESDAY.—Royal Microscopical Society, 8 P.M. Dr. Lionel Beale, "On Protoplasm and Living Matter"; Mr. W. T. Suffolk, F.R.M.S., "On the Proboscis of the Blowfly."—Hunterian Society. 7.30 P.M., Council Meeting. 8 P.M., Dr. Beigel will read a paper on Chorea, and will show a case of Ruptured Vocal Chords by the Laryngoscope.—Epidemiological Society, 8 P.M. Dr. E. D. Dickson (of Constantinople), "On Cholera in Persia, 1866-67-68"; Dr. Milroy, "On the Analogy between Epiphytics and Epidemics."

THURSDAY.—Harveian Society of London, 8 P.M. Mr. Gascoyen, "On Varicocele."—Linnæan Society.—Chemical Society.—Royal Society.

SATURDAY.—Association Medical Officers of Health.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

MEDICAL OBSTETRIC ETHICS.—Dr. Wallace (Liverpool) is unquestionably right in the statement, that a medical man called to a labour in the temporary absence of a professional brother, should immediately retire on the return of the medical man to whom the case belongs. If Dr. Cregeen failed to do so, he failed to do what was usual and right; but he says that he did not fail. Under the circumstances, and looking to the very strong language which some of the letters contain, we are loth to publish the correspondence. Dr Wallace might properly solicit the opinion of the Branch on the subject, if he thinks it worth further investigation.

AN ADDER-BITE IN WINTER.

SIR,—On Sunday afternoon, February 21st, a sailor was picking violets on a sunny bank about three miles from this town, when he was bitten on the left hand by an adder, which clung to him. The arm swelled much, and continued so for some days; lastly, becoming mottled with blood; the patient feeling prostrate up to the present time (March 3rd).

The interesting part is, that the adder (Vipera vulgaris) hybernates and lies in a torpid state all the winter, seldom appearing before April. The viper in question was seventeen inches and a half long, in full colour and vigour. I am, etc.,

Castle House, Chepstow, March 3rd, 1869. FREDERICK G. WHITE.

POOR-LAW MEDICAL SERVICE.

SIR,—The subjoined paragraph deserves publicity, as evincing the value set on our services by the Poor-Law Board and Boards of Guardians. I am, etc.,

March 1869. A POOR-LAW MEDICAL OFFICER.

"The Berwick Guardians have just put forth a characteristic advertisement. They happen to be in want of a medical officer and a workhouse porter. To the former they offer £25 a year; out of which he will be required to pay for all the medicines, except cod-liver oil. Candidates are expected to attend before the Guardians on the day of election at their own cost. The porter is to have £20 a year, with board and lodging."

A DEPILATORY.

SIR,—Could any of your readers tell me of a satisfactory depilatory? I have used one, composed of lime, arsenic, etc., but it has not been effectual.

April 1869. I am, etc., AN ASSOCIATE.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

VACCINATION.

SIR,—Allow me to call the attention of your readers to the manner in which I find the Vaccination Acts are complied with here. A few weeks ago I met a woman, whom I had attended in confinement about three months before, I asked her if her baby were vaccinated. She said, "No" and that she did not intend having it done, and that her other child, aged two years, had not yet been vaccinated. This led me to inquire at several places where I was calling, if the children were vaccinated; and I find that many children over *six* months old have not yet been vaccinated. On the list before me, I find: one, aged three years and ten months; four, aged three years; one, aged two years; and several of one year and under, still unvaccinated. Who is responsible for this non-vaccination of *healthy* children? And how is it to be remedied? I am etc., JOHN WILSON PATON, M.B.

Burton-on-Trent, March 1869.

MADRAS MEDICAL FUND.

SIR,—In the JOURNAL of February 13th, I observe, under the heading "Bombay Medical Fund", the names of certain medical men as having obtained large and small annuities. Your heading should have been "Madras Medical Fund." I would bring to the notice of young medical men desirous of entering the army, the fact that no such annuities await their retirement, and that they must not be misled by these announcements. The fund belongs to men of the East India Company's *régime*, and made that service to be much desired; but these annuities were abolished for all entering the service since it came under Imperial rule. The Indian Medical Service has now nothing but pensions similar to the British Service. There is one redeeming feature; namely, promotion to the rank of surgeon in twelve years; but there is no European practice for the Indian medical man, save that of the few European officers, with their wives and children, attached to Native Regiments. The glory of the old service is departed. I am, etc.,

February 1869. A MADRAS ANNUITANT.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, March 31st; The Lincoln Journal, March 30th; The Western Daily Press, March 29th; The Supplement to the Yorkshire Post, March 27th; The Daily Review, March 29th; The Sussex Advertiser, March 30th; TheNew York Medical Record; The Tottenham and Edmonton Advertiser, April 1st; The Nottingham and Midland Counties Daily Express, March 23rd; The Merthyr Express, April 3rd; The Carmarthen Weekly Reporter, April 3rd; The New York Medical Gazette, March 20th; The Daily Bristol Times and Mirror, March 29th; The Colonial Mail, April 1st; The Boston Medical and Surgical Journal, March 25th; The Japan Times' Overland Mail, Feb. 12th. The Aberdeen Free Press, March 31st.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. L. Aitken, Edinburgh; Dr. W. Kelly, Taunton; Dr. G. Taylor, Derby; Mr. G. Grewcock, Nottingham; Mr. Fennell, Dublin; Dr. W. A. Richards, Winchester; Dr. J. W. Hill, Liverpool; Mr. F. J. Wilson, London; Mr. C. J. Thompson, Bristol; Mr. S. Smith, Weaverham Dr. T. Dalton, Llandudno; M. De Lavigerie, London; The Physicians and Surgeons of the Newcastle-upon-Tyne Infirmary; Mr. Macgowan, Bristol; Dr. Phillips, London; Dr. Woakes, Luton; Mr. Reeves, London; Dr. Barnes, London; Mr. J. T. Parkinson, Brofton; Mr J. S. Johnson, Croydon; The Honorary Secretary of the South Midland Branch, Northampton; Mr. C. J. Fox, London; An Associate, Kells; Dr. G. H. Philipson, Newcastle-upon-Tyne; Mr. D. Thompson, Launceston; Mr. J. B. Curgenven London.

LETTERS, ETC. (with enclosures) from:—

Dr. W. T. Watson, Tottenham; Mr. E. Crossman, Bristol; Mr. Oliver Penfold, London; Dr. Stephens, Brighton; The Secretary of the Medical Society of London; Mr. P. D. Hopgood, London; Dr. Percy Leslie, Birmingham; Dr. Blanc, Brussels; Mr. Harry Leach, London; Dr. C. Drysdale, London; Mr. J. Sampson Gamgee, Birmingham; The Honorary Secretary of the West Somerset Branch; The Directors of Liebig's Extract of Meat Company, London; Dr. J. Cumming, Edinburgh; Dr. J. Williams, Penygroes; Dr. Taaffe, Brighton; Dr. W. Whitelaw, Glasgow; Observator, Newquay; The Honorary Secretaries of the Ethnological Society of London; Dr. Basham, London; Dr. Frederick J. Brown, Rochester; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; The Secretary of the Hunterian Society; The Assistant Secretary of the Royal Microscopical Society; Mr. T. Watkin Williams, Birmingham; Dr. H. T. Lanchester, Croydon; Mr. J. S. Loe, Leeds; Dr. Felce, London; Dr J C. Reid, Newbiggin-by-Sea; Dr. W. Stokes, jun., Dublin; The Honorary Secretary of the Royal Medical and Chirurgical Society; The Honorary Secretary of the Odontological Society; The Honorary Secretary of the Harveian Society of London; Dr. Ross, London; Dr. Eastwood, Alfreton; Dr. Bird, Liverpool; Mr. Woods, Southport; Mr. Galton, London; The Honorary Secretary of the Bath and Bristol Branch; Mr. Shorto, Southampton; Dr. Roberts, Liverpool; Dr. J. J. Phillips, London; Dr. Vinen, London; Mr. J. Bolton, London; Dr. Beigel, London; and Mr. W. Leigh, London.

BOOKS, ETC., RECEIVED.

The Second Course of Lectures on Ventilation. By Lewis W. Leeds. New York: 1869.

Observations on some of the Fundamental Principles and Existing Defects in National Education. By Neil Arnott, M.D., F.R.S., etc. London: 1869.

The Laws of Vital Force, in Health and Disease; or, the True Basis of Medical Science. By E. Haughton, A.B., M.D., M.R.C.S.E. Second Edition. London: 1869.

The Fourth Annual Report of the Glamorgan County Lunatic Asylum for the year 1868. Bridgend: 1869.

Results of Meteorological Observations, for the week ending Saturday, April 3rd, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH .... Dr. Barter, F.M.S.	29.782	0.410	42.2	38.6	34.8	74	53.0	33.2	19.8	45.6	35.4	92.0	..	8.0	6.0	..	4	1	..	..	1	0.7	..	0.3	5.4	3	0.23
BOURNEMOUTH .... Dr. Compton, F.M.S.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
DUBLIN .... Dr. J. W. Moore.	29.944	0.701	42.2	39.7	36.6	81	56.4	35.3	21.1	47.7	38.8	..	29.9	6.0	..	0.5	3.2	0.3	..	..	1.3	0.7	1.0	..	3.6	4	0.28
KEW .... Dr. Treutler, F.L.S., etc.	29.777	0.562	41.9	39.1	35.6	79	51.6	27.8	23.8	46.6	33.9	116.7	21.5	6.8	5.0	..	4	0.3	..	..	1	0.7	0.3	0.7	3.4	4	0.31
LLANDUDNO .... Drs. Nicol and Dalton.	29.835	0.751	43.0	39.5	35.3	75	52.0	32.0	20.0	46.4	36.7	..	..	6.6	..	..	5	..	..	..	..	1.5	0.5	..	3.0	3	0.45
MALVERN .... Messrs. W. and J. Burrow.	29.792	0.543	40.0	36.9	32.9	75	48.0	30.0	18.0	43.9	32.9	80.0	29.5	8.2	4.0	..	5.3	..	..	..	1.3	..	..	0.3	1	3	0.23
SCARBOROUGH .... Dr. Fox, M.R.C.P., etc.	29.804	0.843	40.8	37.9	34.3	78	48.3	33.8	14.5	45.0	36.0	..	..	6.3	1.4	..	3	0.7	1	..	1	0.7	0.3	0.3	4.6	5	0.80
SIDMOUTH .... Dr. Mackenzie, F.M.S.	29.772	0.536	41.5	35.9	29.0	61	51.0	33.5	18.5	46.5	34.9	..	..	4.0	2.0	5	1	..	..	..	1	..	..	..	1.5	4	0.24
WORTHING .... W. J. Harris, Esq., M.R.C.S.E.	29.736	0.568	41.6	38.7	35.1	79	50.2	30.2	20.0	47.0	35.0	..	21.9	6.6	5.9	1.3	3	0.7	0.3	0.3	0.7	0.3	0	0.3	3.7	5	0.55

* Not received.

REMARKS.—There has been a general decrease of pressure during the week, and the range has also been more limited. Temperatures have been generally higher than last week and their range less, except in Dublin, where the range has been greater by 5 degrees. Winds have been generally north-easterly, but have been rather more variable than last week. The amount of cloud has diminished at most stations, while an increase has been observed at Bath and Malvern. The rainfall has been greater at all stations; the greatest amount was again collected at Scarborough. Hail or snow fell at most stations on the 28th and 29th March, as also on 2nd April. The weather, which was cold and unsettled in the beginning of the week, improved towards its end, while, at the same time, the temperature increased. Thunder was heard at Scarborough on the night of the 3rd instant. An Aurora Borealis was observed in Dublin on the 2nd, and a fine solar halo at Kew on the 2nd. The cuckoo was heard at Sidmouth for the first time on the 4th. Measles are reported as prevalent at Llandudno, and influenza and bronchitis in Dublin; otherwise, the general health is reported as excellent. At Bath bronchitis and pneumonia are less prevalent.

Plants first observed in flower at Kew during the week.—Nepeta Glechoma and Veronica Chamaedrys.

Kew, April 7th, 1869.

W. J. TREUTLER.

REMARKS
ON
THE PATHOLOGY OF CHOREA.

By W. H. BROADBENT, M.D., M.R.C.P.,
Senior Assistant-Physician to St. Mary's Hospital and the Fever Hospital.

In the session 1865-6, I read at the Medical Society a paper on Chorea, which I withheld from publication at the time, in order that, by further reflection, I might mature the opinions I advanced, and obtain a greater amount of clinical evidence than I then possessed on some of the points bearing on the questions raised.

The chief object of this communication was to show that chorea was not the manifestation of a general condition, whether of the nervous system, as is still commonly held, or of the blood and tissues generally; but an affection of the sensori-motor ganglia at the base of the brain, the corpora striata, and the optic thalami. Dr. Russell Reynolds had already enunciated and ably maintained this view in his work on the *Diagnosis of the Diseases of the Nervous System;* and Dr. Hughlings Jackson, who was present at the meeting of the Society, had independently arrived at a similar conclusion, and had, moreover, assigned a precise character to the lesion of the ganglia by applying the theory of Dr. Kirkes as to the causation of chorea—*i. e.*, embolism of their vessels. These views he has recently developed more fully in an able paper in the *Edinburgh Medical Journal.* It appears to me that chorea is to be regarded as a symptom rather than as a disease, and that it cannot be referred to any single pathological condition. This is what I now endeavour to establish.

It is not necessary here to employ arguments against the opinion that chorea is the expression of a special "diathesis", as described by the late Professor Trousseau, although an hypothesis equivalent to this seems to be extensively held—*i. e.*, that it is due to functional irritation of the nervous system by blood containing some morbid element. If it can be shown that the sensori-motor ganglia alone are affected, this supposition is excluded, without the need of direct disproof.

The considerations which form the basis of the conclusion, that the seat of the morbid changes to which the symptoms of chorea are due is the corpora striata and optic thalami, are as follows.

1. The cerebral hemispheres are not involved, as is seen by the fact that, in a typical case, there is primarily no affection of the intelligence. It is true that, in some cases, the mental faculties are obviously enfeebled, and sometimes there is acute delirium; but in these instances we have chorea *plus* impairment of intelligence—an affection of the hemispherical ganglia, in addition to the affection of the sensori-motor ganglia. It is true, again, that we may have considerable structural damage in the hemispheres without apparent loss of any of the intellectual faculties; and this weakens in some degree the conclusion that absence of intellectual derangement in chorea implies absence of lesion in the hemispheres. It would not be easy to show positively that the cerebellum is not involved; and, as the attempt would necessitate some discussion of the functions assigned to the cerebellum, it will not here be made.

A point of greater importance is to show that chorea does not arise from any morbid condition of the cord. The following considerations on this question are advanced by Dr. Russell Reynolds.

"1. Clonic spasm of the incessantly repeated character is not a phenomenon of persistent spinal irritation. (Tonic spasm is a mark of such a condition.)

"2. The movements (unless very severe, and even then to some extent) are generally controlled by the will; and it is certain that the purely (asensuous) reflections are not amenable to volition, or, at all events, to the same extent.

"3. The spasmodic movements cease during sleep, whereas the phenomena of excito-motor character are increased by this removal of volition. The direction of attention to some other object likewise diminishes the intensity of choreic movements.

"4. The special occasion of increase or of induction of choreic movements are the attempts at volitional action and the emotional changes."

These arguments are open to criticism, and could not be accepted as conclusive. They have, however, considerable weight, especially when taken in connexion with the following, which I have added.

5. Tickling the palm of the hand or the sole of the foot does not excite exaggerated reflex action. If the choreic movements were due to abnormal excitability of the cord, or an undue readiness to respond to impressions, tickling is the kind of stimulation which would, of all others, render this manifest. I have now tried the experiment in a great number of cases. Not uncommonly it causes some amusement to the patient, and there are grimaces and movements due to this emotional state; but, when the smile or laugh has passed off, the tickling is borne without any difficulty, and there seems frequently to be less difficulty in controlling the tendency to reflex actions than in health. Sometimes the tickling is not felt, as such, at all.

6. The most conclusive evidence, however, that the phenomena of chorea are not of spinal origin, is furnished by their unilateral character. Almost invariably, the twitchings come on first in one arm and leg, and often last for some time in the limbs of one side before extending to those of the other. (See Dr. Russell's paper in the *Medical Times and Gazette* for May 31st, 1868.) Throughout the affection, again, they usually predominate on one side or the other; and cases are not uncommon in which the chorea is unilateral from first to last—unilateral, that is, so far as the limbs are concerned, though more or less bilateral in the muscles of the eyes, chest, and abdomen.

I have taken considerable interest in these case of hemichorea, as they are termed, for the double reason that they confirm the hypothesis which I advanced in explanation of the incomplete unilateral paralysis in the common form of hemiplegia, and that they seem of themselves to localise the lesion which gives rise to chorea. Some of the cases which have come under my notice I now give.

Case I. *Hemichorea of Left Side: Agitation of Limbs: Partial Paralysis of Face.*—Jane H., aged 16, a dressmaker, stout, muscular, with good colour, and previously having had no illness, came under my care as out-patient at St. Mary's Hospital April 3rd, 1865. She had come to London a month before, having then for three weeks noticed movements in her left hand which interfered with her work. They gradually became worse, and the leg and side of the face were involved. She was said to have raved, and to have been unconscious at times, her eyes rolling. The left arm and hand seemed to be constantly agitated, the chief movements being flexion of the fingers and rotation inwards o the forearm. There was great impairment of power in the limb, with loss of control over it. The left lower extremity was weak, often twitching; the foot dragged. The left side of the face was expressionless; the angle of the mouth was lower than on the right side, towards which the mouth was distorted. There were no movements. All the symptoms were worse from time to time; the agitation did not cease during sleep. There were no abnormal heart-sounds. The catamenia were scanty. Further particulars were noted at subsequent visits.

April 10th. There was less difference between the two sides of the face. The movements of the left limbs were much as before. She had great difficulty in guiding the hand, and took hold of objects between two fingers, not using the thumb. The eyes were "queer"; they moved about against her will at times, and she was compelled to close them. She was low-spirited.

April 24th. She was better. She could pick up objects with the finger and thumb. The face was nearly symmetrical; twitching was now observed in the left cheek.

May 1st. She could pick up a pin. She began to use the hand.

May 29th. She was all but well.

The treatment was dictated mainly by the idea that the chorea and the menstrual insufficiency might have a common cause; and she took two grains of iodide of potassium, ten grains of bicarbonate of potash, and twenty minims of compound tincture of valerian, three times a day; and three grains of aloes and myrrh pill daily.

I may call attention, in passing, to the marked paralysis of the left side of the face—a peculiarity in the case which I have not otherwise observed or seen recorded; and it will be seen that it was preceded and followed by choreic movements.

Case II. *Hemichorea.*—William B., aged 10, became an out-patient under my care November 12th, 1868. He had not been living well lately, losing flesh. He had squinted slightly for eight or nine months. A month previously, he was frightened by screams in an unoccupied house. A week since, he had pain in the right arm and thigh. Slight movements were now noticed in these limbs. He could not button his clothes; he stumbled in walking, and had fallen. There had been no acute rheumatism. A doubtful diastolic aortic murmur was heard.

Nov. 19th. Agitation was more marked; it was confined to the right side, so far as the limbs were concerned; but the ocular muscles were manifestly affected, and the two eyes always moved together. Sometimes the right brow was wrinkled alone; at others, the left was also wrinkled, but always with the right, and always in a less degree. The abdominal muscles were thrown into action bilaterally. He hesitated in speaking, used few words, and omitted the particles.

Case III. *Left Hemichorea.*—Thos. B., aged 7, came under my care at St. Mary's Hospital October 10th, 1867. He had had hooping-cough and bronchitis all the previous winter, having been four months confined to his room. The second dentition was going on; the first of the incisors had appeared fifteen months before; only two were now present in the upper jaw, and there was no room for more. There was no heart-affection. Four months previously, the parents noticed shaking of the left hand; and he threw things about. This had gradually become worse. Now the left hand and arm were agitated, especially when used, or when the other hand was being used. He had very little power in compressing the fingers with the left hand. The left leg dragged more at one time than at another. The face was slightly affected; it was quiet when he was left alone. The bowels were confined. He was subject to occipital headache once or twice a week. He was ordered eight grains of powdered rhubarb, with soda and hydrargyrum cum cretâ, every night; and cod-livêr oil and iron wine, a drachm of each, three times a day.

Oct. 24th. He was complaining of his head. The left hand was quiet while hanging by the side; it shook when raised, and when force was exerted by it. The left leg was quiet while he stood; it shook when he walked. As before, exertion with the right hand caused increased shaking of the left. The movements were not the characteristic irregular motions of chorea, but a shaking to-and-fro.

Nov. 7th. He had gained flesh, and could exert more pressure with the left hand. There was no great change in other respects. He did not again attend. He had continued to take the oil, and for a week had had bromide of potassium.

Case IV. *Right Hemichorea.*—Anne W., aged 18, a servant, came as an out-patient on May 3rd, 1867. She had had right hemichorea eighteen months before, which lasted two months. Up to that time, she had not seen the catamenia. Her recovery dated from their establishment. For three months she had had agitation in the right hand and arm, and to a less degree in the leg, with occasional twitching of the face and eye. Sometimes articulation was difficult. The movements ceased during sleep. The right hand was weak, and sensibility was obviously diminished in the right side of the face and in the right hand and arm. The bowels were regular; the appetite good. The catamenia were regular, but scanty. She was ordered to take three grains of iodide of potassium, four minims of Fowler's solution, and twenty minims of compound spirit of ammonia, in an ounce of infusion of calumba, three times a day.

May 28th. She was much better. There was very little agitation of the arm or leg; no movements in the face. The catamenia were more abundant (on 17th); appetite good.

June 4th. She was not quite so well. There was more movement of the hand; and she had had twitching of the right side of the face. She was hard worked and harassed by the housekeeper over her. She looked well and strong.

June 11th. She was better; but the leg sometimes dragged as if paralysed, and was agitated. A prick was felt much more distinctly on the left hand and left side of the forehead than on the right. She was never hysterical. The dose of iodide of potassium was increased to five grains; and she took also two drachms each of cod-liver oil and iron wine three times a day. She improved, and went into the country, where she soon completely recovered. Her mother stated that the right eye would dance and turn inwards, while the left did not move. Nothing of this kind was seen by me.

Case V. *Left Hemichorea.*—E. G., aged 17, a servant, mostly engaged in washing and ironing, came as an out-patient to St. Mary's Hospital on October 12th, 1868. She had never had acute rheumatism; but, two years previously, had had chorea, and was in hospital for four months. She was three months in bed. She said she was cured by galvanism. She was a stout, well-grown girl, with a good colour. For two months she had had agitation of the left arm and leg, with pain in the arms, worse while under observation, from excitement. Movements were seen also in the left side of the face; the occipito-frontalis muscle (the frontal belly) acted on both sides, wrinkling up the forehead, mostly on the left side. The jaw moved from side to side; and, when the tongue was protruded, it was shortened, flattened, and elongated by turns, from choreic contractions of its muscles, but always symmetrically, showing bilateral action. There was also bilateral action of the muscles of the chest and abdomen, and of the diaphragm. The movements continued during sleep. There was little apparent diminution of strength in the hand of the affected side, or loss of sensibility. She attributed the attack to a "swing". The catamenia had not been regular for two years; and she had not had sufficient food for some time. There was no cardiac murmur; but the heart's action was irregular—apparently, however, in consequence of the spasmodic action of the diaphragm. She was for some time seen by my clinical assistant, who gave her valerian, iodide of potassium, arsenic, iodide of potassium again, and iron, in quick succession.

Nov. 12th. She was not better; was perhaps a little quieter at night. This morning, she had been unable to speak; at the visit, she spoke well and readily. She was ordered to have two drachms of succus conii three times a day.

Nov. 16th. The movements were less violent, but she did not feel so well. The conium was continued. A daily dinner was given from the "St. Mary's Kitchen", and a dose of calomel and jalap.

It is not necessary to give the details from week to week. The dose of conium was rapidly increased till its physiological effects were produced, without any influence over the symptoms being manifest. After this, iron was given in large doses, and for a time cod-liver oil. No marked improvement took place till about the middle of January 1869. This coincided with the administration of sulphate of zinc, in doses rapidly increased to six grains, with tincture of valerian; but it would not be safe to conclude that the amendment was due to the treatment. At the time when the chorea was leaving the patient, the skin at the ends of all her fingers cracked; and painful fissures formed, which did not readily heal. According to her account, the same thing took place during her recovery from the former attack; and I have seen several cases in which a cutaneous eruption came out in the course of chorea.

Case VI. *Left Hemichorea.*—Maria H., aged 15, a milliner, became an out-patient on September 3rd, 1866. For two months she had been weak in the left side, with movements of the arm and leg, which had been gradually becoming worse. She had twitching also of the left side of the face, and slight evidence of paralysis in it. Sensibility, tactile and painful, was diminished in the left side of the face and left hand. She was constantly sighing. The catamenia had not been seen. She took iron and quinine for a week.

Sept. 10th. She was about the same. The movements continued, and both the left arm and leg were very weak. She let things fall from the left hand. She was weak. Appetite good; bowels regular. She was ordered three minims of liquor potassæ arsenitis with compound spirit of ammonia in infusion of calumba, and cod-liver oil and steel wine.

Sept. 13th. She was not better. The movements, impaired muscular power, and defective cutaneous sensibility of the left side of the face, arm, and leg, were as before. The medicines were continued.

Sept. 27th. She was better. She went into the country, and soon recovered.

Case VII. *Right Hemichorea, becoming general.*—Caroline H., aged 11, became an out-patient on October 3rd, 1867. She had had acute rheumatism two years in succession, March 1866 and March 1867; and, after the last attack, suffered from chorea. Chorea was again present, affecting the right side only. The child was very thin and pale. There was no cardiac murmur. Cod-liver oil and steel wine were ordered, and three minims of liquor potassæ arsenitis.

Oct. 21st. The chorea was worse; with the characteristic choreic movements, there was a continuous shaking of the right arm, such as is seen in paralysis agitans. There was no action of the facial muscles. Pain in the back was complained of. She was ordered to continue the oil and steel wine, and to take, in place of the liquor potassæ arsenitis, three minims of a solution of phosphorus in oil.

Oct. 28th. She was better, but had pain in the arm.

Nov. 18th. After an absence of a fortnight, the movements were more violent, and the left arm was affected as well as the right. After this, she quickly improved, both in general health and in diminished severity of the symptoms; and ceased to attend after January 13th, 1868, quite recovered.

Case VIII. *Right Hemichorea, becoming for a short time general.*—E. N., aged 17, became an out-patient on June 1st, 1868. She had chorea at the age of seven, but had had good health since. On December 6th, 1867, she had an illegitimate child, which she suckled for a short time only. The catamenia had reappeared once. Twelve days before coming to the hospital, she had an interview with the father of her child, which was attended with much excitement. Two or three days afterwards, her mother noticed twitchings in her right hand, which were much worse at times. She had fits of excitement and extreme depression. She slept, but groaned and sighed. She was well nourished and robust-looking. While she was under observation during the visit, the movements were slight, and confined to the right arm, leg, and face. There was no cardiac murmur. She was ordered to take thirty minims of ammoniated tincture of valerian in an ounce of infusion of gentian three times a day.

June 8th. She was not better. Five minims of liquor potassæ arsenitis, twenty minims of compound spirit of ammonia, and an ounce of infusion of calumba, were substituted for the mixture previously given.

June 11th. She was worse; the movements were bilateral.

June 22nd. Agitation still continued bad, but was confined to the right side. The right hand was much weaker than the left. Speech (articulation) was affected at times; the tongue felt too big for the mouth, and she talked thickly. At times she was not able to speak. There was great depression of spirits. Bowels regular; appetite good.

The treatment was continued, and from this time she improved. On July 6th, she had no agitation of the limbs at all; but occasionally the mouth was affected. She now ceased to attend.

CASE IX. *Left Hemichorea, becoming slightly bilateral: Tumour of Spinal Cord: Disease of Suprarenal Capsules.*—This case is referred to by Dr. Chambers in his *Clinical Lectures*, and I have given a brief account of the points of interest in the *Pathological Transactions;* but the details have never been published. H. M., aged 23, a needlewoman, was admitted into St. Mary's Hospital on November 1st, 1861, under the care of Dr. Chambers. She had never had acute rheumatism; had always been healthy, but not strong, liable to headaches, and subject to dysmenorrhœa. Two years previously, she had been disappointed in love, and had felt it greatly. She had become low and despondent, subject to headaches, and her friends had noticed that she was becoming brown.

The present illness began with headache and giddiness. She was turning round one day, when she suddenly fell down, not unconscious, but unable to rise. She called for assistance, was got to bed, and there remained for a fortnight. She suffered from pains in different parts of the body and limbs, vomited after every kind of food, and from the first was unable to keep the left hand still; it felt numb also, and she could not grasp anything with it. Very soon, movements were noticed in the left leg.

When she had been out of bed a week, she went on a visit to her sister. The omnibus journey (from Islington to St. John's Wood) fatigued her greatly. She became gradually worse, the head being jerked about, and the limbs feeling as if they would drop off.

When I first approached her, she was quiet; but, during my examination, the eyes twitched about; the head moved; the forehead was wrinkled; the mouth was distorted; the jaw was in action; and the left arm and leg were much agitated, the right limbs only slightly. The movements were said to be greater during sleep, or when dozing, than when awake. Speech was difficult and hesitating. Her memory was apparently not good; but she gave her history in much greater detail than is here set down, except about the love affair, which she confided to a patient. The pulse was 110. The heart-sounds were weak and sharp; there was no murmur. The skin was browned to a degree sufficient to attract my attention, and to be noted, but not exciting any suspicion of Addison's disease.

As she became worse, the mental faculties were affected. On November 8th, she was restless in the night; fell out of bed twice; attacked the nurse, bit and struck her. She refused food, and asked petulantly to be let alone. There were movements in the left limbs only, not violent.

Nov. 9th. She lay on her back, taking no notice, apparently asleep, but occasionally opening her eyes and looking round. The left arm and leg seemed to move under the clothes; the right arm was lying on the pillow, quiet. She refused to put out her tongue, and made faces when asked. The pupils were contracted and sluggish. The extremities were cold. She died during the following night.

POST MORTEM APPEARANCES.—There were scattered tubercles under the pleura at the apices of both lungs. The heart was healthy. The suprarenal capsules were large, yellow, nodulated, exhibiting the changes characteristic of advanced Addison's disease. The brain was healthy, as to naked-eye appearances and consistence. A tumour of the size of a haricot bean was found on the posterior aspect of the dorsal part of the spinal cord, about two inches above the lumbar enlargement; it consisted of nerve-fibres, connective tissue, and vessels radiating from near the axis of the cord.

[*To be concluded.*]

GRATUITOUS MEDICAL ADVICE IN CHINA.—The gratuitous distribution of medicine is quite common in China. In the summer especially, certain remedies much prized by the people may be obtained free of charge from societies which include this among other objects for which they are instituted. There is a very common mode of practising the healing art, professedly from benevolent motives, in which a selfish motive is too apparent. Notices may continually be seen placarded in public places, calling the attention of the public to some distinguished personage of the Æsculapian school who has learned his art at the capital, or from some foreigner, or from some distinguished native practitioner, or by communication with the genii, who is desirous of relieving those who are in a condition of suffering and distress, and will give them an opportunity to avail themselves of his knowledge and skill without charge, except for the cost of medicine.—Nevins's *China and the Chinese.*

REMARKABLE SPECIMEN OF DISEASE IN BONE.

By GEORGE F. ELLIOTT, M.D.,
Physician to the Infirmary, Hull.

THE accompanying photograph represents a portion of the humerus of a patient who died recently in the Hull Infirmary from the results of advanced renal degeneration. He was also the subject of constitutional syphilis; and, during his stay in hospital, suffered from fracture of the bone, from which the specimen is taken. The history is as follows. The man was about thirty-six years of age, and by occupation a groom. Primary syphilis, contracted seven years ago, was followed by a copious rupial eruption, and nodes on the tibiæ. Albuminuria was known to have existed about eighteen months before his death. About a month after his admission as an in-patient, his attention was called to a change in shape of the upper part of the right arm; at first sight, the bone appeared as if bent, but manipulation left no doubt as to the existence of a fracture, the seat of which was just above the insertion of the deltoid. There was no history of any violence inflicted on the part either before or after his admission; and the actual moment of the occurrence of the fracture appeared to be unknown to him. Union was supposed to be perfect about two months after the injury was noticed. A liability to fracture has long been looked upon as one of the effects of syphilis upon the bones; but though such a condition, as Mr. Holmes says, "apart from ulceration and the separation of necrosed portions," is doubted by some, as I have, within a few years, seen two other cases of fracture occurring, upon the application of slight force, in syphilitic subjects without any symptom of ulceration or necrosis, I looked upon this as a similar case. The man died about seven months after the fracture took place; and as it is seldom, I fancy, that an opportunity occurs for a *post mortem* examination of a fracture of this sort, I had the portion of bone removed.

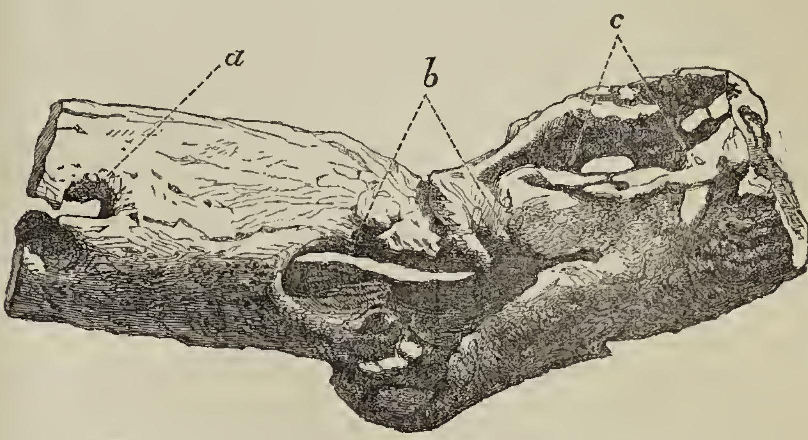

Fig. 1.—Outer surface of section. *a, b, c.* Openings leading into medullary canal.

When the soft parts were detached by maceration, a very remarkable condition was disclosed. Upon the anterior surface of the bone, three large openings were found leading into what had been the medullary cavity; this canal was almost blocked up by bony deposit, towards the ends of the section; but, curiously enough, less so immediately opposite the fracture. The edges of the centre opening were rounded, and the periosteum was continued over them. The other openings were apparently more recent, and more nearly resembled the condition of ulcerated bone. The fracture was perfectly transverse; but, although some new bone had been deposited at the outer margin, it could be seen, when the parts were in a moist state, that the union was only fibrous.

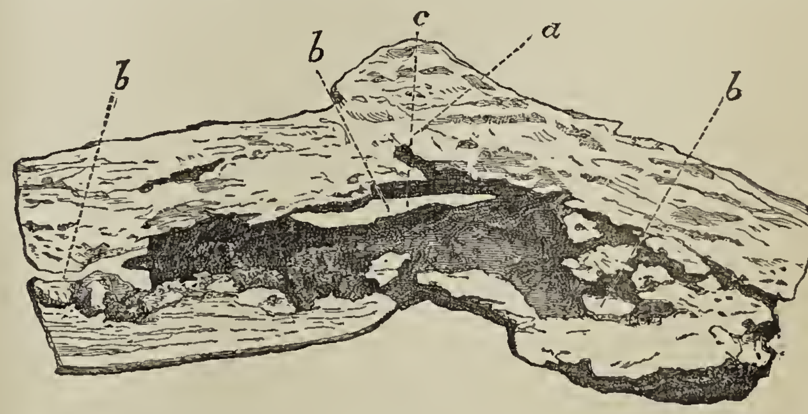

Fig. 2.—Internal surface of section. *a.* Line of fracture. *b, b, b.* Position of openings internally. *c.* New bone at outer extremity of fracture.

The question is, Under what condition were these openings formed? It must be borne in mind that the man did not complain of pain in the part at any time; that there never was anything to indicate the existence of an abscess in the neighbourhood; and that *there was no sinus through which any portions of dead bone could have been discharged.* Apart from pressure, I am not aware of any condition under which bone comes to be simply absorbed; and if the loss of substance in the present case were due to ulceration, the silent way, so to speak, in which the removal was effected, is certainly very remarkable.

Through the kindness of Dr. Thorowgood, I am enabled to add the result of a microscopical examination of the specimen made by Dr. Sedgwick, for the Medical Society of London, since the above was written.

On section, both longitudinal and transverse, the bone is seen to be tunnelled in all directions. The tunnels vary in size, are very tortuous, and communicate freely with each other. They contain some fatty matter, and granular and other débris; part of which is soluble with effervescence in nitric acid, and another part is soluble in acetic acid; but, as the bone has been macerated and dried, a complete examination of the contents of the tunnels is impossible. The bone is whiter in some parts than others—chiefly on the outside. In the whiter portions, the tunnels are smaller in size, and the débris is not so copious as in the darker portions. In many parts of the whiter portions, the Haversian canals, lacunæ, and canaliculi appear to be of the natural size, and healthy. In some, the lacunæ are larger, and so appear much closer than they should be. In the darker parts, the Haversian canals are larger than natural. The amount of increase in size is various; some are only a little larger, others have extended almost to the boundaries of their own system. In some parts of this dark portion, the lacunæ are also enlarged. When mounted in Canada balsam, the Haversian systems are seen to polarise separately, a black cross rotating around each Haversian canal as its axis. In many instances, it may be seen by the presence of the extreme ends of the limbs of the cross in the walls of the tunnels that they are formed by gradually increasing excentric absorption of the walls of the Haversian canals.

As far as can be determined by examination of the macerated and dried bone, the process which has been going on may be described as interstitial death, with more or less complete absorption of the dead matter, and, *pari passu*, a network-like deposit of new bone around each centre of destruction. In this way the increase in the dimensions of the shaft would be proportionate to the decrease of its density and strength. In parts, the new structure is condensing, and becoming eburnated in their lines and patches.

ON THE NUMBER AND DURATION OF EPIDEMICS IN CANTERBURY IN A PERIOD OF THIRTY YEARS, AND THE FATALITY FROM EACH.

By GEORGE RIGDEN, Esq.,
Surgeon to the Canterbury Dispensary, and Corresponding Member of the Epidemiological Society.

THERE seems scarcely any subject more interesting to us as medical practitioners than that of epidemics—whether we consider the means for their prevention and cure, or whether we take into consideration their relative frequency, duration, and fatality. And it is to be hoped that, at some future time, the united experience of all the medical attendants upon the sick, in every epidemic, may be recorded, either during or shortly after the outbreak. In the meantime, it seems desirable that such records as we possess of epidemics occurring in a large population should be made available as much as possible for future observers.

With this idea, I have the pleasure of presenting to the Society a short description of the number and period of duration of, as well as the number of deaths recorded from, all the epidemics that have occurred in Canterbury in the thirty years during which it has been my privilege to administer to a large proportion of the sufferers; and I am enabled to do this, first, and principally, from my own observations while in attendance; and, secondly, from a monthly examination of the public bills of mortality, which, during the last eighteen years, have recorded the cause of every death, according to the medical certificate, with the utmost accuracy. It must, however, be acknowledged that, prior to the year 1850, a large proportion of the deaths in this city was registered without the assistance of any medical certificate, which has rendered them of considerably less value as statistical records.

I propose, in the following abstract, to give a short record of the following eight diseases; viz., small-pox, scarlet fever, measles, malignant cholera, diarrhœa, diphtheria, whooping-cough, and continued fever, which have occurred as epidemics in Canterbury during the period between Michaelmas 1837 and Michaelmas 1867. And, first, it may be stated that there have been four epidemics of small-pox, seven of scarlet fever, nine of measles, two of malignant cholera, six of diarrhœa, three of diphtheria, nine of whooping-cough, and six of continued fever.

Small-Pox.—The first epidemic of this disease occurred in 1837-38, and extended from October in the former year to June in the latter; it was fatal during the nine months to 64 persons, or at the rate of about one death to 270 inhabitants. The second was in 1847-48, and extended over a period of eleven months, viz., from November in the former year to September in the latter; it was fatal to 26 persons, or at the rate of about one death to 700 inhabitants. The third was in 1855-56, and extended over a period of fifteen months, viz., from February in the former year to April in the latter, and was fatal to 45 persons, or at the rate of one death to about 420 persons. The fourth epidemic was in 1865-66, extending over a period of thirteen months, viz., from February in the former year to March in the latter, proving fatal to 62 persons, or at the rate of one death to about 350 persons. Thus it may be reported that epidemics of this disease have visited Canterbury with considerable regularity about once in seven years, proving fatal to 197 persons; which, together with 19 deaths from sporadic cases, will give a total of 216 as the mortality from small-pox during the thirty years, or about 1 per cent. of the mean of the population during the period reported on.

Scarlet Fever.—The first epidemic of this disease extended over a period of thirteen months, viz., from March 1839 to April 1840, and was fatal to 80 persons, or about one death to 220 inhabitants. The second extended over a period of seven months, viz., from July 1843 to January 1844, and was fatal to 16 persons, or about one death to 1,125 inhabitants. The third extended over a period of five months, viz., from November 1848 to March 1849, and was fatal to 9 persons, or about one death to 2,000 inhabitants. The fourth extended over a period of twenty-four months, viz., from June 1854 to May 1856, and was fatal to 38 persons, or about one death to 490 inhabitants. The fifth extended over a period of ten months, viz., from October 1856 to July 1857, and was fatal to 24 persons, or about one death to 800 inhabitants. The sixth extended over a period of twelve months, viz., from February 1859 to January 1860, and was fatal to 38 persons, or about one death to 550 inhabitants. The seventh extended over a period of eighteen months, viz., from March 1864 to August 1865, and was fatal to 100 persons, or about one death to 220 inhabitants. Hence it may be reported that epidemics of this disease have occurred in Canterbury with considerable regularity about once in four years, proving fatal to 305 persons; which, with 17 deaths from sporadic cases, will give a total of 322 deaths from scarlet fever during the thirty years, or about 1.7 per cent. of the mean of the population.

Measles.—The first epidemic of this disease extended over a period of two months, viz., in March and April 1844, and was fatal to 8 persons, or about one death to 2,200 inhabitants. The second extended over a period of five months, viz., from December 1845 to April 1846, and was fatal to 42 persons, or about one death to 440 inhabitants. The third extended over a period of four months, viz., during April, May, June, and July, 1849, and was fatal to 8 persons, or about one death to 2,250 inhabitants. The fourth extended over a period of three months, viz., during April, May, and June, 1852, and was fatal to 16 persons, or about one death to 1,150 inhabitants. The fifth extended over a period of six months, viz., from December 1855 to May 1856, and was fatal to 19 persons, or about one death to 1,000 inhabitants. The sixth extended over a period of ten months, viz., from May 1858 to February 1859, and was fatal to 13 persons, or about one death to 1,600 inhabitants. The seventh extended over a period of five months, viz., from December 1861 to April 1862, and was fatal to 24 persons, or about one death to 890 inhabitants. The eighth extended over a period of four months, viz., during May, June, July, and August, 1863, and was fatal to 8 persons, or about one death to 2,700 inhabitants. The ninth extended over a period of three months, viz., from November 1866 to January 1867, and was fatal to 18 persons, or about one death to 1,220 inhabitants. Hence it may be reported that epidemics of measles have occurred with some irregularity about once in three years, and that its epidemics were fatal to 156 persons; which, together with 11 deaths from sporadic cases, will give a total of 167 as the mortality from this disease, or about 7 per 1,000 of the mean of the population during the period reported on.

Malignant Cholera.—The first epidemic of this disease extended over three months, viz., from July 20th to October 14th, 1849, and was fatal to 43 persons, or about one death to 450 inhabitants. The second extended over three months, viz., from July 25th to October 19th, 1854, and was fatal to 60 persons, or about one death to 310 inhabitants.

There have been but three other deaths recorded as the result of this disease, which all occurred in the summer of 1866; they were evidently sporadic, and were readily traced to determinate local and removeable causes.

Diarrhœa.—During the thirty years, there have been registered the deaths of 152 persons, mostly infants, resulting from this disease, unconnected with any record of other complication. Of these, 85 occurred during six epidemics; viz., first, in July, August, September, and October, 1846, resulting in 12 deaths; second, in July, August, September, and October, 1849, resulting in 16 deaths; third, in August, September, and October, 1857, resulting in 16 deaths; fourth, in June, July, August, and September, 1859, resulting in 12 deaths; fifth, in August, September, October, and November, 1861, resulting in 15 deaths; sixth, in July, August, September, October, and November, 1866, resulting in 14 deaths,—leaving a residue of 67 solitary deaths that have been registered principally in summer months of different years, but in no one year exceeding 11 deaths.

Diphtheria.—The first epidemic of this disease extended from July 1857 to July 1858, and proved fatal to 25 persons; the second extended from January to July 1859, and was fatal to 8 persons; the third extended from January to November 1862, and was fatal to 10 persons. So that it may be reported that, during the three epidemics, this disease has been fatal to 43 persons; which, with 21 solitary deaths occurring since July, 1858, will give a total of 64 deaths as the mortality from this disease during the period of ten years and three months; for it may be remarked, that there were no deaths from this disease recorded in Canterbury until the epidemics of 1857 and 1858.

Whooping-cough.—The first epidemic extended from December 1840 to May 1841, and was fatal to 15 persons. The second extended from December 1842 to July 1843, and was fatal to 22 persons. The third extended from February to June 1846, and was fatal to 8 persons. The fourth extended from December 1855 to July 1856, and was fatal to 16 persons. The fifth extended from November 1857 to June 1858, and was fatal to 21 persons. The sixth extended from September 1860 to May 1861, and was fatal to 20 persons. The seventh extended from November 1861 to February 1862, and was fatal to 10 persons. The eighth extended from November 1863 to May 1864, and was fatal to 20 persons. The ninth extended from March to October 1866, and was fatal to 15 persons. These numbers make a mortality of 147 deaths during epidemics of whooping-cough; which, with 16 solitary deaths from this disease, will give a total mortality of 163 during the thirty years reported on.

Fever.—The certificates of death from fever very rarely distinguish the type of disease under which the patient suffered; but experience proves that in Canterbury the epidemics of fever have usually assumed considerably more of the typhoid than of the typhus type; and there have been but very few deaths recorded, and in no case in an epidemic form, as resulting from puerperal fever. Of the total number of deaths registered as the result of fever, the greater number—viz., two-thirds—have been more or less sporadic, occurring at the average rate of rather more than one per month. There have, however, occurred six epidemics of this disease, extending over periods of from three to six months' duration each, in which the mortality was at the average rate of four, or even more, per month. The first extended from January to June 1839, and was fatal to 20 persons. The second extended from November 1843 to May 1844, and was fatal to 20 persons. The third extended from May to October 1848, and was fatal to 17 persons. The fourth extended from July 1857 to February 1858, and was fatal to 41 persons. The fifth extended from December 1862 to February 1863, and was fatal to 36 persons. The sixth extended from February to August 1864, and was fatal to 26 persons.—These numbers make a total of 160 deaths during epidemics extending over a period of thirty-six months; which, with 471 deaths more or less of a sporadic character, will give a total mortality of 631 from continued fever during the thirty years, or a little more than the average annual rate of one per 1,000 of the population.

The foregoing records naturally suggest the inquiry whether, in other cities and towns with a like number of inhabitants, epidemics have occurred as frequently, each continuing for about the same period, and resulting in about the same fatality; and it is much to be regretted, that to this question I can give no satisfactory answer; for, although it seems probable that Canterbury would not be found an exception to the rule, such records, as far as I am aware, for other similar populations, at least in this division of the kingdom, have not as yet been published.

Another suggestion presents itself to us as sanitary reformers; viz., that a large proportion of the mortality has been caused by epidemics of small-pox, cholera, diarrhœa, and fever, which, under strict sanitary arrangements, should not have existed; and that the remaining epidemics of scarlet fever, diphtheria, measles, and whooping-cough, perhaps not entirely under such control, would but rarely have terminated fatally, but for some lamentable neglect of sanitary precautions. It is satisfactory, however, to record that, since the adoption of the Local Government Act in this city, a vast number of nuisances detrimental to health have been removed or lessened; and the mortality from epidemics, as well as the general mortality, has been very sensibly diminished. We may, therefore, confidently appeal to our local authorities, supported as they ought to be by the public opinion of the citizens, to still further carry out the sanitary improvement of this and other cities, and to the same extent still further diminish the mortality and the sickness upon which it is principally dependent.

CASE OF TRANSPOSITION OF VISCERA.

By R. DOUGLAS POWELL, M.D., M.R.C.P.,
Assistant Physician to the Hospital for Consumption, Brompton.

W. H., aged 10 years, a delicate looking boy, but well developed and intelligent, is the fourth of a family of six children, two of whom died in early infancy. The parents are both living and healthy. The patient has had no serious illness, but his chest has always been delicate, and he has suffered from occasional attacks of dyspnœa, with pain in the right side, lasting for a few days and relieved by aperients. He has never had hæmoptysis, but suffers occasionally from epistaxis. He complained, on first coming under my notice as an out-patient at the Brompton Hospital, September 16th, 1868, of some pain in the side, hacking cough with yellow expectoration, indifferent appetite, painful digestion, and confined bowels. The pulse was regular, of moderate frequency; the tongue clean. On inspection, no distortion of the chest or curvature of the spine was observed; the expansion with inspiration was fair and equal on the two sides. The right semi-circumference, an inch below the nipple, measured 11¾ inches, the left 12 inches; above the nipple, the right 12½ inches, the left 12 inches. The pulmonary resonance was good, sibilant *râles* were audible scattered over the chest, but there was no other auscultatory evidence of disease. The heart's apex beat in the fifth right interspace just within the nipple line: the upper border of the cardiac dulness corresponded with the fourth cartilage, its left border with the right margin of the sternum. The impulse and sounds were natural. In the ordinary hepatic region there was hollow resonance of the same character as the "stomach note." In the left hypochondriac region there was dulness below the sixth rib in the nipple line, and extending round to within not quite three fingers' breadth of the spine, where there existed a band of resonance of tympanitic quality. The margin of the liver could not be felt below the cartilages; the hepatic dulness could be traced anteriorly and to the right across the middle line to the mid-sterno nipple line, whence its lower margin slanted back again to the left till it became lost under cover of the cartilages. No splenic dulness could be detected.

Dr. Hare was kind enough to examine the patient with me in October; and, having confirmed most of the above statements, he observed that the relative position of the testes was reversed, that on the right side being the lower. This was a point of some interest, since Dr. Hare had noticed the same thing in a case of transposition some years ago; and, though the very general rule of the left testicle being lower than the right is not without many exceptions, yet that these two cases should be exceptional is worthy of remark, as tending to prove the general rule to be not merely numerical. A venous hum was audible on each side of the neck, loudest on the right side. On examining the blood microscopically, March 5th, 1869, no excess of white corpuscles was found. No other fact of importance was noticeable.

REMARKS.—This case seems worthy of being recorded; since, though several cases have been discovered in the dissecting-room (one very fully described by Dr. Baillie, in the seventy-eighth volume of the *Philosophical Transactions*), very few have attracted attention during life. The diagnosis is extremely easy if the nature of the case be once suspected; it rests mainly upon the facts of the cardiac impulse and dulness being on the right side without any discoverable displacing cause, while the liver dulness is on the opposite side. Absence of splenic dulness is not uncommon; but in this case it may be due to the spleen being divided into many small splenculi, as in the case described by Dr. Baillie, and in one brought before the Pathological Society lately by Dr. Hickman. This patient is now much improved in general health and is growing fast. I have examined his mother and elder brother, neither of whom have any peculiarity in the position of the heart. The boy is right-handed.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE VIII.

PROFESSOR HUXLEY'S eighth lecture was devoted to a very interesting but difficult question. That question is, what parts in Vertebrates below Mammals answer to the Malleus Incus and Stapes of the human ear? The notion of Reichert has hitherto been widely received and adopted (indeed, as the lecturer affirmed, by himself amongst others) that the os quadratum of Birds answers to the human incus, and that the malleus is represented by the proximal part (and only cartilage bone) of the Bird's mandible—the os articulare. This notion the lecturer proceeded to controvert; and he maintained that it is the malleus which is the true homologue of the os quadratum of Birds which are not provided with an ossified representative of the incus.

To establish this point, the lecturer continued his exposition of the development of the face, recurring to that condition when the visceral arches and clefts begin to make their appearance. In Mammals and the Sauropsida, not more than five such arches have as yet been made out, and only in the first three have distinct rods of cartilage been found to arise. These rods are the early indications of the skeleton in its "primordial" or cartilaginous condition. The descending cartilaginous rods have no doubt a primitive and natural relation to the cartilage of the base of the skull, but the great auditory capsule so rapidly encroaches on surrounding parts, that the rods contract such a relation to it that it appears to be their point of origin and suspension. The most anterior of the three rods becomes, in the main, the mandible. The second arch becomes the hyoidean one, and part of it forms the anterior cornu of one side of the human os hyoides. The third arch is, in Fishes, the first branchial arch, and part of it forms the posterior cornu of one side of the human os hyoides. In the chick, the first cartilaginous rod developes two centres of ossification—one at its root (which becomes the os quadratum), the other immediately below (which becomes the os articulare). The rest of the rod persists as "Meckel's cartilage," though five membrane bones form round it, constituting, with the os articulare, the six bones of which each half of every Bird's mandible is primitively composed.

The second cartilaginous rod in the chick entirely disappears, except its distal end, which unites with its fellow of the opposite side, and, passing backwards, joins with the third cartilaginous rod, the upper end of which also disappears; and in this way is formed the os hyoides of Birds, which consists mainly of two long branches, one on each side (the parts left of the third pair of cartilaginous rods), joined to a small median body—the remnant of the second pair of cartilaginous rods. In Lizards, both these pairs of arches (hyoidean cornua) are about equally developed.

Turning, now, to the conditions presented by the adult Bird, we may be guided as to the homologies of certain parts by their relation to the first visceral cleft, which persists throughout life as the Eustachian tube and external auditory meatus. Now, the parts in front of this canal correspond in position to the first visceral arch, and similarly the parts behind it, to the second visceral arch. In front of it, we have the os quadratum and mandible; behind it, there is an osseous rod extending out from the fenestra ovalis (the stapes), and ending in a triangular expansion. A delicate osseous process descends from the stapes, while a fibrous ligament ascends to the prootic. The seventh nerve divides; one portion passing down by the stapes, the other division descending immediately behind the os quadratum to the mandible. In the Crocodile, the os quadratum and the os articulare each contain an air-cavity. Moreover, a fibrous tube extends from the one to the other, and thus places the two cavities in communication. The stapes is essentially as in Birds, but the ascending ligament of the latter is represented by a cartilage. Moreover, a short cartilage representing the proximal part of the hyoidean arch persists, and this circumstance has led to misapprehension, as Professor Peters of Berlin (who first described this cartilage) represents it as the upper part of the mandibular arch, not detecting the true nature of the fibrous tube, or recognising the fact that this small cartilage is altogether posterior to the line of the os quadratum and os articulare. This point, however, is one the observation of which requires such care, that it is highly satisfactory not to have to rest an homological interpretation mainly upon it. Now that singular reptile, *Sphenodon* (Hatteria), comes to the rescue in a way most remarkable and decisive; for the homologue of the small crocodilian cartilage in question in it (*i.e.*, in Sphenodon) is directly continuous with the ascending cartilage (representing the ascending ligament of the Bird) on the one hand, and with the hyoid on the other. In the human fœtus of the fourth month, the proportions of the parts are very different from what exists in the adult, chiefly on account of the very great relative size of the malleus—the proximal part of the mandibular arch. Reichert considered that the incus was really the proximal part of that arch—a mistake easily made, and pardonable in the highest degree. In bony Fishes, the incus is represented by the large hyomandibular bone; the malleus being again represented by the os quadratum, behind which descends the large chorda tympani or anterior part of the bifurcation of the seventh nerve. In the Sharks and Rays, the mandible is suspended on each side to the hinder end of a cartilaginous arch, which hinder end represents the os quadratum or malleus. A cartilaginous representative of the hyomandibular (or incus) suspends the hyoidean arch. In the Chimæræ and Batrachia, a continuous triangular plate of cartilage appears to represent both elements. From its distal end the mandible is suspended, and the hyoidean arch from its posterior border.

THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

THE "DRY-EARTH" TREATMENT OF WOUNDS.

By J. HORNSEY CASSON, M.R.C.S.Eng., Surgeon to the Alfreton Ironworks, Derbyshire.

THE *New York Weekly Tribune* of March 3rd, 1869, contains an interesting letter from Mr. George E. Waring, calling attention to the "dry-earth" plan of treating wounds adopted by Dr. Addinell Hewson of Philadelphia. The following short notes may be of some interest in connexion with this subject.

Eighteen months ago, I had under my care a most severe and complicated case of compound fracture of the leg, extending into the ankle-joint. There were circumstances connected with the case which prevented the employment of splints, and the limb was kept at rest by means of sand-bags. The suppuration was most profuse, and the odour peculiarly offensive, in spite of the repeated application of Condy's fluid. One evening, not having at hand any sand to replace that which had become too offensive to remain, I filled the bags with earth taken from the garden, having first slightly dried it, intending to replace it with sand the next day. On my visit next morning, I was struck with the absence of odour from the wound; and, during the remainder of the suppurative stage of the case, employed earth in the place of sand, changing the earth every three or four days, and with the best possible result.

I determined to employ earth in the dressing of subsequent cases of offensive wounds which might come under my care; but, for some reason or other, I have neglected to put this plan into practice till the letter of Mr. Waring recalled it to my notice. Yesterday, however, I had the opportunity of applying the system in two cases—a compound fracture of the finger, and an extensive lacerated wound of the arm. In the first case, I enclosed the whole finger, placed upon a splint, in a bag of the dried earth. This morning, on removing the dressing, the wound, which yesterday was most offensive, emitted scarcely any perceptible odour; and the granulations, which yesterday presented a most unhealthy appearance, are to-day as remarkable for their healthy condition. The patient, a discharged soldier, made the remark, when I applied the earth, that he remembered seeing a man at St. Helena buried up to the neck in soil, and kept there for some twenty minutes, and thus completely cured of "scurvy" of old standing, which had resisted all other treatment.

In the other case, the granulations certainly present a much more healthy appearance than they did yesterday, and the whole surface is suppurating most healthily. In this case, the soil was dredged over the wound, and carefully wiped off before the replacement of the poultice.

Of course, these cases can scarcely be accepted, at so early a period of the treatment, as important statistics in favour of adopting the system; but they may perhaps be of sufficient interest to persuade others, with a more extended opportunity than myself, to try the *Alma Mater Tellus* plan in the treatment of the more offensive wounds which may come under their notice, and to favour us with their experience as to the result.

REVIEWS AND NOTICES.

THE THEORY OF OCULAR DEFECTS AND OF SPECTACLES; Translated from the German of Dr. HERMANN SCHEFFLER. By ROBERT BRUDENELL CARTER, F.R.C.S.Exam. Pp. 240. London: 1869.

THE chief object of Dr. SCHEFFLER'S work appears to us to recommend the peculiar form of lens for glasses, which he designates an "orthoscopic" lens. Dr. Scheffler shows, as was shown many years before him by Dr. Giraud-Teulon of Paris, that the effect of ordinary lenses of spectacles is not merely to displace the apparent position of the object viewed, but also to excite a binocular diplopia, which is, however, instinctively overcome by a corresponding contraction of the internal or external recti muscles. Thus, in the use of ordinary spectacles, a kind of muscular asthenopia is, sooner or later, superinduced. This, Dr. Giraud-Teulon endeavoured to remedy by decentrating the lenses; thus substituting a prismatic (physical) for a muscular (pathological) effect. Very slight consideration will shew that Dr. Giraud-Teulon's plan was rough in the extreme. Dr. Scheffler's merit consists in having reduced Dr. Giraud-Teulon's ideas to an exact mathematical form combining with any given lens its appropriate prism. Such a combination is what Dr. Scheffler terms an orthoscopic lens. If ψ be the angle of deviation of the prism, d the distance between the eyes, f the focal length of the lens, the orthoscopic lens is given by the formula $\tan \psi = d \div 2f$. In the work before us are, however, in addition, contained a quantity of observations on the defects of refraction, accommodation, convergence, and a function termed by Dr. Scheffler "application," to to which we shall in due course revert. In considering the anomalies of refraction and accommodation, Dr. Scheffler shews that, if y represents the accommodation of the eye, x the distance of the object viewed, then $y = 1 \div x$, which, as those versed in the conic sections know, represents an equilateral hyperbola, referred to a pair of asymptotes as axes, and that the hyperbola which represents the y of a myopic eye differs from that which represents the y of a normal eye only by a depression of the curve, which cuts the positive axis of x at a finite distance from the origin; whereas, in the case of the hypermetropic eye the curve is elevated, and cuts the axis of x at its negative part at a finite distance from the origin.

Dr. Scheffler further demonstrates that the anomalies of convergence and application may similarly be represented by an hyperbola of the same kind.

We may now endeavour to explain what Dr. Scheffler understands by the term application. He supposes that, if each of the bacilli of the retina remain stationary, a form of diplopia would arise which is counteracted partly by locomotion of the bacillus as a whole, and partly by a rotation of the bacillus on its point of attachment. It would lead us too far to enter into the grounds upon which Dr. Scheffler's founds this theory of application of the bacilli. All we will observe is, that Dr. Scheffler's theory appears to us based upon the most speculative foundation, destitute, as far as we see, of anything but diagrammatic reasoning. Indeed, we rise from the perusal of Dr. Scheffler's work as from one written by an author entirely wanting in the slightest clinical observation. It is replete with a number of words of Dr. Scheffler's own coining, which bear the semblance of a nisus after pedantic prolixity rather than after practical utility, and, in that respect, presents a marked contrast to the great work of Professor Donders.

Mr. Carter's translation is, with some exceptions in which he has failed to grasp the precise meaning of the author, excellent; but we fear that Dr. Scheffler's work will command a very limited sale, and a still more limited perusal by those who cultivate ophthalmic science, either at home or abroad.

INTRODUCTION TO SCIENTIFIC CHEMISTRY; Designed for the Use of Schools and Candidates for University Matriculation Examinations. By F. S. BARFF, M.A., Ch. Coll. Cambridge; Assistant to A. W. Williamson, Ph.D., F.R.S., Professor of Chemistry, University College. London: Groombridge and Sons, 1869.

SYSTEMATIC nomenclature is a great desideratum in chemical science; but the success of Dr. Williamson's labours in this department is well proved by the work before us. The term "acid" is applied to the electronegative oxides; and those compounds which were formerly called acids are here called salts of hydrogen. Though this is a great improvement upon the old system, yet it is not entirely free from objection; if N^2O^5 is "nitric acid," surely K^2O is "potassic base;" and if we use the term carbonic acid for CO^2, sulphuric acid by analogy is the term for SO^2. The substantive "acid" ought to be abolished; carbonic dioxide implies CO^2, and sulphuric trioxide, SO^3.

We cannot approve of Mr. BARFF'S very lax way of mentioning the volumes occupied by certain weights of the several gases, without any reference to temperature and pressure; but we hope that, in a future edition, this error will be corrected, and that what we must call an introductory apology for the statement—that water at its freezing point is a gas (Introduction, VIII)—will be erased at the same time. The book, however, is admirably adapted for the purposes for which it was written; the style is simple, and most of the important reactions are referred to so frequently that the student cannot well forget them. With the view of rendering the subject intelligible to the young, Mr. Barff has followed the example of the great German teachers in dividing the work into two parts, the theoretical views and the symbols being confined to the second. Mr. Barff appears to be very practical in his ideas, in proof of which we refer our readers to Chapters xiv and xv, Part II, the former of which is headed "Advice to Candidates under Examination." These features will render the book of great value to medical students, to whom we strongly recommend it; and we trust that Mr. Barff, after discussing the metalloids with such evident success, will make the metals the subject of a future volume. He appears to have a higher object in view than merely to provide his readers with chemical facts and phenomena. He states that he is greatly indebted to the excellent teaching of Dr. Williamson; and we are inclined to believe him. His book forms a good introduction to Dr. Williamson's *Chemistry for Students*, and the two works taken together will no doubt conduce much to sound mental training in schools and colleges.

ON CHRONIC BRONCHITIS, ESPECIALLY AS CONNECTED WITH GOUT, EMPHYSEMA, AND DISEASES OF THE HEART. By E. HEADLAM GREENHOW, M.D., Assistant-Physician to the Middlesex Hospital. London: Longmans and Co. 1868.

THESE Lectures, eight in number, delivered to the students of the Middlesex Hospital, are intended to demonstrate the intimate connection between chronic bronchitis and certain constitutional and local conditions. Although the author in the preface states that he does not profess to have entered exhaustively into the subject, still we may add that, from the comprehensiveness of the cases which are given to exemplify the various lesions and the special theories connected with them, for which object the book was chiefly produced, a field is presented which makes it a difficult matter to discover the lack which, in the preface, we were made to believe to exist. In Chapter I, Dr. GREENHOW considers the etiology of bronchitis, and quotes statistics to prove that, although numerous cases of bronchitis occur from external causes, there are a still greater number which are due to various dyscrasiæ—as gout or rheumatism—and these more especially in the upper ranks of society. He records also in this lecture examples of chronic bronchitis from simple exposure and mechanical irritation. This subject is continued in Chapter II, in which the author enters fully into pulmonary consolidation, and grinders' phthisis from mechanical irritation; and draws attention to the influence which constitutional tendencies have upon their progress. He then shortly notices the effect of hot or other noxious airs as exciting causes of the disease; and completes the lecture by some valuable hints as to treatment. In Chapters III and IV, we come to the chief feature—the *Hauptsache* of the book—the relation between chronic bronchitis and the gouty dyscrasia. Here numerous cases are given to shew the very frequent occurrence of bronchitis in persons indisputably gouty; the habitual alternations of gout and bronchitis in persons subject to both diseases; and, what is equally important, the appearance of bronchitis immediately after an attack of gout. The author also points out the connection between eczema, psoriasis, gravel, and other symptoms of the gouty diathesis, and bronchitis. Although it had been previously more than hinted at, that such a connection existed between bronchitis and gout, it has never been so patiently, and, to our minds, so exhaustively and conclusively worked out as in the volume before us. A no less important chapter follows, where evidence is given which goes far to prove that general non-senile emphysema, in the large majority of cases, is constitutional, and may and does precede bronchitis—a position which has not hitherto been so strongly taken up by writers on the subject. The particular change which takes place in the lung disease, Dr. Greenhow believes to be more frequently of a fatty than a fibrous character. The last two chapters are devoted to the consideration of the relations between heart-disease and bronchitis, and their results, and contain some valuable records of cases.

Such is a brief summary of the leading features of the book; but we would advise those of our readers at all interested in the subject, as hardly any practitioner can fail to be, to peruse carefully this volume. It contains a mass of valuable, well-arranged, and instructive matter, which has the additional advantage of being eminently practical in its character.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 17TH, 1869.

THE DIRECT REPRESENTATION OF THE MEDICAL PROFESSION IN THE GENERAL COUNCIL OF MEDICAL EDUCATION.

II.

THE claims of the medical profession of the three kingdoms to direct representation in the General Medical Council are based on the Act of Parliament which constituted the Council. That enactment (XXI and XXII Vict., cap. 90) consists of fifty-six clauses, the first of which provides that it may for all purposes be cited as "The Medical Act", which is a more truthful and comprehensive, though more compendious, title than the full one, which, in the terms of the parliamentary records, is "An Act to regulate the Qualifications of Practitioners in Medicine and Surgery." This enactment, with its amendments (XXII Vict., cap. 21; XXIII Vict., cap. 7; XXIII and XXIV Vict., cap. 66; and XXV and XXVI Vict., cap. 91) is nothing more nor less than a system of laws for the education, constitution, and government of the medical profession in Great Britain. The code is undoubtedly imperfect: hence its need of amendment in the estimation of all the parties affected. But none the less it is in every sense a system of government, professing to regulate the preliminary and professional education of members of the profession; stipulating that they shall not have legal right to the recovery of fees or the granting of certificates, unless registered; providing for the suspension and abolition of such privileges; giving certain powers over medical colleges and corporations; and authorising the publication, by the General Medical Council, of the *British Pharmacopœia*, to supersede the different *Pharmacopœias* previously in use in England, Scotland, and Ireland, under the sanction of Parliament.

In all corporations and associations, whether organised for the promotion of sciences, arts, or laws, of learning, manufacture, or commerce, it is abundantly established that it is most conducive to the general interest that the government of such bodies of men shall rest on a broad representative basis. The Universities and constituent Colleges of Oxford and Cambridge, the Inns of Court, the Royal Society, the Royal Academy, the Stock Exchange, the Chambers of Commerce throughout the country, are one and all illustrations in point; and the recent history of the University of London, and of the Scottish Universities, may be cited in evidence of the vivifying and eminently useful effect of widening the electoral basis and stimulating the representative function in bodies which partook too much of the character of oligarchic or paternal governments. Our contention is, that the medical profession, hitherto an exception, shall cease to be one; and, without any desire to repudiate the responsibility we have assumed in making good our claim to representation, we submit with confidence, that on those who oppose us rests the onus of proving that it is for the interest of the general community and of the medical profession that the great body of practitioners of medicine and surgery in these kingdoms shall continue to have no representative voice whatever in the General Council to which Parliament has delegated the government of the profession.

As at present constituted, the Medical Council consists of twenty-four members: a President, six nominees of the Crown, and seventeen chosen by the Corporations and Universities. The minority of practitioners who belong to Universities do exert some influence, more or less direct, on their representatives in the Council; but the great bulk of members of the profession, who only hold licences to practise from the Corporations, are entirely deprived of the professional franchise; for, with rare exceptions, it has been, and is to this hour, the practice of most of the medical corporations to conform blindly to tradition in dealing with their members, who, once licensed on payment of a handsome fee, are as total strangers, and not allowed a voice in the corporate administration. Far from denying that the various Colleges have done good service to the profession and the public, we are prepared to admit that their early history was coetaneous with epochs of scientific progress; that their founders were leaders of thought, who lived before their age; and that the libraries, museums, and records accumulated within the Colleges are monuments of priceless value. Such an admission may be made in favour of some of the old monasteries; of many—nay, of most—of our ancient colleges; but it amounts to nothing when adduced in opposition to our claim for the direct representation of the medical profession in the General Council constituted by the Medical Act. There are times and seasons for all things. The *status pupillaris* befits, and is conducive to good, in youth; but independence, under the Common Law, is the prerogative of ripe manhood. And this is the state to which the profession has attained; and therefore we contend that it has an indefeasible title to the constitutional prerogative of a direct voice in the General Medical Council, to which it was manifestly the intention of the Act of 1858 to subordinate the Medical Colleges and Corporations.

So much for the abstract right of representation, as deducible from first principles of government, and from precedent in other bodies.

Medical education, as implied by the title of the Act of 1858, is a duty of first importance with the General Medical Council; but its efficient discharge is seriously interfered with by the conflicting interests of the Corporations, who send the large majority of representatives. Most of these bodies have set a high standard to be reached by aspirants for their fellowships and other dignities; but they have been satisfied with a low and altogether inadequate test for the bulk of candidates, who only desire to obtain licences to practise. The mere fact that it is deemed essential, in the interest of the services, that, before appointment to medical and surgical office in them, gentlemen shall pass a special examination, though duly qualified under the Act, is unanswerable proof that, in the opinion of the chiefs of Army and Navy Boards, the examination which satisfies the General Medical Council prior to registration is not a sufficient test of efficiency to entitle the holder to have charge of Her Majesty's soldiers and sailors. These men, by the care taken in their selection, by their discipline and exemption from want, are in peculiarly favourable conditions for the preservation of health; and yet a surgeon is not deemed competent to be entrusted with them, unless he have satisfied the authorities at Whitehall that he knows something more of his profession, theoretically and practically, than is required for registration under the Act.

Subsisting, as the Medical Colleges and Corporations do in great part, by the fees which accrue from the granting of licences, they have a powerful motive for not rendering their examinations so stringent as shall induce candidates to inquire which is the most lenient Board. Hence a competition in the sale of licences for the maximum of money and the minimum of efficiency, which has seriously militated against the honour of the profession, in direct measure to the injury it has inflicted on the community. On the vital questions of education and examination, the great body of the profession has always been for thoroughness and efficiency; while the Corporations, rarer cases apart, have put up with superficiality and mediocrity. But for the unanimous, urgent, and reiterated will of the profession, a preliminary examination in Arts would never have been enforced on all candidates for licences to practise. But, unfortunately, that test is reduced to such a formality by some Boards, that even now young men enter on their professional studies most imperfectly educated. We only deserve the title of a learned profession by comparison with other bodies; and as these, with society generally, make rapid strides, we can only hold our own by keeping to the front and advancing with the times. The professional examination itself is in many instances so notoriously trivial, that lazy and incompetent students frequently pass with ease after a few weeks' cramming, without giving any reliable evidence whatever of practical acquaintance with the great truths of the profession. This is a state of things which the interested Corporations have spared no pains to conceal, which the profession has never ceased to protest against. The acquiescence of the former is diametrically opposed to the public interest, which the protest of the profession is so well calculated to uphold. It is to give practical effect to this protest, to raise the standard of general efficiency, and with it the dignity of the profession, that we desire direct representation in the General Medical Council. It is because the Corporations rest on tradition, while the profession yearns for progress—because our interests, the interests of science and humanity, are identical—that the claim for direct representation of the profession in the General Medical Council deserves the attentive consideration and acquiescence of Parliament.

The late Dr. Collis's family have declined the testimonial which it was proposed to offer to them.

The late Ball and two days' Bazaar for the benefit of the Worksop Dispensary realised £426.

We understand that the period of office of the Director-General of the Medical Department is on the present, as on former occasions, limited to five years as a maximum.

Dr. Aldis, Medical Officer of Health to St. George's, Hanover Square, has presented nearly a hundred preparations of morbid anatomy to the Medical School of St. George's Hospital.

A Cottage Hospital is to be established "in or near the town of Bromyard, for the benefit of that and the neighbouring parishes within a radius of seven miles." Rules have been drawn, and an appeal made for subscriptions.

It has been decided to appropriate the unrequired balance (£2,350) of a sum subscribed for the survivors of the Oaks and Talke explosions to a fund which is being raised for the enlargement of the South Staffordshire Hospital.

Mr. T. P. Hoare, the well known banker, is building an Infirmary and Dispensary at Beckenham, Kent, to which baths and wash-houses will be attached for the gratuitous use of the inhabitants of the neighbourhood.

Everyone will be pleased to learn that Dr. George Johnson, who has been suffering from severe indisposition for several months, has so far recovered that he will resume his duties at King's College Hospital in the beginning of May.

We understand that the President of the Medical Council has specially summoned a meeting of the Executive Committee for this day, to consider what steps shall be taken this session with reference to the Medical Acts Amendment Bill.

Mr. Paget has resigned the Lectures on Surgery at St. Bartholomew's Hospital Medical College. Mr. Savory will, we believe, give the course, in conjunction with Mr. Holmes Coote. Mr. Luther Holden will continue to give the course on Anatomy.

Mr. Charles Heisch, who was lately appointed Examiner of Gas to the City of London, does not thereby vacate the Lectureship on Chemistry at the Middlesex Hospital.

Three Gresham Lectures on Medicine will be delivered by Dr. E. Symes Thompson in Easter Term, at Gresham College, Basinghall Street, on Taste and Smell, and on the Water-Supply of London; and two in Trinity Term, on the Structure, Function, and Diseases of the Ear.

MIDDLESEX HOSPITAL.

The vacancy caused by the resignation of Mr. Shaw will be shortly filled up by the appointment of Mr. Nunn as full surgeon, he having acted hitherto only as extra-surgeon. It is probable that the same arrangement will be still carried out, and Mr. Hulke be appointed extra-surgeon to the hospital.

HAMBRO' SHERRY.

It appears that the character of this import is again retrograding to the state which it held in 1864, when, out of 182 samples examined for the Customs authorities, 102 samples were rejected as unfit for admission. Last year, the number of samples rejected was 14, out of 79 samples examined.

CLINICAL SOCIETY OF LONDON.

At the next meeting of this Society, Dr. Herman Weber will bring forward several cases calculated to illustrate the doctrine of Niemeyer, that in certain cases phthisis may originate in a healthy person from an attack of hæmoptysis. It will be remembered that this subject was previously discussed at the same society.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

The usual monthly meeting will be held to-night (Saturday), at 7.30 p.m., at the Scottish Corporation Hall, Crane Court, Fleet Street, when a paper will be read by Dr. Letheby, "On the Methods of Estimating the Nitrogenous Matters in Potable Waters; and on the value of the expression '*Previous Sewage Contamination*', as used by the Registrar-General in his monthly reports of the Metropolitan Waters."

THE WELSH FASTING GIRL.

We have received from Dr. Lewis of Carmarthen an account of Sarah Jacobs of Llanfihangel-ar-Arth, whose alleged long fasting has of late excited much curiosity. According to the account given by Dr. Lewis, she is said to have taken no food since October 10th, 1867, and not even water since the end of December of last year. He remarks that the statements made respecting Sarah Jacobs are of such an astounding nature that belief is scarcely possible, yet accumulated evidence might produce conviction. Some attempt has been made to test the credibility of the parents of the girl, by watching her closely; and the attempt came to an end for want of funds. The girl's parents are respectable farmers, not in needy circumstances. Dr. Lewis does not offer any explanation as to the manner in which life and growth can be maintained without ordinary food. We will next week publish his account in full.

ABSINTHE.

To prove the peculiarly dangerous qualities of absinthe as an alcoholic liquor, various experiments have been recently made. M. Magnan had already found that the fumes of absinthe throw guinea-pigs into convulsions, while alcohol only intoxicates them. Dr. Debourge, in a lecture delivered lately at Brussels, took two vessels containing a pint of water in which swam some small fish. Pouring into one of these vessels six drops of the essence of absinthe, and into the other six drops of pure prussic acid, he showed that the fish were more rapidly struck down by the essence than even by the prussic acid. Absinthe is extensively adulterated by copper. To detect it, add to the absinthe, diffused through water as drinkers use it, a little salad-oil; shake up the mixture, and then let it rest. The oil rises on the surface, no longer of its original colour, but of a bright green, which it owes to the presence of copper.

NAVAL INTELLIGENCE.

Sir D. Deas and Dr. Burn are put on half-pay, and receive (as well as Dr. Stewart, recently put on half-pay from Plymouth,) the good-service pension. We may add that Dr. Salmon is appointed to Haslar. The second inspector-generalship there is not to be filled up. We learn with pleasure that Dr. Anderson and Dr. Smart are promoted to be inspectors-general. Dr. Domvill is appointed to Chatham, *vice* Dr. Anderson. Dr. Smart remains, *pro tem.*, at Greenwich.

THE DERBYSHIRE NURSING ASSOCIATION.

The circumstances attending the recent fatal accident at the Derbyshire Infirmary gave rise to correspondence in the papers, and evidenced defective ward arrangements. The correspondence in the *Times*, and subsequent resolutions at the instance of Lord Beauchamp, probably prevented serious injustice being done to an individual—the dispenser. The following paragraph from a report of the above excellent and ill-supported Association will serve to throw a light upon the real state of the case.

> "We should be wanting in our duty to ourselves, and be no true friends to the hospital, were we to shrink from reminding the public that the work of reform in our hospital nursing is not by any means complete: it is begun, and well begun, but that is all. We are painfully conscious that in a hospital something more is necessary than good nurses in order to make good nursing possible. The words in our last annual Report were but too true, when we said:—'Common sense tells us that when one nurse has charge of seven wards (her own private room and the scullery being, of course, distinct from all of these) it must follow that the patients in six wards always, and often in the seventh, will be obliged to nurse each other—nurse themselves—do as best they can. Circumstances most disastrous will transpire, when through the number and smallness of the wards constant supervision is practicably impossible.' A casualty which unfortunately occurred during the last year, and which resulted in the death of a patient, is the sad verification of the truth of these words; and though, of course, special measures have been taken to prevent the exact repetition of such an event, there is the same reason for us to repeat now, as there was when we wrote them last year. Circumstances most disastrous will transpire, when through the number and smallness of the wards constant supervision is practically impossible. Indeed, if the amount of suffering could be summed up, which is inevitable under the impossible condition of expecting a person to be in more places than one at the same time, the picture would be such as to appal the most incredulous."

We heartily commend these plain spoken and irrefutable truths to the Managers of the Hospital, and this excellent Association to the wealthier inhabitants of the city and the county.

THE PROFESSION IN THE NAVY.

It affords us pleasure to note, in the events of the past week that have caused no little excitement in naval medical circles, much that ought to afford general satisfaction in our profession generally. There has been a retirement effected that will remove from the head of the naval list of medical officers five of its seniors, making room for the promotion of other deserving officers. Dr. Bryson, F.R.S., C.B., the ex-Director-General, has received the approval of the Admiralty for the manner in which he has conducted the duties of his office through five years of difficulty, almost realising a new birth of the service; and we look forward with confidence to his receiving that mark of their lordships' approval which military men value most—an elevation in rank in that distinction of which he already possesses, deservedly, the first step. Sir Edward Hilditch was virtually retired from Greenwich Hospital in 1865, having gained the due reward of his long hospital services; and he now will be officially removed from the active list. Sir David Deas, K.C.B., whose war-services have been unequalled in this generation of medical men, carries with him all the honour and professional respect that can fall to our lot. He may be said to have rendered his calling illustrious, for its utility to the wounded and sick in our fighting fleets. Dr. Burn has seen active service second only to that of Sir D. Deas; and we trust the First Lord of the Admiralty will not long withhold from him honorary distinction, that will gild his retirement. Dr. Stewart has also seen a long and valued career, in charge of naval hospitals abroad and at home. It is gratifying to us to know, authoritatively, that it is the intention of Mr. Childers to establish, on this occasion, for the encouragement of our naval brethren, three more of those *solatia*, in the form of good-service pensions, that are so liberally given by a grateful country to retired officers, to assist them in maintaining a position in society that tend to elevate the military services in general estimation. This alone willl be found a great gain to our profession in the service, on which no mean estimation should be placed; and, on leaving active service, these officers will have the gratification of knowing that it is owing to their retirement that the service has gained so much permanent advantage. Our limited space forbids our noticing, to-day, the meritorious services of the officers whose promotion has been gazetted in consequence of these retirements, but we are prepared to do so on a future occasion.

WESTMINSTER HOSPITAL FESTIVAL.

The Westminster Hospital Festival took place on Wednesday evening, at Willis's Rooms; Lord Hatherley, Lord Chancellor, in the Chair. There was a large attendance of supporters and old students of the hospital. After the usual loyal toasts, that of the "President and Vice-Presidents" was proposed by the Chairman, and responded to by Lord Charles Russell. The noble Chairman then, at considerable length, gave an interesting historical account of the hospital from its foundation, and noticed shortly the benefits which had accrued to the neighbourhood from the great amount of relief it annually afforded. The object of the meeting was chiefly to raise funds to put the hospital into complete repair; and, to do this, £6,000 to £7,000 were required. He therefore trusted that the friends of the hospital would exert themselves to secure the means for carrying out the necessary repairs. His lordship observed that the nursing department would also require improvement. As we pointed out, in our Report on the Westminster Hospital last year, the necessity for a thorough overhauling, not only of the building, but of the nursing and many other arrangements, we cannot but be gratified to see that efforts are being made to put the hospital in a more efficient state. We only trust that the required funds will be forthcoming; and that the contributions which were announced during the evening, amounting to £1,658, will be speedily increased to the sum for which the noble Chairman so eloquently appealed on Wednesday evening.

WEST KENT MEDICO-CHIRURGICAL SOCIETY.

On Friday evening, April 9th, 1869, the seventh general meeting of the session of the West Kent Medico-Chirurgical Society was held at the Royal Kent Dispensary—Dr. J. C. Thorowgood, President, in the chair. Mr. Thomas Bryant read a paper on "Suppurating Joints." He said that disease of the joints may commence in the bony or cartilaginous portions, and rarely takes its origin in the ligaments towards their attachments. He then briefly discussed the pathology of joint-disease in general, and read numerous cases of suppurating joints, including the hip, knee, ankle, shoulder, and elbow-joints, which have been treated by free incisions with the best results; in some cases there being good movement, and in others firm anchylosis. A discussion followed, in which Mr. Lockhart, Dr. Purvis, Dr. Ralph Gooding, and Dr. Thorowgood took part; and, a vote of thanks having been unanimously accorded to Mr. Bryant for his excellent paper, the Society adjourned. Dr. Thorowgood shewed a pipe, invented by Mr. Bird, for inhaling æther, chloroform, etc.

SCOTLAND.

In addition to the sums already given to the Universities of Aberdeen and London, Dr. Neil Arnott, F.R.S., has offered to place in the hands of Professor Playfair, as M.P. for the University of Edinburgh, £1,000, to promote the study of experimental physics among the medical students of the University.

PROFESSOR SYME.

WE are most pleased to be able to state that, since his attack of partial paralysis on Tuesday of last week, Professor Syme has made an uninterrupted and gratifying progress for the better. The motor power *only* was affected by the attack; and in this some improvement has been visible daily and steadily, so that now, only eight days after the attack, he is able to walk without support. The friends and admirers of the great surgeon and teacher—and they number legion—will be able to draw the most favourable auguries from the progress already made.

UNIVERSITY OF EDINBURGH.

WE learn that Dr. A. Crum Brown was on Wednesday appointed Professor of Chemistry by the Curators of the University of Edinburgh. Dr. Brown's brilliant career at the University of London, his authorship of a new system of chemical notation, and much other good work, have fairly gained him this high distinction.

ROYAL HOSPITAL FOR SICK CHILDREN, EDINBURGH.

AN additional wing for the accommodation of fever-patients, capable of containing fifteen or twenty beds, is about to be added to this hospital. We trust that the directors will meet with the increased support which such an important step fully entitles them to from the public.

IRELAND.

DUBLIN OBSTETRICAL SOCIETY.

A MOST remarkable paper was read on last Saturday, by Dr. Evory Kennedy, on Puerperal Fever and Lying-in Hospitals. The President postponed the discussion until the Paper shall have been published. We shall present our readers with a full and accurate report.

MIDWIVES FOR DISPENSARY DISTRICTS.

A PETITION to the Houses of Parliament has been largely signed in favour of having a midwife or nurse in every district in Ireland. The medical officer would be much benefited, and his responsibility lessened, if the nurse were summoned by a special form of ticket to be issued by the Committee.

POOR-LAW UNION RATING.

THE temporary defeat of the Bill, to assimilate the Irish to the English system of union-rating, has disappointed many. The dwellings of the labouring poor in towns and villages would become much improved and less over-crowded under such a system of rating. Dr. Hunter's inquiries procured the enactment of the measure in England, but in Ireland no such investigations have been entered on.

MEATH HOSPITAL.

THE profession, and some members of the Board of the Meath Hospital, took steps last week to establish a fund for the benefit of the family of the late Mr. Collis. It was, however, intimated that such a subscription was unnecessary, and it is proposed to perpetuate his memory by building a new wing to the great institution in which he sacrificed his life. Over £200 was subscribed the first day. The fever-cases will be probably removed to the new building, a hygienic improvement for many reasons desirable.

ROYAL COLLEGE OF SURGEONS OF IRELAND.

OF the six candidates for the Surgical Examinership, vacant by Mr. Collis's death, Mr. Stapleton has been the successful one; and, on the grounds of seniority and previous good services, the selection is excellent. A like number of very leading Fellows of the College seek the seat on the Council which the decease of Dr. Mackesy has rendered vacant. Sixty candidates have entered for the quarterly examination, a number greater than on any previous occasion.

THE LATE DR. T. L. MACKESY OF WATERFORD.

FULL of years and of honours, Dr. Mackesy has passed away. For half a century he had held a foremost rank among the provincial practitioners of Ireland. His earliest qualification, the diploma of the London College of Surgeons, was obtained in 1809, when he at once entered the Army and served in many memorable actions, including Waterloo. Having then settled in his native town, he soon acquired a most extensive and lucrative practice, which he retained till within a fortnight of his death. He took a very deep interest in the affairs of Waterford city, served as mayor, and for many years was an active Magistrate and Poor-law Guardian. The Fellows of the Royal College of Surgeons of Ireland honoured him to the fullest extent in their power, by electing him to the Presidential Chair in 1862; and, in the following year, he received the Degree of M.D. from the University of Dublin *causâ honoris*. In the affairs of the Irish Medical Association, and, more recently, in those of our Association, he took the liveliest interest, and before the former body delivered some most vigorous and learned addresses. His other writings were mainly papers on Hygienic and Public Medicine, in the *Transactions of the Social Science Association*.

IRISH MEDICAL ASSOCIATION.

A SPECIAL meeting of the Council was held on Friday, the 9th inst., to elect a Chairman in room of the late Mr. Maurice H. Collis, deceased. Dr. Macnamara, President of the Association, was in the Chair. The Secretary announced that, owing to the sad loss sustained in the sudden removal of their Chairman, he had been obliged to call a special meeting for that day. It was proposed by Dr. Wharton, and seconded by Dr. A. J. Walsh, "That this Council has learned with unaffected sorrow of the death of our late Chairman, Mr. Maurice H. Collis, whose untimely end has been a source of sincere regret to the members of this Association; and that a copy of this resolution be forwarded to Mrs. Collis, with whom this Council most truly sympathises." Dr. Thomas Darby, one of the Vice-Presidents of the Association, was then elected Chairman of the Council for the remaining portion of the official year, and took the Chair. The Secretary read letters which he had received, in reference to the Superannuation Bill, from Dr. Brady, M.P., and other gentlemen. Dr. Darby read a letter which he had received from Sir George Hodson, Chairman of the Rathdown Board of Guardians, enclosing one which Sir George had received from Mr. Ion T. Hamilton, in which the latter gentleman expressed himself most favourably towards the Superannuation Bill. The Secretary received directions to convey to Sir George Hodson the thanks of the Association for his exertions. The Secretary reported the adoption of petitions in favour of superannuation by several Boards of Guardians through the country. The deputation appointed by the Council to wait upon the Poor-law Commissioners reported that, having had a day fixed for their reception, Dr. Macnamara, the Vice-President of the College, accompanied by Drs. Albert Walsh, Darby, Morrogh, and the Secretary, waited upon the Commissioners, by whom they were most courteously received. Dr. Macnamara brought the principal features of the Superannuation Bill under the notice of the Commissioners, who discussed almost every clause of the Bill with the members of the deputation. Dr. Benson announced that he had that day heard of the death of Dr. Thomas L. Mackesy, Vice-President of the Association, and long its most warm and useful supporter. The following resolution was unanimously adopted: "That the Council of the Irish Medical Association have learned with deep regret of the death of Dr. Thomas L. Mackesy, for some years President of the Association, and always its energetic supporter. The Council desire to express their sympathy with his sorrowing family, and to convey to them the high opinion the Council entertained of his valuable and disinterested services, and their sense of the severe loss which the profession in this country has sustained by his removal."

REPORT

THE PREVENTABLE DISEASES OF THE INDUSTRIAL CLASSES.

V.—Workers among Lead and Paint.

Lead as a source of disease—The modes in which it is taken into the body—Local and constitutional effects of lead—Plumbers—The white-lead makers of London.

Used extensively by many trades on account of its malleability, the readiness with which it fuses at a low temperature, and the ease with which it unites with metals, acids, turpentine, oil, and other substances, forming paints, pigments, and compounds useful in the arts, Lead is a fruitful source of disease amongst all those persons who are obliged, during their work, to handle the metal in its native or its artificial forms, or to inhale its dust or its fumes. It readily unites with substances, forming Leaden Compounds, many of which are capable of easy destruction. When it is applied against the skin of a man for some length of time, or its dust or its fumes are inhaled, or particles of it are swallowed through being mixed with his food, it is absorbed into the body, unites with tissues, and produces Disease.

Lead, which is one of the most useful of our metals, is, at the same time, one of the most dangerous, because it is one of the most insidious of poisons. It creeps into the bodies of those who are employed amongst it, and invalids them; some feel its influence quickly; others only after the lapse of years; but there are few persons who work constantly among it whose health is not injured sooner or later by its action. It is well known that the absorption of a small quantity will produce in some persons the painful malady "lead colic," with great rapidity; and that some few of those who are more particularly engaged in handling the metal suffer from that local palsy of the extensor muscles of the hands and forearms, familiarly known as "wrist-drop." Some of these workers have, as a prominent and distressing symptom, a sensation of weight and constriction about the chest, more particularly in the region of the heart, arising from temporary partial paralysis of the respiratory nerves and temporary diminution of muscular resistance to atmospheric pressure. All suffer more or less from disrelish of food and imperfect digestion; whilst those whose bodies are thoroughly impregnated with the metal have, in addition, intense debility, or, as it may be termed, *constitutional paralysis*, with which will often be combined dim sight, imperfect appreciation of sound, feebleness of thought, and tardy or indistinct utterance. Nor is this all; in a certain number of these sufferers there will be, united with the debility, temporary or confirmed kidney disease (albuminuria), melancholia, or recurring attacks of gout; and in some few there will occur apoplectic seizures. In many such work-folks there will be observed along the edges of the gums where they join the teeth, that characteristic grey leaden line, the depth and intensity of colour of which will often serve as rough guides in estimating the extent to which the body is contaminated with the metal.

The dejected look, the sallow skin, the lagging walk, and the slow speech of a man suffering from constitutional lead poisoning, are so noticeable, that, without inquiry, the occupation of a lead-worker, can often be determined as he enters the consulting-room.

On the surface of all lead that has been exposed for a considerable time to the air, there is a certain amount of suboxide. Men who are engaged in working with sheet lead, or leaden pipes, must absorb through their skin some of the metal in this form. When it is touched there is a sensation as if some cold oily substance were next the skin; if rubbed, the fingers will be discoloured. Chemical action takes place when the skin and lead are in contact, and the suboxide is rubbed off. Small quantities of the metal are therefore taken up by plumbers' hands day by day, some of the lead being carried into the blood, producing constitutional effects; and some being retained in the hands and arms, causing local palsies. Owing often to want of cleanliness, the hands of these men, as of other workers in lead, contaminate the food they touch, so that the metal is swallowed in small quantities.

Of all forms of this metal, *white lead, i.e.*, the carbonate, is the most dangerous, because the most largely used. There are various ways of preparing it; a common one being that of submitting thin sheets of the metal to the vapours arising from heated vinegar and tan. After this, grinding and mixing with water take place, and the dough-like white-lead is ready for use. People engaged in the manufacture of this substance feel the effects of the poison very severely. They absorb some of the metal through their skins, and they inhale some of its poisonous dust and fumes.

In London, many women are employed at this work, and terribly they suffer from their employment. Most of them are Irishwomen, who are engaged as labourers in carrying the white-lead up and down stairs, and through the factories, and sometimes in assisting in its manufacture. Each woman receives about nine shillings a week for her labour. So many hungry mouths are there in London, that this work, dangerous as it is known to be, is eagerly sought for. We give several of the cases that have come under our own care.

An Irishwoman, aged 30, who had been working for four weeks only in a white-lead factory, came to the hospital for relief. She was suffering from acute lead-poisoning; she complained of "tightness" of the chest, pains in all her limbs, constant nausea, and "cramps" in the stomach. She was intensely depressed; the face was sallow, and it had that hopeless expression which is characteristic of lead-diseases; the eyelids were drooping from partial paralysis, the result of coma from congestion and nearly complete arrest of the function of the kidneys, and the pulse was very feeble.

Only four days before this woman was admitted, a young man employed at a lead factory came to us. He had been "working among the melting pots for three years," and had been gradually losing health and strength; he had "no energy," and though he could at one time lift three hundred weight, he could not then carry one. He was suffering from general wasting, constitutional lead-paralysis, and so thoroughly was his system contaminated with the metal that we were obliged to tell him that his only chance of living was by giving up at once and for good his employment at a lead factory.

More recently, several cases of poisoning of factory-women have been under our care, three of which we will narrate. The first was that of a middle-aged Irishwoman, who had been working for some months among the lead. She was suffering from acute lead-poisoning in its most severe form; there was albuminuria, with nearly complete suppression of urine; the face was sallow, and disfigured through dropsical swelling, and the limbs were also swollen; the heart was as feeble as a living heart could be, and its sounds were muffled through the presence of fluid in its covering. She was told that she must come into the hospital, but she said she could not leave her work or her children, and she went away—probably to die. The other case was that of a fine, well-grown Irish girl of twenty-two years, who had worked between seven and eight weeks only in a lead factory; she went to the place because her usual "canvas work was slack." She, too, was suffering from acute lead-poisoning, but in a less severe form; she complained of pain and "tightness" in the region of the heart, and of intense debility. She, too, was sallow, and terribly dejected. As in the other cases, the gums were gray; and she stated that they always bled freely whenever she attempted to clean her teeth. She told us that "some of the women work in the factory for years, and the lead takes no hold of them; others feel it after the first day or two." The fifth and last case of this kind that we shall narrate is remarkable from the fact that the patient had worked between eight and ten years in a factory, with several intermissions of six or twelve months, and that it was only during the last year that she suffered from the lead.

An Irishwoman, aged 27, was first seen on May 29th, 1867. She had been married five years, but had no children. About a year ago, she began to suffer from general weakness and cough. She continued to work until a fortnight before coming to the hospital, and then she was compelled to leave through suffering from "tightness" of the chest. She was very sallow, thin, and anæmic and the pulse weak and feeble. There was a well-marked dark grey line around the teeth, and the other portions of the gums were pale. She had all the signs of softening of lung tissue, as in the second stage of consumption. She had not brought up blood at any time; and no history of hereditary consumption could be traced. She stated that most of the women in the white-lead works knock up at some time or another, and some are obliged to give up the work altogether. Where she had worked, there were "about a hundred women employed in the white-lead works, and thirty in making colours and paints." The colour-makers do not suffer so often from the lead as the others; but when they are attacked they are just as bad as the white-lead workers. This patient also stated that she had known several women who had died from the lead. Since she had been at the works six women whom she had known well had been laid up. She instanced the death of a young woman who worked at the store, where the lead is dried after it has been ground. She also instanced the death of a girl who used to pick the lead up and put it into the trays the women carry on their heads. Most of the women are engaged in carrying these trays about the factory, but a few are employed in separating the white from the unchanged blue lead. "It is the dust that kills the women," said this patient.

We have heard of four lead works where women are employed; probably there are more. We are told that at one factory there are a hundred and thirty female workers, and at another from fifty to sixty. There are, also, two smaller factories where women are engaged. Most of the cases of lead-poisoning in workers at these factories are treated, in one large factory, at least, by a surgeon attached to the factory. This may explain why they have not been more frequently noticed by hospital physicians.

When Dr. Whitley, a few years ago, at the instance of the Board of Health, investigated the subject of the influence of lead on health, the owners of the London factories refused to allow him to inspect their works. As the result of investigations elsewhere, he concluded that there was no necessity for placing lead-works under the control of governmental inspectors. We regret that we cannot agree with Dr. Whitley. We are certain, from the great severity of the cases of lead-poisoning that have come under our notice, and the recurrence of such cases, that much serious disease might be prevented if white-lead works, and all other works in which lead is largely used, were subject to official supervision.

Mr. Simon, in speaking of this subject, says: "Unfortunately (for reasons which are set forth in Dr. Whitley's report) full and precise information on this subject could not be got. And any statement which can be founded on any present evidence, must be qualified by two considerations; first, that statistics were never obtainable as to the real presence of disease on persons employed in the more dangerous branches of the industry; and, secondly, that in all probability, the establishments which were visited were very favourable specimens of this class."

With regard to the work-rooms, and the machinery employed in making leaden compounds, it is most desirable that there should be perfect ventilation in the one, and that the other should be constructed so that the fumes of the lead or its dust should be driven away from the workman's face. This may be done in white-lead works by following a suggestion of Dr. Whitley's that machinery should be employed where dry grinding is unavoidable, and that the process of grinding should be carried out in closed chambers, with a current of air passing *into* the openings through which the white-lead is introduced, and that all the processes of grinding, pulverising, packing, etc., should, when possible, be performed wet.

In all white-lead factories flues should be employed. A remarkable instance of the use of the flue in a large lead smelting factory in Northumberland is told by Dr. Whitley: "Before the introduction some years ago of flues of great length, through which the fumes produced during the process of smelting are made to pass, and in which they became condensed, the workmen suffered extensively from lead poisoning. Under the present system, however, cases of lead poisoning are no longer met with."

SUMMARY VIEW OF THIRTY CASES OF ANEURISM OF THE AORTA.—Dr. A. G. Soule gives (*Pacific Medical and Surgical Journal*) the statistics of thirty cases of aneurism of the aorta, occurring within two years and a half in the medical wards of the City and County Hospital of San Francisco. In one-half of these cases (15) the arch of the aorta was the principal seat of the aneurism. In one-third (10) the descending thoracic portion was alone implicated, and in one-sixth (5) the abdominal aorta, at or near the cœliac axis, was the seat of the aneurism, the tumour sometimes extending above the diaphragm. The generality of these persons supposed themselves suffering from rheumatism, neuralgia, lung or heart disease; but by close physical examination I diagnosticated nearly all the aneurisms before death. The subjects of these cases were engaged in laborious occupations, and were exposed to inclement weather. The ages of the subjects varied from twenty-seven to sixty-two years, most of them being over forty. Rheumatism or venereal disease had affected the most of them at some period of their lives. They were usually intemperate and improvident. Only one of the number claimed to be married and to have a family—all were without settled home or habitation, migratory in their habits. Twenty-one of these aneurisms ruptured and nine did not. Fourteen had hæmorrhage externally and seven internally. Eighteen died immediately upon the rupturing of the aneurism, and three lived a few days after the rupture. In those cases where death occurred without rupture, there were usually more complications, as with anasarca, cardiac and lung diseases, erosion of the vertebral column, etc., death usually coming on very slowly and attended with much pain. Atheroma of the aorta was found in a very large proportion of the cases; valvular disease of the heart and hypertrophy in but few. The aneurismal tumours varied in size from a hen's egg to the head of an infant, and were usually filled more or less with consecutive fibrinous layers.

ASSOCIATION INTELLIGENCE.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEETINGS.

THE next meeting of the above Branch is appointed to be held at the Union House, Dartford, on Tuesday, April 20th, at 4 P.M. Flaxman Spurrell, Esq., F.R.C.S., will take the Chair.

Dinner will be provided at the Bull Hotel, at 6 P.M.

FREDERICK JAMES BROWN, M.D., *Hon. Secretary.*

Rochester, April 6th, 1869.

CUMBERLAND AND WESTMORLAND BRANCH.

THE spring meeting of the above Branch will be held at the Crown and Mitre Hotel, Carlisle, on Wednesday, April 21st, at 12.45 P.M. President—Thomas Barnes, M.D., Carlisle; President-elect—M. W. Taylor, M.D., Penrith.

Gentlemen intending to read papers or cases, are requested to communicate with the Honorary Secretary.

The dinner will take place at 4 o'clock. Members can introduce friends.

HENRY BARNES, M.D.,
Honorary Secretary.

Carlisle, April 1st, 1869.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

THE next meeting of this Section will be held at the Midland Institute, Birmingham, on Friday, April 23rd, at 3 P.M.

BALTHAZAR W. FOSTER, M.D.,
T. VINCENT JACKSON,
} *Honorary Secretaries.*

Birmingham, April 14th, 1869.

SOUTH EASTERN BRANCH: EAST SURREY MEDICAL SOCIETY.

A MEETING of this society was held on Thursday, March 18th, at the Crystal Palace Hotel, Norwood. The chair was taken at 4 P.M. by Dr. CORBOULD of Sydenham, and seventeen gentlemen, members and visitors, were present.

Communications.—1. Dr. J. M. BRIGHT gave the history of a case of Perforating Ulcer of the Duodenum, which caused death in twenty-four hours, in a man previously supposed to be healthy.—2. Mr. J. S. JOHNSON gave the history of cases of Puerperal Convulsions, which had been successfully treated.—3. Mr. J. S. JOHNSON described a case in which Fracture of the Cervical Vertebræ had been caused in a strong muscular man, by carrying another man on his back in a peculiar position, which was illustrated by a photograph. The fracture was below the origin of the phrenic nerve, and the patient survived about two days.—4. Dr. CRESSWELL gave a synopsis of two hundred and thirty-eight cases of Midwifery, with a detailed statement of some fatal cases.—5. Dr. G. R. ADAMS exhibited a patient in whom there was Dislocation of the Clavicle Forwards. This had been produced, together with fracture of several of the ribs on the same side, by his being crushed by the falling-in of a bridge. The man had made a good recovery, but it had not been possible, from the extent of the injuries, to make any attempt to reduce the dislocation.—6. Mr. SIDNEY TURNER exhibited two specimens; one of Imperforate Anus, in which the blind extremity of the gut could not be reached by operation, and the child died on the fifth day; the other, from a case of Intussusception, which resulted in perforation.—7. Dr. HORACE JEAFFRESON exhibited a specimen, in which Perforation had been caused by a piece of potsherd, supposed to have been swallowed by a child.

The Dinner took place at 6 P.M. Dr. Corbould occupied the chair; and sixteen gentlemen were present.

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held at Birmingham, April 1st, 1869.

PRESENT:—Dr. Sibson, F.R.S. (in the Chair); Dr. Acland; Mr. T. H. Bartleet; Dr. Bryan; Dr. Chadwick; Mr. Clayton; Mr. Hodgson; Mr. Husband; Mr. Southam; Dr. Stewart; Dr. A. T. H. Waters; Dr. E. Waters; Mr. Wheelhouse; Dr. Wilkinson; and Mr. T. Watkin Williams (General Secretary).

The following resolutions were passed.

That the Treasurer be authorised to pay £5 towards the expenses of the Parliamentary Committee.

That the Treasurer's Statement of Accounts, as audited by the Auditors, be published in the JOURNAL.

That the Annual Meeting be held on the 27th, 28th, 29th, and 30th of July.

That the following gentlemen be appointed officers of Sections; viz., MEDICINE—*President*, Dr. W. T. Gairdner, Glasgow; *Vice-Presidents*, Dr. Banks, Dublin, and Dr. Heaton, Leeds; *Secretaries*, Dr. C. Allbutt, Leeds, and Dr. Charlton Bastian, London: SURGERY—*President*, William Hey, Esq., Leeds; *Vice-Presidents*, George Southam, Esq., Manchester, William Stokes, jun., Esq., Dublin; *Secretaries*, W. Fairlie Clarke, M.B., London, and T. R. Jessop, Esq., Leeds: MIDWIFERY—*President*, Dr. Arthur Farre, London; *Vice-Presidents*, S. Berry, Esq., Birmingham, Dr. Priestley, London; *Secretaries*, Dr. Kidd, Dublin, Dr. Thorburn, Manchester: PHYSIOLOGY—*President*, Dr. Hughes Bennett, F.R.S.E.; *Vice-Presidents*, Dr. Beale, F.R.S., London, Dr. A. T. H. Waters, Liverpool; *Secretaries*, E. Chapman, Esq., M.A., Oxford, H. Power, M.B., London: STATE MEDICINE—*President*, Dr. William Farr, F.R.S.; *Vice-Presidents*, Dr. Mapother, Dublin, Dr. A. P. Stewart, London; *Secretaries*, Dr. Philipson, Newcastle, and Dr. Wiltshire, London.

That this Committee approve of the Petitions to the Houses of Parliament, prepared by the Committee appointed to obtain the Direct Representation of the Profession in the Medical Council, and will be glad to cooperate with them in reference to it.

That a deputation, as recommended by the "Representation Committee", do wait upon the Government, and press upon it the importance of carrying out the objects comprised in the Petition.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary.*
13, Newhall Street, Birmingham, April 6th, 1869.

FINANCIAL STATEMENT FOR 1868.

THE Treasurer of the British Medical Association in account with the Association for 1868.

Receipts.						
Subscriptions	3310	17	6			
Subscriptions, arrears	183	15	0			
				3494	12	6
Advertisements and sales				2065	19	1
Sundry other receipts				11	5	0
				£5571	16	7
JOURNAL EXPENSES: *Payments.*						
Mr. Richards, printing, stamps, postages, sundry printing, etc.	3264	4	2			
Mr. Davidson, commission on advertisements	92	5	5			
Mr. Butcher, commission on advertisements	163	10	0			
Mr. Orrin Smith, engraver	25	15	0			
Editor of JOURNAL	250	0	0			
Sub-editor	50	0	0			
Contributors	802	8	1			
Dr. Henry, salary for office-work	50	0	0			
				4698	2	8
EXECUTIVE EXPENSES:						
Secretary	370	0	0			
Secretary's petty cash, Branch Secretaries, and Collectors	78	4	0			
Clerk's Salary	62	10	0			
Reporting proceedings at Oxford and Anniversary expenses	32	7	0			
Stationery	16	15	0			
Sundry other expenses	18	13	5			
				578	9	5
SCIENTIFIC AND OTHER GRANTS:						
Public Health Commmittee	42	13	0			
Parliamentary Committee	10	0	0			
				52	13	0
Balance due to Treasurer (last year)				41	10	7
Balance in Treasurer's hands (this year)				201	0	9
				5571	16	7

R. WILBRAHAM FALCONER, M.D., *Treasurer.*

WILLIAM J. CHURCH, } *Auditors.*
EDWARD LONG FOX, M.D., }
April 1869.

Assets estimated, Dec. 31st, 1868	1672	0	0
Liabilities	1506	0	0
Excess of estimated assets beyond amount of liabilities	£166	0	0

REPORTS OF SOCIETIES.

MANCHESTER MEDICAL SOCIETY.

WEDNESDAY, MARCH 3RD, 1869.

HENRY SIMPSON, M.D., President, in the Chair.

DR. MORGAN showed a Heart, containing a Fibrous Clot, and gave the following particulars regarding it. The patient was admitted into the Infirmary on February 9th, suffering from acute rheumatism, and having, at the same time, an exocardial and an endocardial murmur. The former was slight, though it increased during the progress of the case. The latter was loud, and very peculiar. It was heard most distinctly at the ensiform cartilage, and over the pulmonary artery, and in both situations consisted of a continuous blowing. The patient died on the 13th. At the examination of the body, the pericardium was found to contain a quantity of serum, and was itself coated with lymph. In the right ventricle, as was seen in the preparation, there was a large fibrous clot, firmly adhering to its walls, and extending for a considerable distance into the pulmonary artery. One of the segments of the tricuspid valve also was completely fastened down by it, so as to prevent its action. A much smaller clot was attached, in a similar manner, to the musculi papillares of the mitral valve. When the specimen was recent, the clot was somewhat spongy, and completely filled the right ventricle. Dr. Morgan then made some remarks on the different kinds of clots found in the heart, and explained the mode of formation of such as that under consideration. Three conditions appeared to come into play in the process; the current of blood was retarded, the blood itself was altered (containing more fibrine), and there was endocarditis. According to Rokitansky, when such a state existed, the last-named might cause the exudation of lymph on the free surface of the heart's chambers, so originating the clot; and, owing to the presence of the other conditions mentioned, the latter might speedily attain a considerable size.

DR. MORGAN related the particulars of a case in which a Periodic Attack of Erysipelas seemed to be excited by an Aniline Dye. The gentleman affected had worn a new scarf one cold Saturday, and suddenly experienced, during the day, a burning sensation round the back of the neck. The part became rapidly inflamed, and, after some hours, began to ooze with serum. Then the action subsided, and, in three or four days, he was quite well. Next Saturday, exactly the same occurrence took place, although he had not used the scarf again; and so again on the Saturday following this. After this, he took frequent doses of tincture of sesquichloride of iron, and the attacks gradually diminished in severity, though they did not entirely disappear for seven weeks in all. Latterly, the eruption shewed itself at other parts of the body as well, especially about the scrotum and flexures of the arms and legs. The composition of the dye could not be ascertained, though Dr. Morgan believed the irritant to be picric acid.

The PRESIDENT showed an Aneurism of the Transverse Part of the Aorta. During life, the patient had presented several interesting features. His peculiar voice led to an examination of the larynx, and the left vocal cord was found to be paralysed. Then there was total absence of pulse in both radials, and in the carotids it was very feeble. After death, which occurred rather suddenly, the arteries arising from the transverse part of the aorta were found almost occluded. The left recurrent laryngeal nerve was imbedded in the tumour, and the left laryngeal muscles were pale and atrophied, while those on the right were plump and well nourished.

MR. BRADDON related the particulars of a case of Perforation of the Intestines, caused by Internal Strangulation. The patient, who was a prisoner in gaol, complained to him of obstruction in the bowels, and was given a dose of calomel. This failed to act, and nothing was passed till the long tube was used. This brought some matter away. The patient, however, grew worse, and, it was evident, was suffering from stricture internally. As a last resource, the abdomen, which was tense and slightly tender, was opened, in the hope that the constriction might be reached. The incision was made from the umbilicus to the pubes, and immediately a large quantity of flatus and liquid fæces gushed out. The intestine, however, had not been injured, but lay behind, matted together with lymph. The peritoneum, also, was much thickened. It was useless to look for the seat of stricture, so the wound was closed. The patient experienced great relief, however, and lived for five days longer. At the *post mortem* examination, a knuckle of intestine eighteen inches above the ilio-cæcal valve was found bound down by a band of lymph, and here, also, rupture had occurred. It was difficult to say when this took place, as there had been no sudden accession of grave symptoms. The morbid specimen was exhibited.

Mr. **Braddon** also showed a specimen of Cancerous Ulceration of the Œsophagus, with secondary deposit in the bronchial glands.

Mr. **Lund** explained the Antiseptic Method of Dressing Wounds according to the most recent improvements of Professor Lister. An interesting discussion ensued on the subject.

Mr. **Lund** also exhibited an Instrument which he had contrived for the Application of Cerate to the Interior of the Urethra. It consisted of a straight bougie of whalebone, with a spiral groove, in which the cerate was lodged. After its introduction, the urethra was pinched on the instrument, which was then "unscrewed", and the greater part of the ointment was then left in the canal. Mr. Lund stated that he had found it of the utmost service.

Dr. **Hardie** showed a specimen of Encephalocele, and described an operation which he had undertaken for its removal. It was situated in the usual place over the occipital bone. At birth, it was about the size of a small orange, was loosely filled with solid contents, and, when grasped, reminded one of the feeling imparted by a cystocele. The aperture in the bone could be felt so distinctly, that it appeared pretty certain that there was no brain-substance in the tumour. The skin was deficient over the top, and was replaced by a thin membrane. After a few days, the tumour had enlarged considerably, and become so tense that it was evident it would soon burst. As no hope could be held out that the child would live more than a very short time, Dr. Hardie was induced to attempt to obliterate the communication with the brain. A clamp outside was inadmissible, and he therefore, on the tenth day of the child's life, carried a stout wire round the base, by means of a curved needle, between the skin and the membrane, and as close as possible to the bone. The ends were brought out at two opposite points, and, after the wire was slightly tightened, were twisted together. Each day the wires were tightened a little more, but, on the fifth day, the interior of the tumour appeared about to slough, and they were withdrawn. After this, the child rapidly grew worse, and died on the seventh day. On examination afterwards, the interior of tumour was found quite sloughy, and, as far as could be ascertained, appeared to consist of thickened arachnoid membrane, with numerous cavities or loculi. Dr. Hardie was inclined to think that the end of the operation might have been attained had greater caution been used in tightening the wires. The cellular tissue between the skin and the membrane was so loose as to afford very little vascular intercommunication. He thought, also, that the use of wire in the way described was preferable in principle to a clamp.

Mr. W. **Whitehead** showed a Double Ovarian Tumour removed from a woman who had died after being tapped with an ordinary trocar. He had previously used a fine trocar, with a syphon attached, without causing any unfavourable symptom.

LIVERPOOL MEDICAL INSTITUTION.

Ordinary Meeting, November 19th, 1868.

Dr. **Gee** showed a specimen of Aneurism of the Abdominal Aorta. The patient was a discharged soldier. He had been in the army twenty-one years, and most of that time served in India, where he had been treated for liver-disease. For two or three years he had perceived a hard swelling over his stomach, and had suffered from cough. Latterly he had passed very little urine, and that with difficulty. When admitted, he vomited constantly after food; and a tumour about the size of the head of a full-grown fœtus, and apparently connected with the left lobe of the liver, was felt in the epigastrium. There was no fluctuation, pulsation, or *bruit*. Signs of tubercle and vomicæ were present in the right lung; free respiration at night. He was treated for the lung-affection, and for the sickness, which could not be stopped. The general health improved, but the dysuria increased. On November 4th, he fell suddenly back in his bed, and expired. On *post mortem* examination, tubercle and vomicæ were found in the right lung. The left lung was healthy; the liver was quite healthy. There were a number of old adhesions in the abdomen, and in their midst a large aneurism of the aorta, close to the cœliac axis. This pressed the stomach upwards and forwards against the left lobe of the liver; it also passed downwards between the folds of peritoneum; it rested partly against the spleen, partly against the inner borders of both kidneys. A second tumour, full of coagulated blood, lay between the layers of the mesentery, and there was a small rupture in it allowing its contents to be discharged into the abdominal cavity, which contained a large quantity of coagulated blood. A rupture was found in the aneurism, with which the second tumour communicated. The contents of the aneurism very firm and hard. The orifice leading from the aorta into it was about an inch by three-quarters. The second sac was very soft, and evidently comparatively recent.—Dr. **Cameron** remarked on the fact of aneurism and tubercle having existed together.—Dr. **Gee** gave an account of the *post mortem* examination of a gentleman who recently died very suddenly in Liverpool. He went to bed well, but about half past two made a sudden leap on to the floor, and died immediately without uttering a word. On *post mortem* examination, fusiform aneurism of the origin of the aorta was found, the calibre of the vessel being about twice its natural size. The lining membrane presented the appearance produced by the early stage of atheroma: in one part there was a small slit extending through the internal and middle coats; and the outer coat was also perforated at one spot. Through this opening the blood had escaped, and the pericardium was full of fresh coagulum.

Dr. **Banks** exhibited an Obliterated Artery. The patient was a young man in good health, whose right foot and ankle became inflamed without any particular cause. Gangrene followed, especially affecting the outer tissues. The gangrene spread; and the leg was amputated below the knee. The stump did well for a time; but the gangrene returned, and spread rapidly; and the patient died. At the amputation, the vessels hardly bled at all. On examination, the tibial vessels were quite pervious; from the bifurcation of the aorta to the popliteal artery, the trunk on each side was converted into a fibrous cord; the right channel was completely impervious. No *post mortem* examination was allowed: so the cause could not be ascertained, but it was probably a case of plastic arteritis; the reason why the collateral circulation was not set up was, that portions of coagula had been conveyed into the main branches by anastomosis.—Mr. **Hakes** remarked that the case was one of simple arteritis, the main symptom having been extreme pain. No tourniquet had been used at the operation, and the femorals could scarcely be felt. The application of nitric acid had been of great value in preventing the extension of the gangrene.

Dr. **Banks** also shewed a Congenitally Malformed Foot, removed from a child aged three years. Three toes and a large portion of the anterior part of the foot were immensely hypertrophied, producing much impediment in walking. The affected portion of the foot was amputated. Dr. Banks considered it a case of simple congenital hypertrophy, consisting of an increased development of all the ordinary tissues, which it generally affects equally. The arteries were enlarged, and the temperature of the toes was high. A cast of the foot was exhibited.

Dr. **Banks** shewed two specimens of Senile Gangrene of the Hand and Fore-arm, due to thickening and calcification of the artery; the supply of blood being slowly cut off.

Dr. **Banks** also exhibited a Scrofulous Testicle. The patient had suffered from repeated attacks of orchitis, which became more and more frequent, and, at last, the testicle remained considerably enlarged, hard, and tense; and very painful sinuses formed, from which there was a sanious purulent discharge. As the patient was evidently sinking, it was removed; and he was doing well.—Dr. **Banks** thought that the arteritis was primary, and that the subsequent inflammation in the foot followed by gangrene was the effect of this.—Dr. **Gee** alluded to the fact of the left extremity having been free from gangrene.

DUBLIN PATHOLOGICAL SOCIETY.

Saturday, March 6th, 1869.

A. H. McClintock, M.D., in the Chair.

Dr. **Purser** exhibited the Red Corpuscles of the Blood of a Frog. These contained, almost without exception, shining spherical particles somewhat resembling fat, but having a less refracting power, and dissolving in acetic acid and alkalis, while they were unacted on by ether. The white corpuscles were full of oil-drops. The frog had died after an injection of milk into the lymphatics of the leg. The blood did not differ in other respects from the normal. Its spectroscopic appearances were identical with those of healthy blood.

Dr. **Grimshaw** exhibited the Heart of a patient who had died in Steevens' Hospital. It was a good example of Hypertrophy implicating all the cavities. There was no valvular lesion, with the exception of a trifling deposit in the aortic valves. The aorta was much dilated, and a small aneurism sprang from the posterior aspect of one of the carotids. The symptoms and physical signs were well marked during life, and latterly there had been much œdema of the lower extremities.

Dr. J. H. **Benson** exhibited the Liver, Kidneys, and Heart of a man aged 71, who had died under his care in the City of Dublin Hospital. The patient enjoyed good health up to a year previously, when he suffered from a severe pain in the right hypochondrium. He drank hard, and boasted of having frequently taken nine glasses of whiskey in the morning before breakfast. On admission, the liver was found greatly enlarged, but owing to the great tension of the abdominal muscles, it could not be ascertained whether the surface were smooth or not. There was pain and slight tenderness on pressure over the gland. There was neither cachexia nor febrile symptoms present. Jaundice, anasarca, and ascites were absent. Owing to the history of the case, the absence of jaundice, cachexia, or pyrexia, the case was regarded as one of fatty liver. Three days before death jaundice came on; the pulse rose to 104; the respirations numbered 25, and the patient began to show signs of torpor, although the urine continued free from albumen and abundant in quantity. From this time he grew gradually worse, and it soon became evident from the rapid irregular pulse, sunken collapsed countenance, and glazed eye, that he could not live. The autopsy revealed the effusion of some ounces of bloody serum into the peritoneal cavity; numerous ecchymotic patches throughout the mesentery; an enormously enlarged liver, which was found to weigh eight pounds five ounces and a half, inclusive of some large glands existing at the transverse fissure in the lesser omentum; a soft pulpy spleen, not larger than natural; and kidneys, which were small, and exhibited the evidences of chronic Bright's disease, the wheat-sheaf appearance of the pyramids described by Rayer being well marked. The right kidney contained a cyst about the size of a nutmeg. There was considerable congestion of the areolar tissue in which the kidneys were imbedded. The mucous membrane of the stomach was congested, and contained a small quantity of dark bloody mucus. The heart was healthy, with the exception of two small bulbous swellings on the curtains of the tricuspid valve, and there seemed no reason for thinking that this contributed any injurious effect during life. The liver was extremely soft and readily torn; it exhibited in various places both superficially and throughout its thickness many dark, well defined tumours, varying from the size of a nutmeg to that of an orange. Several of these projected from the surface of the liver to some extent, their convexity being about equal to that of a watch-glass. These tumours were of a dark venous hue. A most careful microscopic examination was made both by himself and by his friend Dr. John Barker, and the result was that the tumours were found to be composed of soft cancer, much infiltrated with blood, having the peculiar oily appearance observed in similar cases of malignant disease. The glands along the right side of the anterior mediastinum were enlarged, and one of the size of a pigeon's egg existed between the pericardium and the diaphragm. Two enlarged hardened glands existed at the right side of the neck: they had been noticed during life. The case was interesting as furnishing an example of primary cancer of the liver of the encephaloid kind in the saniated stage, the symptoms being latent and masked by the enlargement due, doubtless, to the habitual intemperance of the patient. There was neither cachexia, pyrexia, nor emaciation present at any time.

Dr. Robert St. John Mayne exhibited a Specimen taken from the body of a man named Edward Kelly, aged 69, who died some weeks ago in the hospital of the South Dublin Union, under the care of Dr. Jennings, to whom Dr. Mayne was indebted for permission to exhibit it to the Society. The case was, in two respects, exceedingly interesting, as affording an explanation of a very rare and obscure Cardiac *Bruit*, and as elucidating the connection which he believed frequently existed between obstructive cardiac disease and deranged central functions under the complications arising from the latter disorder. Dr. Mayne drew attention to the cause of the *bruit*, which he thought was due to the presence of two irregular chordæ tendineæ stretched across the area of the left ventricle; one extended from the posterior wall to the zona tendinosa of the aortic orifice; the other ran from the anterior to the posterior wall of the ventricle. This irregularity was, as far as he knew, a unique one, and he had no hesitation in saying that the blood in its passage over the first of these cords produced the musical note which he believed to be totally unconnected with the condition of the aortic valves, which had undergone osseous degeneration, and had converted the aortic opening into a mere chink. The *bruit* was unquestionably congenital. It was remarkable also in being systolic and most intense at the apex; for, in the other recorded cases, the sound was diastolic and basic. He believed this could be accounted for by the attachment of the irregular cord in this case. Dr. Banks, in the fourth volume of the *Dublin Hospital Gazette*, had described a case of musical *bruit* where the sound, a single regurgitant one, was most audible at the base, and was produced by three little rudimentary valves, each placed about a quarter of an inch below the aortic opening and attached to the sides of the ventricle. These occupied pretty much the same position as the irregular cord in the heart exhibited. Dr. Stokes had given an instance where a similar sound was produced by an osseous infiltration of the commencement of the aorta; and Sir D. Corrigan knew a tongue of bone a quarter of an inch in length, projecting into the same vessel, to elicit a similar phenomena. Some might regard the disease of the aortic valves as the true cause of this *bruit;* he has formed a different opinion for the following reasons. 1. The sound existed years before there were any other signs of aortic disease. 2. It was utterly impossible for the blood to escape from the ventricle into the aorta without producing a vibration of the tense cord stretched across that aperture, which must have been accompanied by a sound of more or less intensity. 3. The sound was most audible at the left apex, exactly corresponding to the inferior attachment of the irregular cord. He was inclined to attribute to the extreme obstruction of the aortic orifice, and the consequent deficient vascular supply of the brain, the epileptiform convulsions and maniacal seizures with which this case was complicated. He thought these sequelæ of cardiac affections had not as yet been sufficiently recognised by the profession. In the year 1860, at which time his father, the late Dr. Mayne, was physician to the above institution, Kelly first came under medical notice. He read a very brief entry made of his case in that year. "March 24—a musical systolic *bruit*, most intense at left apex, inaudible between spine and scapula; pulse regular and full." For a considerable period after this the patient continued in good health, but subsequently became subject to epileptiform convulsions, which occurred every three months, and occasionally to fits of mania, during which he was very violent and unmanageable. He had well marked symptoms of aortic disease for the last three or four years of his life, and he finally sank.

CORRESPONDENCE.

HOSPITAL ADMINISTRATION.

Sir,—Whether it be fair, or unfair, to the profession generally, that a few medical men should permanently monopolise the prestige and emoluments of hospital appointments; whether it be just to the public, or unjust, to multiply hospitals as advertising media, when it is maintained that they create paupers and increase mortality; I thought, until last Saturday, that there was no question in the mind of anyone as to the injury which hospitals do to the general practitioners in our large towns. It appears, however, from the letter of Mr. Maclaren, that it is, in his opinion, a mistake to suppose this to be the case; and from the letter of Dr. Chambers that, if such be the case, it is, to some extent, the general practitioners' own fault, as, instead of calling on Hercules, they should put their own shoulders to the wheel. Now, before any effectual remedy can be devised, it is plain that the real nature and extent of a disease should be fully recognised, and well understood; and to this end the general practitioners should come forward now, and state in plain language what their grievances are. I think that if some of the "lists," referred to by Dr. Leslie, were published, any "mist" which now obscures the subject would be effectually dispelled; and that it would become painfully apparent, not only that hospitals rob private practitioners to an enormous extent, but that, in their constant multiplication and mushroom growth, they threaten, in our large towns, the very existence of all professional men who are not associated with them.

The great mass of cases of hospital abuse altogether escapes the cognisance of the private practitioner; for vast numbers of people of the middle class are treated, from the beginning to the end of their diseases, in hospitals; others are treated, sometimes as hospital patients, and at other times, when their letters run out, as private patients by hospital doctors—the latter having too often reduced their fees so as to compete on equal terms with the general practitioner; while in some towns, where hospitalism is especially rampant, a large proportion of the inhabitants, whatever may be their circumstances, have no family attendant at all, but constantly in sickness have recourse to gratuitous medical aid. For these reasons it is clear that the general practitioners can, by the detail of cases, only indicate the nature, and not gauge the extent of the injury they sustain through the indiscriminate and wholesale application of medical relief by our too numerous "charities." That hospital doctors may, however, see that they really are inflicting a grievous injury on their brethren, and that they may have no excuse in the future on the score of ignorance, let the general practitioners give them a few of their cases to ponder over. If you will allow me, I will set the example.

Case I.—A shopkeeper, *having three shops*, asked me to see his wife; it was a chronic case, and, on inquiring into its history, I was informed that the patient had for a long time been an attendant at the hospital, but had at last become tired of waiting in the out-patients' room.

Case II.—A shopkeeper, in one of the best streets in the town, came to me to be treated for a chronic disease. He stated he had long been an out-patient at the hospital, to which his brother, another shopkeeper who had been cured there, had recommended him; but that he had ceased to visit the hospital, as he had to leave his business too long in the hands of an assistant.

Case III.—A shopkeeper's daughter required the performance of a surgical operation, for which I should have charged five guineas. All arrangements were made, when the mother called to say that my patient was going to the hospital. I expressed surprise, and was told that the traveller of one of the wholesale firms that supplied the shop had advised her "not to turn her house into an hospital, and pay doctor and nurse, for his principal was a subscriber to the hospital, and would gladly give a letter." Although informed that, when my patient came out of the hospital, she "would again come under my care," I have seen nothing more of her; but have been informed that she visits the house of one of the medical officers of the hospital; whether as a private patient or not of course I cannot say, but, in any case, it is evident that I have been deprived of patient and family, as well as fee.

CASE IV.—An "old gentleman," as his solicitor called him, had been for a considerable time under treatment, as an out-patient at the hospital, but had at last taken to his bed; he was about to send for his hospital doctor in his capacity as a private practitioner, but his solicitor, who had been making his will, advised him to send for me. "You need not fear about your fees," said my friend, "for I hold the title deeds of an estate of his."

CASE V.—A merchant, the subject of a dislocation, was told that assistance would be required by his medical attendant, as pulleys and chloroform would have to be used. "What will it cost?" said the economical patient. "Only two guineas or so," said the doctor. "Two guineas! I shall pay nothing of the sort," was the rejoinder, "I shall go to the hospital." To the hospital he went, where he enjoyed the gratuitous services of the surgical staff. On being asked afterwards whether it did not cost him two guineas as a donation to the hospital funds. "Don't take me for such a fool," said our thorough-going economist. "What is the hospital for, I should like to know? It cost me only one shilling for my cab."

CASE VI.—I was engaged to attend a woman in labour. A lady subscriber to the Lying-in Institution, without being solicited, offered a letter, and I lost the case.

CASE VII.—I was attending a child suffering from an affection of the eyes. A subscriber to the Eye Infirmary offered a letter, unsolicited, and I lost the case. I had been paid several bills by the parents without a murmur before.

CASE VIII.—A medical gentleman had temporary charge of a district of the Dispensary. On visiting a patient in a good house, and expressing doubts as to eligibility for charitable relief, the remark was: "We always have a Dispensary doctor, as we are subscribers.'

I have plenty of other cases, but I should occupy too much of your space by reporting them. Let some other private practitioner take up the story; and, when we have done, there will be no complaints of "exaggeration by viewing hospital abuses through a mist;" and it will be as plain as the sun at noonday that no action on the part of private practitioners can suffice for the destruction, or even repression of, hydra-headed hospital abuse.

Dr. Chambers, in his view of the general practitioner, clearly "puts the saddle on the wrong horse" when he throws the *onus* upon the latter's shoulders. The private practitioner makes "no appeal *ad misericordiam*"; but he says boldly that he is subjected to systematic and wholesale robbery by hospitals, if not by hospital doctors. He asks hospital doctors to do justice to him, and to themselves. Heretofore they have doubtlessly been, in most cases, unwitting accomplices in this robbery, and so may make their escape, one or all, under the plea of ignorance; but hereafter, if the general practitioners make out their case, the physicians and surgeons of hospitals, who value an unassailable reputation, must insist on reform of the institutions with which they are connected, or sever their connection therewith. I am, etc.,

JOSEPH STEPHENS, M.D.

5, Pavilion Parade, Brighton, March 1869.

SIR,—There is one subject which has not been alluded to in the recent discussion upon hospital administration, which seems to shew how desirable it is that there should be a Royal Commission to inquire into the medical relief of the poor in all its length and breadth, and that is, the relation of the dispensaries to the hospitals.

Recent investigations have shewn that—in some cases at least—the mortality is less when patients are treated at their own homes than when they are received into hospitals. Such being the case, it seems desirable, in the interests of the sick poor, that the dispensary system should be encouraged and developed; and I would venture to suggest that, if the dispensaries could be brought into a closer relation to the hospitals, a benefit would be done to all parties. The sick, who required it, might be attended at their own homes from the dispensary; when it was necessary, the patient might be received into hospital; and cases discharged from hospital might be kept under observation by visits from the dispensary. Some of our best dispensaries are situated almost under the shadow of large hospitals; and in these instances it would seem an easy matter to establish an organised relation between the two institutions. If this were done, I believe the medical relief of the poor would be made more efficient, and that money would be economised, while at the same time a most careful training-ground might be opened up to the senior students.

I am aware that some few hospitals undertake to visit the sick poor at their own homes, and thus combine the advantages of a dispensary and an hospital; and it is not improbable that the future course of medical relief in this country may tend to the development of this system upon a larger scale. Perhaps the time may come when every hospital will have its "visiting department," conducted in much the same way that the "maternity departments" now are. Such attendance at the patients' own homes might be made a most valuable adjunct to the educational course of the hospital; and it ought to be remarkably free from abuse, for it would surely be the fault of the medical officer himself if he continued to visit patients gratuitously who were in a position to call in some neighbouring practitioner and to pay for advice and medicine.

I am, etc., WM. FAIRLIE CLARKE.

Curzon Street, Mayfair, March 1869.

SIR,—I have read with interest the report of the discussion on "Hospital Administration," and trust that it will originate the revolution so much needed. The speakers appear to have addressed themselves to every topic but the *fons et origo mali*. So long as the profession sinks its dignity by offering to the public its gratuitous service under the cloak of charity, so long will the public take advantage of its duplicity, by perverting the objects of that charity.

It is known as well to the public as to ourselves, that we do not give our gratuitous services for the pure love of our fellow-men, but with the hope of earning notoriety, and advancing our own interests; and that *charity*, in its true sense, is the last thought entering the mind of a medical man canvassing for a public appointment. Why, then, do we not proclaim honestly that our gratuitous services are given as so much capital sunk in a prospective annuity? and, if we continue to think the investment a profitable one, let us acknowledge it to the public.

I have always failed to find a solution for the anomaly; that, while the medical officers of workhouse infirmaries are salaried, the staff of public hospitals are unpaid. Surely, if charity were the object, paupers should claim it before the class who fill the public hospitals. If practice and experience alone were sought, the former may be made to afford as good a field as the latter.

The grievance under which we now smart has been of our own making. The rule of demand and supply is inexorable. The demand for public unpaid appointments has created the supply of hospitals; and the hospitals, again, the supply of patients. The class from which fit objects of charity may be selected has been exhausted before the aspirants to fame have satisfied their cravings. The public is not to blame for this result. The fault lies at our own door. Let us cast out first the beam in our own eye, and then shall we see clearly to pull out the mote that is in our brother's eye.

If we are prepared to say to the publiic—You pay so liberally for our private services, that we can afford to give you our public services for nothing, then let us continue to serve our country gratis. But if, as I think, the majority of our profession are badly paid for the service they render, let our aristocracy proclaim honestly to the world, that justice to their weaker brethren requires that every professional service should have some pecuniary reward. I am, etc.,

Hambrook, near Bristol, March 1869. EDWARD CROSSMAN.

SIR,—The three gentlemen writing on Hospital Administration in your issue of March 27th, though looking at it from different points of view, agree in this, that they all regard it in the light in which hospital *attachés* would themselves; and, though admitting certain abuses, still regard the whole system as essential and beneficial, whereas the mass of general practitioners admit neither the one nor the other, but start rather with the proposition that a provident economy should be infused into our hospitals and dispensaries, and that the medical staff should participate in the funds of the institution, so that they need no longer disguise their laudable ambition for high office under the name of "charity," but, like other honest labourers, receive a fair day's wages for a fair day's work. Under such a system as this all shams and impostures would cease, and public medical relief would take its right place between the state provision for the helpless poor and the humbler class of paying patients; whereas now it is a bad substitute for the former, because itself it engenders wholesale pauperism, and is bad in competition with the latter, because it puts an undervalue on medical labour in general.

The provident institution would put a stop to the hair-splitting controversy between the free system and the ticket system, and as to who is a proper person for relief and who is not. All who cannot pay are paupers, and must be provided for by the municipality; all who can pay a little, either by weekly instalments when in health, or weekly payments during sickness, should look upon the hospital and dispensary as their help in the day of trouble. Some may argue that there would be still large classes wanting free medical labour unable to pay. It is not so at Northampton: the Dispensary there is supported by the same class who would go to a free institution in London or Birmingham. Further it may be argued, people would indulge in the cheap provident institution when they were in a position to pay their own medical man. Another mistake; for, though this is the case with the present hospitals and dispensaries to a disgraceful extent, it is not so of the system we advocate, for here every individual's circumstances are constantly under the eye of the secretary. Who ever heard of the Northampton Dispensary being abused, or any other establishment on the same footing? There is an express clause to exclude all persons who, from improved circumstances, shall no longer be considered fit and proper members; whereas now the rule is, the better the fish the better the game, and this needs no explanation. I am, etc.,

Birmingham, April 1869. Percy Leslie, M.D.

Sir,—When there exists a necessity for abbreviation, reports of speeches are liable to attribute to the speakers views which they did not utter, and do not hold. For example, I am saddled with the opinion that it is impossible for a man to attend to both a special hospital and a general hospital; whereas, what I said was, that I did not think that a man already holding an appointment as physician or surgeon, or as assistant-physician or assistant-surgeon to a general hospital, could, at the same time, work satisfactorily a special hospital and a special department of the general hospital, treating the same kind of cases as those treated at the special hospital. His sympathies being already enlisted by the special hospital, he would probably hold to his special hospital, and despise his special department. This view is evidently quite different from that attributed to me in the report of the discussion on special hospitals and special departments. In point of fact, it would not be difficult to adduce instances of men who have held appointments at special hospitals, and simultaneously performed their duties at general hospitals in a very satisfactory manner; although, even here, there is often displayed towards the special hospitals a greater warmth and tenderness of attachment. Hence, while desirous of disclaiming the opinion suspended to my name, I cannot altogether go so far as to agree with the very ingenious suggestion made by a distinguished specialist in the course of debate, that all the officers at a general hospital should belong to a special hospital. When general hospitals make due provision, by means of special departments, for special classes of disease, the natural course for their physicians and surgeons, who wish to have the opportunity for observing and treating them, is to take office in those departments, and endeavour to bring them to the highest state of efficiency. At a later period, if desirous of retirement from the arduous work of a general and educational hospital, for the sake of devoting themselves to some special line of investigation, they might become attached to a special hospital, affording a wider field for observation.

It cannot be doubted that the general adoption of special departments at the hospitals with which medical schools are united—provided always that these departments are organised on proper principles, and approximate to the condition of the best special hospitals—must go a long way towards removing the ground on which a number of small and special institutions appeal for public approval and support. There cannot be any adequate reason assigned for the existence of five independent institutions for diseases of the skin. When specialism becomes sporadic, it degenerates into debility, and opens the door widely for the admission of abuses. How such cases are to be dealt with is a question of extreme difficulty; and I see no other issue from the difficulty but the proposal of some comprehensive scheme which shall preserve all the substantial advantages yielded by special hospitals in the past, while enabling students to enjoy the full benefit of the educational material which they have collected. The suggestion thrown out by Mr. Teevan appears to me to be a valuable one, that some of the special hospitals might be transformed into the special departments of general hospitals by a change of locality; and, I presume, an enlargement of moral professional basis. But it is impossible to treat this subject without entering upon another equally delicate—namely, the number of the metropolitan medical schools. That there are too many of the latter, I do not for a moment doubt; and, so long as they are undiminished, there will always be obstacles to their becoming complete in every department. The laws of supply and demand have not worked very beneficently either in respect to hospitals, to medical schools, or to licensing corporations.

Confining my attention to hospitals, I would observe that the reason which I gave for objecting to the erection of hospitals being left to the ordinary laws of demand and supply, was not stated correctly in your last impression. What I said, or intended to say, was, that in such cases the order of things may be reversed. Individuals might create a *supply*, and subsequently be fortunate enough to discover that there had really been a demand. But there is no security even for this, so long as any man may erect a hospital or dispensary without being required to show cause for doing so. Of course it may happen—as I for one believe that it has happened in the case of the Hospital for Diseases of the Throat—that an institution promoted by an individual supplies a real want, and a want which seems likely always to exist. But so long as there is no kind of check, and no kind of inspection, there is no guarantee that institutions in the hands of individuals will be made subservient to the interests of the profession at large. On the contrary, there is a strong probability that they will remain pocket boroughs, inasmuch as they were originally erected to supply material for observation, and the means of professional advancement. A man may have a little private dispensary in the same street as his own house, or in a square so conveniently contiguous, that he may pass into it through his back garden at a moment's notice, from the footman waiting there to summon him to any patient who may happen to enter; or he may possess a small institution where he is monarch of all he surveys, and acts simultaneously as surgeon, dispenser, and cashier.

No one can defend such arrangements in London. A man may or may not have been right, and have done good service in erecting a hospital; but, when once erected, it is a public institution, and, existing for the good of the public, must be conducted on public principles. On this subject there can be no compromise; and now that, through your exertions, there is some prospect of the introduction of a better system, it is time for the independent supporters of special hospitals, considered in themselves and by themselves, to do their utmost to remove the abuses to which both general and special hospitals have shown themselves to be exposed. I am, etc., Walter Rivington.

March 1869.

REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

Sir,—In your otherwise very accurate account of what passed at the interview of the Glasgow and Aberdeen Graduates with the Lord Advocate, on the 3rd instant, I find it stated that "Dr. Stewart spoke in favour of direct Representation of the Profession in the Medical Council." What I did say was that "I might safely affirm the existence of a very general feeling among the members of the medical profession throughout the Kingdom, in favour of the principle that those who supported the Medical Council by their contributions should have a voice in its appointment. In the event, therefore, of a new measure being brought before Parliament, beyond a doubt the general body of the profession would insist on being represented in the Council. Thus far there was substantial agreement; but there was unquestionably a difference of opinion as to the best method of giving effect to that principle. That was scarcely the place or time for discussing the question whether the representation should be direct or indirect; but, on the general principle of representation, the medical profession might be said to be at one." It seems to me that the plan, proposed by Dr. Silver, of giving to the graduates of universities, and the registered licentiates of other bodies, the right of voting for those who represent the corporations from which they have obtained their qualifications, is one well worthy of the most serious consideration.

I am, etc., A. P. Stewart.

London, March 1869.

THE THEORY OF LIFE.

Sir,—I need not say that your articles on the continuity of forces must be acceptable to the great bulk of the members of the Association, or, at least, to those whose tendencies are speculative. We have now-a-days a large body of thinkers who deny altogether the comfortable and old-fashioned "vital principle," and show chemical and physical processes and reasons for what we formerly vaguely accounted for by unintelligible terms. You ask, in your last article on Vital Functions, "How can we account for that profound mystery, death?" May I be allowed to draw attention to what is a much greater mystery, as far as its correlation to any other known force is concerned—the force which governs hereditary tendencies. It is a force in universal operation. With what has it any probable continuity? Whence *atavism*? If we accept Mr. Darwin's hypothesis of Pangenesis—and that for our purpose is merely an *explicatio ignoti per ignotius*—are we in any nearer a correlation? I am, etc., Lawson Tait.

GENERAL PRACTICE.

SIR,—The letter of Mr. Brendon Curgenven appears to be retrograde in its tendency. The mechanical compounding of drugs is certainly distinct from the skill required in their scientific administration. The former belongs to the druggist; the latter to the medical practitioner. It is equally true that the mass of our patients cannot pay a fee equal to those specified on the graduated scale adopted at Liverpool, Manchester, and Sydenham, and at the same time pay as much, or even more, to the druggist for the medicine. I have, therefore, adopted the following plan, which exactly meets the difficulties of Mr. Curgenven. I charge my patients as per published graduated scale, and send them to a druggist with my prescriptions, which he dispenses free to the patient, and I pay him myself quarterly, by contract. By this means I do not find my drug expenses greater than those of most other practitioners—namely, about six per cent. on my income ; at the same time I get rid of a tedious and unprofessional manipulation. This system is capable of universal application. Of course, if any more wealthy patients choose to pay for their own medicines, they are free to do so ; but *cui bono?* The doctor's drugs should be looked upon in the same light as the lawyer's pens, ink, and paper: in both cases, they bear much the same relation to the profession, and are of about the same cost, in proportion. Allow me to conclude with our Birmingham motto, "Forward."

Birmingham, March 17, 1869. I am, etc., M.D.

UNITED TWINS.

SIR,—As an addition to the literature of this subject, and as supplementary to the example of united twins having a British origin, given by Dr. Elliott in the JOURNAL of March 20th, it may be interesting to notice the instance of Elizabeth and Mary Chulkhurst, the "Biddenden Maids," in the county of Kent. According to popular tradition, they lived united together by the hips and shoulders for thirty-four years, when, upon the death of one sister, the other refused to be separated, saying, "as we came together, we will also go together"; and, after about six hours of this Mezentian existence, she herself was taken ill and died also.

The remoteness of the time when they are said to have been alive—A.D. 1100—gives somewhat of an apocryphal character to their history, and throws some doubt over its authenticity;* but the remembrance of them is perpetuated by a distribution of bread and cheese to the poor on Easter Sunday; and rolls, impressed with a representation of the Biddenden Maids, are also given away to strangers on that day; and the expense of this dole is provided for by the rent of twenty acres of land in the parish, said to have been bequeathed by the twins for this object.

I have a broad-sheet, apparently of the date of the latter part of last century, narrating the above particulars, and surmounted by a rude woodcut representation of the maids, which is probably similar to the impression upon the rolls, and from which it would appear that each sister had only one arm (a conclusion which, I may remark, *en passant*, might equally be drawn as to the Siamese Twins, from inspection of their representation given in Sir James Simpson's lecture on page 139 of the JOURNAL). In the case of twins united by the *shoulders*, the non-development of the arms on the proximate sides would appear an almost necessary consequence.

If any reliance is to be placed upon the above account, it is interesting as showing the results of the death of one of a pair of twins united somewhat after the manner of Chang and Eng, though more intimately. But, it is right to add, that Hasted, in his *History of Kent*, expresses his belief that the account is fabulous; and that the land with which the dole of cakes is endowed was given by two maiden ladies of the name of Preston; nevertheless, its circumstantialness gives to the popular tradition an appearance of truth. Very numerous examples of double-monsters, of every variety and degree of deficiency and completeness, are given in Ambose Paré, in *Histoires Prodigieuses*, par P. Boiastuan, in Licetus *de Monstris*, and in other old writers, in addition to those given by Sir James Simpson in his interesting lecture. But many of these are clearly mythical; and the illustrations, copied from one work into another, must have been originally inspired by the imagination of the designers. The enlarged edition of Licetus, by Gerard Blasius, contains the account of Lazarus Colleredo, and the illustrative plate, exactly copied from that most prolific writer, Thomas Bartholin, as quoted from the latter by Sir James Simpson. I am, etc., J. D. HEATON.

Claremont, Leeds.

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* There is evidently a mistake as to the date. Surnames, as is well known, were not in use among the Saxon inhabitants of England until long afterwards; and, in some old English manuscripts, the figure 5 is made so much like 1, as readily to lead to mistake. The date, if there be truth in the tradition, should probably be 1500 in place of 1100.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL".

PURGATIVES AFTER THE OPERATION FOR STRANGULUTED HERNIA.

SIR,—Mr. Stokes, jun., has answered my question respecting an assertion which he was stated to have made about the practice of London surgeons after the operation for hernia, by denying the accuracy of the report to which it referred, and has taken me somewhat sharply to task for having accepted as true the reports of papers published in your JOURNAL. I am quite satisfied with Mr. Stokes's denial of what must now be regarded as an erroneous charge, and shall be glad to find that another error has taken place; for Mr. Stokes, in his letter of to-day, has, without the least hesitation, charged me with holding what he calls an unphilosophical and unsurgical doctrine, that my former letter never expressed. On Mr. Stokes's own views or opinions I have no wish to dilate. He is probably well satisfied with them. Nor do I wish to notice the other remarks contained in his communication, except to express my regret that any letter of mine should have called forth such a reply.

London, April 1867. I am, etc., THOMAS BRYANT.

EMBOLISM.

SIR,—To the judicious remarks made by Dr. Playfair on his interesting case of sudden death from embolism after delivery, I will add that the case well exemplifies the danger attending operations in pregnant women, and points out that it is advisable to adhere to the golden rule of deferring operations till after the patient has recovered from parturition. I am, etc., E. J. TILT.

Grosvenor Street, March 1869.

SYPHON INJECTORS.

SIR,—In your impression of March 6th, 1869, is a description of the syphon enema-tube used by Dr. Elliston of Ipswich. For the last year or two, I have been in the habit of syringing the ears by means of a syphon apparatus, regulating the supply and force of the stream of water sent into the ear, by the aid of a stop-cock fitted to the end of the tube. We all know how delicate a structure is the membrana tympani, and how easily it may be ruptured; and it was to avoid this occurrence that the idea of getting a steady and regular stream of water injected into the ear without any fear of injuring the membrana tympani, first suggested itself to me. By using this apparatus, any body can syringe their own ears. I am, etc.,

Norwich, March 1869. HUGH TAYLOR.

ANCIENT AND MODERN TREATMENT OF INJURIES.

SIR,—It is quite refreshing to an old practitioner to read in the journals now and then a communication from some one bold enough to write in defence of the heresy of his earlier years—the antiphlogistic treatment. Such was a paper by my friend and colleague Mr. Prichard, which appeared in our JOURNAL some months ago; and such is a letter from Mr. Pope, of Cleobury Mortimer, in the last number. I think Mr. Pope is rather hard upon Mr. Lane. He does not take into consideration the difference in stamina between town and country patients. It is rather amusing to find him speaking of the *vis medicatrix naturæ* as "our great friend," whilst advocating pretty freely bleeding, purging, calomel, and starvation. Nevertheless, Mr. Pope is right in doing honour to the *vis medicatrix*. Dame Nature is, indeed, after all, the real doctor. What *we* have to do is to leave her to her own resources when she is equal to the occasion, and to assist her when she is not; prescribing for one patient antiphlogistic measures, and tonics and stimulants for another, according to the indications presented by each; taking each case according to its own merits, irrespectively of system. The homœopath has taught us what the *vis medicatrix naturæ* can do; let us teach him the importance of timely and well-adapted treatment in aid of it. I am, etc., W. F. MORGAN.

Honorary and Consulting-Surgeon to the Bristol Royal Infirmary.

Bristol, March 1869.

ETIOLOGY OF PHTHISIS.

SIR,—I have no idea of going over the whole question of phthisis with Drs. Kennedy and Leared. It would need a volume to do so. That volume I have already written and re-written; and, if I can judge from the tenour of their remarks, neither of these gentlemen has perused the volume in question. I would recommend Dr. Leared to do so. He has no fair ground for refusing, since he has been kind enough to accept a copy from me. I shall address a copy through the post-office to Dr. Henry Kennedy, similarly, to be subsequently handed over to the library of his College. I have already read a paper before the members, and the Doctor's comments then were just as relevant as is his communication to you now. This is the Dr. Kennedy, I may observe, who characterised the open-air treatment of typhus fever, advocated by me, as a return to barbarism. With what propriety, indeed, can Dr. Kennedy say that he has read "plenty of my assertions, but none of my proofs"? Why does he not read them, then? Unless he take the trouble to study my work on *Phthisis*, how can he know what I assert or what I prove? He does not assume to be a diviner: does he? I have made no assertions that I do not fully prove. No book in the world, perhaps, abounds with more numerous assertions than does Euclid's *Elements*—assertions, however, that are accompanied by their several proofs. I do not mean to say that medical is the same as mathematical proof; but I do say that the proofs of Euclid's propositions are not more cogent or conclusive, in their way, than are the proofs which I bring forward in behalf of my theorem that rebreathed air is the only source of phthisis; and that, without rebreathed air, phthisis is impossible.

Dr. Kennedy does not really fulfil the conditions needful to enable him to discuss the question. In the first place, he has not read my book; in the next, he incorrectly avers that I adduce no proof; next, he employs the word "theory" where he means, or ought to mean, hypothesis; next, he absurdly states that, according to my "theory", a hundredfold one hundred thousand, or ten millions, annually, ought to be carried off. Lastly, he wants to make it appear, though he fails to express himself clearly, that persons, "very many of the poor," who sleep habitually with covered heads, escape phthisis. I need hardly observe that such persons do not escape.

Dr. Leared endorses the vulgar error that Icelanders are exempt from indigenous phthisis; and then, quite oblivious that he has not proved this exemption, complacently asks me to explain it. The Doctor sportively hints that I find it inconvenient to remove the inquiry to Iceland. The inconvenience is all on his own side. In Iceland, as here, phthisis prevails in the exact ratio of the habitual respiration of already breathed air. Dr. Leared puts me in mind of the little boys at school. "Wait, only wait," they cry, "till my big brother comes up, and then won't you catch a precious licking." The doctor, a little winded, asks me to wait for his big brother, the medical Mrs. Harris—in other words, his Dr. Hjaltalin, who is to give me my quietus by proving that consumption is not indigenous to Iceland. But Dr. Leared ought to have taken this step at first. "Produce your evidence," is the cry which would meet him in any court of law. And medical science, he will find, is just as exigent. When Dr. Hjaltalin does come forward, let him bolster Dr. Leared's "vulgar error", if he can and will; but, if he do, he is met by Schleisner's recorded statements, and with my own experience that there is no phthisis without rebreathed air, and that without rebreathed air phthisis is impossible.

A medical writer, I believe, in the *Westminster Review*, actually cited Schleisner as proving that there was no consumption in Iceland. I produced Schleisner's text, and sent it to the *Review*; but they did not insert my reclamation. Schleisner, indeed, mentions that the Icelanders have the insane pretension not only to be exempt from consumption, but from syphilis also, and diseases of the heart. Another opponent set up that the Esquimaux, mured in winter in their snow houses, were quite free from consumption; and, like Dr. Leared, asked me to explain it. I answer the Doctor by citing Schleisner, and answered this opponent by producing the written testimony of Dr. Simpson, surgeon to the *Plover* exploring ship, that both phthisis and scrofula abounded in the Esquimaux country. At Petersburgh, a place more easy to get at than Iceland, Granville says (*Travels*, vol. i, p. 501-4), "the inner and outer windows are caulked with tow, and papered over." Thence it is that, "in every 5,000 deaths in Petersburgh, 1,900 are from consumption." "Scrofula," he adds, "is in great force in Petersburgh." Dr. Leared would wish, he says, to draw my attention to the *immunity from consumption in the Hebrides*. The italics are the Doctor's own. He evidently thinks he has me here. And yet, if he will but turn to my treatise, he will see that I discuss the case of the people of the Hebrides fully, and further prove that their great and remarkable immunity, with that of the West Highlanders generally, is owing to the construction of their dwellings, which ensures absolute ventilation day and night, and always; so that there is no consumption or scrofula among them at all. It is too much, perhaps, for Dr. Leared to be aware of my paper, the *instantia crucis*, which was urged before the British Medical Association, and published in this JOURNAL, and which bore reference to these very Hebrideans as corroborating my views; but at least he ought to make himself acquainted with the writings and statements of the man whom, with so little sound consideration, he condemns. He asks me to let this controversy lie over until Dr. Hjaltalin's answer haply appear. I do so willingly; but I do not anticipate anything, when this answer does come, that shall induce me to resume it with him. And as for my other opponent, Dr. Kennedy, I must decline again engaging him on any terms. I am, etc.,

Belfast, March 1869. HENRY MAC CORMAC, M.D.

⁂ This correspondence must cease for the present.

MEDICO-PARLIAMENTARY.

PARLIAMENTARY COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

A MEETING was held at 37, Soho Square, April 6th, 1869; T. HECKSTALL SMITH, Esq., in the Chair. There were present, Drs. Stewart, Paul, Ramsay, O'Bryen, Heslop, and Hart Vinen, Mr. Walter Coulson, and Dr. Gibbon. Letters, containing valuable suggestions on the business of the meeting, were read from the Rev. Dr. Haughton, the Registrar of the Medical Council, Dr. Leet (Dublin), Donald Dalrymple, Esq., M.P., Samuel Berry, Esq. (Birmingham), Dr. F. J. Brown (Rochester), G. F. Hodgson, Esq. (Brighton), and Deputy-Inspector-General Smart, R.N. (Greenwich).

Dr. STEWART reported that the Committee of Council had voted an additional £5 toward the expenses of this Committee. Dr. Stewart further reported the steps he had taken to carry into effect the resolution of the Subcommittee, in reference to the Pharmacy Act Amendment Bill, passed at the meeting on March 30th. Dr. Stewart read the following letter to the Lord Advocate, which was ordered to be placed on the minutes.

"75, Grosvenor Street, March 31st, 1869.

"My dear Sir,—According to promise, I had a meeting of our Parliamentary Bills Committee summoned for yesterday, when we discussed the Pharmacy Act Amendment Bill, and the following resolution was unanimously adopted: 'That the Lord Advocate be requested to move the omission of the words 'in Scotland' in the preamble, and Section 1, of the Pharmacy Act (1868) Amendment Bill, with a view to the extension to medical practitioners in Great Britain generally of the protection which this Bill is intended to afford to the practitioners of Scotland.' It was also the unanimous opinion of the Committee that, though the opinion of counsel has been given to the effect that the term 'legally qualified apothecary' may be held to mean 'legally qualified practitioner', it may, in the absence of any decision to that effect, be interpreted in the literal and more restricted sense. It is highly desirable to remove all ambiguity of an express provision saving the existing rights of medical practitioners. The Committee desire me to say that their views in regard to the propriety of a penal clause for preventing the treatment of disease by chemists and druggists have undergone no change; and that the introduction of such a clause, if you should consider it practicable, would, in their opinion, greatly enhance the value of the measure. They desire me to state that Messrs. Sandford and Hills, of the Pharmaceutical Society, in conference with them last year, saw no objection to the imposition of a penalty. This, however, they leave entirely to your discretion.

"Believe me, dear sir, yours very faithfully,
"A. P. STEWART.

"To the Right Hon. James Moncreiff, M.P.

"P.S.—I am also directed to inquire whether you would wish any petition in favour of these alterations to be presented."

The propriety of getting the more commonly used and more potent of the patent and proprietary medicines, as chlorodyne, placed in the schedule of the Pharmacy Act, was discussed. An opinion was expressed that, before scheduling such articles as poisons, their ingredients should be known; and, as the Committee in former years had directed the attention of Government to the evils attending the sale of patent, quack, and other secret remedies, it was not considered desirable now to press the subject on the attention of private members of the House of Commons.

On the motion of Dr. HART VINEN, seconded by Dr. O'BRYEN, it was resolved that the Subcommittee for reading Parliamentary Bills during the present session consist of the following gentlemen:—John E. Erichsen, Esq., Cavendish Place; Dr. Sibson, F.R.S., Brook Street; Dr. George Johnson, Savile Row; Dr. Joseph Rogers, Dean Street; Rev. Dr. Haughton, F.R.S., Dublin; Dr. Paul, Camberwell; Dr. Joseph Seaton, Sunbury; J. B. Curgenven, Esq., Craven Hill Gardens; C. F. J. Lord, Esq., Hampstead; Berkeley Hill, Esq., Weymouth Street; Dr. Hart Vinen, Chepstow Villas, Bayswater; J. R. Gibson, Esq., Russell Square; W. Martin, Esq., Hammersmith; Dr. Walter Dickson, Trinity Square; Deputy-Inspector-General Smart, R.N., Greenwich Hospital; Dr. F. J. Brown, Rochester; Dr. Jeffery Marston, Army Medical Department; Dr. Heslop, Birmingham; Dr. Holman, Reigate; Dr. Mapother, Dublin; G. F. Hodgson, Esq., Brighton; Dr. Gairdner, Glasgow; Ernest Hart, Esq., Wimpole Street; C. H. Rogers-Harrison, Esq., Lansdowne Road, Clapham; T. Heckstall Smith, Esq., St. Mary Cray; Walter Coulson, Esq., St. James's Place; Dr. O'Bryen, Brompton; Dr. Stewart, Grosvenor Street; Dr. Henry, George Street, Portman Square; and Dr. Gibbon.

A Bill "to provide for Superannuation Allowances to Medical Officers of Poor-law Unions, and of Dispensary Districts of such Unions, in Ireland," was discussed. It was resolved to support the principle of the Bill, although objections were taken to some of its details. In accordance with a suggestion made by Dr. Haughton, on the motion of Dr. O'BRYEN, seconded by Mr. WALTER COULSON, it was resolved that the Honorary Secretary do write to the Board of Trinity College, Dublin, and other Universities and medical corporations, soliciting them to petition the House of Commons in favour of the measure, and to request their representatives to support it. It was moved by Dr. STEWART, seconded by Dr. HART VINEN, and carried, that the details of the Medical Officers' Superannuation (Ireland) Bill be referred to the Subcommittee.

On the motion of Dr. O'BRYEN and Dr. RAMSAY, the Draft Medical Acts Amendment Bill was referred to the Subcommittee, with power, if necessary, to confer with the General Medical Council and the Committee of Council.

It was moved by Dr. RAMSAY, seconded by Dr. HESLOP, and carried—"That the Metropolitan Poor-law Act (1867) Amendment Bill be referred to the Subcommittee."

It was resolved that the Subcommittee meet at 37, Soho Square, on Tuesday, April 13th, at 4 P.M.

OBITUARY.

ALEXANDER BRUCE, M.S., M.B.LOND., F.R.C.S.

THE medical profession has, within the past week, experienced a loss which will be deeply felt among its younger members. Our readers will hear, with profound regret, that Mr. Bruce has been cut off by typhus fever, in the twenty-seventh year of his age. That at so early a period of life he could have attained to the position which he had secured in professional regard, is an almost sufficient tribute to those sterling qualities of mind and heart which had gained for him the respect and warm esteem of his seniors and contemporaries. There have been few of his age for whom a successful and honourable career could have been so safely predicted; but the hopes entertained by his friends have been disappointed by his premature death.

Mr. Bruce received his medical education at University College, and distinguished himself greatly at that school. He also gained high honours in the successive stages of his graduation at the University of London, where he held the degrees of Master in Surgery and Bachelor of Medicine.

After a short residence in Berlin, in order to extend his acquaintance with pathological science, for which he had exhibited a marked aptitude, Mr. Bruce returned to London to fill the post of assistant-curator to the museum of University College. In this post he manifested the same intense devotion to his profession, and the same love for an earnest and scrupulous performance of his duties, which distinguished his whole career.

Ever intent on seeking for opportunities of improving his professional knowledge, Mr. Bruce visited the seat of war in Bohemia in 1866. On his return, he published an able and graphic record of his observations regarding the arrangements adopted on that occasion for the relief of the sick and wounded, and also added some valuable contributions respecting the effects produced by the conical bullets recently introduced into modern warfare. Immediately after his return, Mr. Bruce obtained the post of surgeon to the Islington Dispensary; and very shortly afterwards he distinguished himself by his happy invention of the gas cautery, which has proved highly successful for the purposes to which he proposed to apply it. He was also a frequent contributor to the Pathological Society, and was early appointed by this society a member of the Committee for the Investigation of Morbid Growths; and, in the prosecution of his responsible duties, he here manifested the same industry and zeal for accuracy and truth which characterised all his work.

Further promotion came early to him in his appointment to the posts of lecturer on anatomy and assistant-surgeon to the Westminster Hospital, when the sterling qualities of intellect and character which he had previously displayed were increasingly manifest. The diligent student became an earnest and successful teacher; but the early fruit has not been permitted to ripen to full maturity. Always an indefatigable worker, it had been observed by his nearest friends that towards the close of the winter session he had been exerting himself almost up to the limits of endurance of a naturally strong and elastic constitution.

How he contracted his fatal malady, is not positively known: he sickened on the 27th ult., and the symptoms of typhus appeared with great severity. Early in the following week, and in spite of the most assiduous and devoted attention, the disease proved fatal on Sunday last, the 11th instant.

We cannot but feel that, in Mr. Bruce, English surgery has lost one who would have proved an ornament to our science: for the combination which he presented, of a disposition of great kindness and amiability, a quick moral sense and appreciation of the rights of others, and excellent abilities, cultivated by a complete, sound, general, and scientific education; and animated by a zeal for truth, and an unflinching and conscientious sense of duty, are qualities which the medical profession can ill afford to spare, either in their direct results, or as, what it loves better than precept, a high-souled practical example.

WILLIAM SELLER, M.D., F.R.S.EDIN.

WE record with much regret the death of this esteemed physician, on Sunday last. No man in Edinburgh was better known or more respected than Dr. Seller. Linked as he has been with the medical school for half a century, he will have many mourners in all quarters of the globe. He was educated at the High School, and afterwards at the University, where he graduated in medicine in 1821. He was made a Fellow of the Royal College of Physicians in 1836, and President in 1848. He was elected a Fellow of the Royal Society of Edinburgh, and received from that body a medal for an elaborate memoir of the life and writings of Dr. Whytt. He was lecturer, under Sir A. Morison's endowment, for six annual lectures on mental diseases, in which his metaphysical powers of mind were strongly displayed. These lectures were delivered in the hall of the Royal College of Physicians, where now hangs the admirable painting of Dr. Seller, by Sir John Watson Gordon, and for which Dr. Seller received from the College the unusual honour of being requested to sit. He was President of the Medico-Chirurgical Society from 1854 to 1856, and examiner in medicine at the University till within a short time of his death. He many years ago acted as physician to the Royal Infirmary and the Royal Public Dispensary; lecturer on materia medica and dietetics, in which he displayed a most extensive knowledge. Unfortunately, his writings are few. In addition to his valuable work on Dr. Whytt, he edited, jointly with Mr. Stephens, *Physiology at the Farm*, and published a few papers on Delirium Tremens, Perityphlitis, etc., chiefly in the *Edinburgh Medical Journal* and *Medico-Chirurgical Review*. It is to be regretted that with a mind so erudite, Dr. Seller has left so little behind him. As a man, very few possessed the sterling qualities of Dr. Seller. His sociable qualities, his courteous and kind manner, with his high principle, integrity, and Catholic spirit, gained for him the respect and affection of every one with whom he came in contact.

MEDICAL NEWS.

ST. ANDREW'S MEDICAL GRADUATES' ASSOCIATION.

A GENERAL session of the Association was held at the rooms of the Medical Society of London on Thursday, April 8th—the President, Dr. RICHARDSON, F.R.S., in the chair.

Professor Eckhard's communication on Hydruria was postponed, in consequence of his sudden inability to leave Germany.

A memorandum, on the restriction of the number of medical degrees to ten annually, was read by the honorary secretary, Dr. Sedgwick. The memorandum recited the proceedings of the Scottish Universities Commissioners, with reference to the degrees in St. Andrew's University; and, admitting the desirability of having some restriction on the power of the University to confer degrees without residence, and the justice of demanding "of candidates for the medical degree who have not kept terms at a university, that they should shew that they have been a certain time in the actual practice of their profession, stated that the present requirement of nineteen years was much too long. Candidates should be required to shew that they have been for five years possessed of a qualification, such as would entitle them to be registered under the provisions of the Medical Act. For such persons, a searching and extended examination should be accepted as the sufficient test of qualification for a degree. The regulations of the University of London do not provide for the cases of medical practitioners who, after a successful career of some years, are desirous of obtaining the degree of M.D., inasmuch as an attendance on several courses of lectures at a recognised medical school is required. If the minimum age at which candidates might offer themselves were reduced by requiring five years of actual practice, and the number admitted were only limited by the stringency of the examination, the credit of the University, the interests of the public, and the honour of the degree would be sustained, while no unworthy person would be able to graduate." After a discussion, in which Drs. Wynn Williams, Crisp, Drysdale, Rhys Williams, Billing, Bloxam, and H. Day took part, the memorandum was received and adopted, and the Council were instructed to take such measures for bringing the subject before the University Court as they might deem expedient.

An interesting account of some experiments with Hachish, on himself and two friends, by Professor Polli of Milan, was communicated by the President, who related his personal experience of an overdose of morphia, given him by mistake.

Dr. Cordwent of Taunton, communicated a case of Sudden Death immediately after Delivery in the upright posture, in which air was found in the coronary vein of the stomach; and also sent a specimen of phosphatic calculus removed from an old-standing perineal fistula.

An important paper, by Professor Eckhard of Giessen, was then read, in which the author passed in review the current doctrines of the causes of the Motions of the Iris, and related the results of experiments, performed in his own laboratory by Dr. Knott, to elucidate the matter. The paper will appear in the second volume of the *Transactions* of the Association.

Much interest was expressed in the election of assessor for the General Council, which was then in progress; and all were hearty supporters of Dr. Richardson.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on April 8th; and, when eligible, will be admitted to the pass examination:—

Messrs. Samuel Hosegood, A. H. Haines, W. T. Law, F. C. Batchelor, H. B. Bailey, W. P. Nesbitt, G. A. Coombe, F. H. Clarke, Arthur Cooper, and J. P. Allwood (Students of Guy's Hospital); Charles Hutson, T. E. Aylen, S. T. Huggins, W. C. Head, Henry Hind, E. A. Brash, Henry Bradford, and Isaac Willcocks (St. Bartholomew's); Lionel Beech, A. M. Bayliffe, and J. B. Rose (London); A. W. Blyth and Walter Berry (King's College); Fredk. Canton and T. H. Brabant (St. George's); Thomas Harvey (Westminster); John Hart (Calcutta and University College); B. B. Connolly (Cambridge and Guy's); John Sutcliffe (St. Thomas's); Edward Fayrer (St. Mary's); and H. M. Crookshank (University College).

Five candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months, making a total of only twelve out of the one hundred and eight candidates examined.

The following gentleman passed on April 13th:—

Messrs. H. C. Turner, T. P. Stephens, A. H. Evans, G. H. Cable, T A. Crackle, A. R. Betts, J. L'O. Brown, G. A. Dundas, G. C. Hall, and T. R. H. Clunn (Students of Guy's Hospital); O. R. Richmond, Henry James, A. J. Chalmers, T. W. T. Williams, and Wm. Allnutt (King's College); C. H. Chinery, Edward Sargeant, and J. H. Cartwright (St. Thomas's); J. D. Robinson, A. J. McN. Walker, and G. E. E. Burroughs (Charing Cross); Walter Kitching and S. A. Gill (London); G. E. Walker and E. C. Baber (St. George's); F. W. Willmore and F. F. Hopkins (Birmingham School); Edwin Thompson (Edinburgh); James Fielding (Victoria College, Toronto); W. M. Noot (Middlesex); G. D. Thane (University College); and H. Waldo (Bristol School).

Four candidates failed to acquit themselves to the satisfaction of the Court. of Examiners.

The following gentlemen passed on April 14th:—

Messrs. J. J. Seaton, A. W. Budd, J. A. Cockburn, F. H. Spencer, William Rose, W. F. Hazel, B. S. White, J. C. Atkinson, and J. N. Ràt (Students of King's College); W. E. Balkwill, T. R. Fendick, Richard Parris, J. E. Robinson, Charles Feltham, A. A. Gillitlie, O. T. Jones, and D. W. Giffard (St. Bartholomew's); Benjamin Rix, F. A. Monks, Richard Galpin, F. E. Barrow, H. J. W. Barrow, David Duke, and J. E. Edwards (Guy's); F. W. Wright and James Crocker (Leeds School); C. H. Gibson (Edinburgh); A. H. Parker (London); H. C. Pope (Liverpool School); A. D. Parsons (St. Mary's); Ferdinand Wallis (Westminster); and Clement Hadley (Birmingham School).

Four candidates failed to acquit themselves to the satisfaction of the Court of Examiners.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 8th, 1869.

Beadles, Ferdinand, Broadway, Worcestershire
Box, William Henry, Forest Hill, Kent
Dawson, Frederick William Edmund, New Zealand
Green, William Edward, Warwick
Morrish, Richard Alfred, Ledbury, Herefordshire
Pearce, William Henry, Holsworthy, North Devon
Smith, Leonard, Cambridge Street, Pimlico
Winslow, Lyttleton Stewart, Cavendish Square

At the same Court, the following passed the first examination.

Bunting, James, Guy's Hospital
Park, Robert, Glasgow University

MEDICAL VACANCIES.

THE following vacancies are declared:—

ALCESTER UNION, Warwickshire—Medical Officer for the Bidford District (£55 per annum, and extra fees).
BALLYMENA UNION, co. Antrim—Medical Officer, Ahoghill Dispensary District (£80 per ann., and about £40 more for Registration and Vaccination Fees).
BANGOR AND BEAUMARIS UNION—Medical Officer for the Anglesey District No. 2.
BOLTON INFIRMARY AND DISPENSARY—Surgeon.
BRISTOL ROYAL INFIRMARY—Dispenser (from £100 to £120 per annum).
CAMELFORD UNION, Cornwall—Medical Officer for the Camelford District (£45 per annum); Medical Officer for the Workhouse (£10 per annum).
CARLOW UNION—Medical Officer for the Borris Dispensary District (£100 per annum, and Registration and Vaccination Fees).
CHARING CROSS HOSPITAL—Assistant-Physician and Physician.
GLENORCHY and INISHALL, Argyllshire—Parochial Medical Officer and Public Vaccinator (£40 per annum, with house and garden).
GRAY'S HOSPITAL, Elgin—House-Surgeon (£40 per annum, with board, etc.)
IRISH MEDICAL ASSOCIATION—Vice-President.
LEICESTERSHIRE LUNATIC ASYLUM—Assistant Medical Officer.
LINCOLN COUNTY HOSPITAL—House-Surgeon and Apothecary (£100 per annum, with board and lodging).
LIVERPOOL DISPENSARIES—Three Assistant House-Surgeons (£98 per annum each, with furnished apartments, coal, gas, and attendance).
LIVERPOOL INFIRMARY FOR CHILDREN—Surgeon.
LONDON FEVER HOSPITAL, Liverpool Road—Physician.
MIDHURST UNION, Sussex—Medical Officer for the Fernhurst District (£70 per annum, and all extras).
MIDDLESEX HOSPITAL—Surgeon and Lecturer on Surgery.
NEW ABBEY, Dumfries—Parochial Medical Officer (£40 per annum).
NEWCASTLE-UPON-TYNE INFIRMARY—Four Assistant-Surgeons; Senior House-Surgeon; Junior House-Surgeon.
NEW ROSS UNION—Medical Officer for the St. Mullins Dispensary District (£70 per annum, and Registration and Vaccination Fees).
NORTH EASTERN HOSPITAL FOR CHILDREN, Hackney Road—Medical Officer.
NORTHERN INFIRMARY, Inverness—House-Surgeon and Apothecary.
NORTH RIDING INFIRMARY, Middlesborough-on-Tees—House-Surgeon.
RETFORD GENERAL DISPENSARY—House-Surgeon and Apothecary (£100 per annum, with furnished rooms; gas, coal, and attendance).
ROYAL ALBERT HOSPITAL, Devonport—Assistant House-Surgeon (£50 per annum, with board and lodging).
ROYAL COLLEGE OF SURGEONS IN IRELAND—Member of Council.
ST. GEORGE AND ST. JAMES DISPENSARY, King Street, Regent Street—Physician; Accoucheur.
ST. MARY, NEWINGTON. Surrey—Sanitary Inspector.
SHEFFIELD SCHOOL OF MEDICINE—Lecturer on Anatomy.
SHIPSTON-ON-STOUR UNION—Medical Officer for the Halford District (£47 per annum).
SLIGO UNION—Medical Officer to the Workhouse (£80 per annum).
SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Physician; House-Surgeon (£100 per annum, with board and residence).
TRINITY COLLEGE, Dublin—Professor of Zoology and Director of Museum (£200 per annum).
VICTORIA HOSPITAL FOR SICK CHILDREN—Surgeon; Assistant Surgeon.
WANDSWORTH and CLAPHAM UNION—Medical Officer for the District of St. Mary, Battersea (£75 per annum, and extra fees).
WESTMINSTER HOSPITAL—Assistant-Surgeon and Lecturer on Anatomy.
WHITBY UNION, Yorkshire—Medical Officer for the Egton District (£25 per annum).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*DUKE, Allen, M.D., elected Honorary Surgeon to the Dover Hospital, *vice* *J. C. Ottoway, Esq., resigned.
FORD, James, M.D., Chulmleigh, North Devon, appointed to the Seventh and Eighth Districts of the South Molton Union, *vice* J. A. Tidboald, Esq., resigned.
PEERCE, F. W., M.D., appointed House-Surgeon to the Victoria Hospital for Sick Children, Chelsea.

LIEBIG COMPANY'S EXTRACT OF MEAT.—ON Saturday last, April 10th, the directors of the Liebig Company gave a dinner at the St. James's Hotel, Piccadilly, for the purpose of demonstrating the applicability of the extract of meat to ordinary purposes. It was used, in the place of ordinary "stock", in the preparation of all the soups and made-dishes; and the experiment was universally pronounced to be highly satisfactory. Several members of the medical profession were present; among whom, Dr. Richardson, F.R.S., Dr. Routh, Dr. Thudichum, and Dr. Risdon Bennett, while concurring in the opinion as to the satisfactory result of the culinary application of the extract, pointed out its importance for medicinal and dietetic purposes. Dr. Thudichum explained the origin and progress of the extract. Baron Liebig had, in 1859, in his *Familiar Letters on Chemistry*, pointed out that the flesh of vast herds of oxen in South America and other parts, which were slaughtered for the sake of their hides and fat, was allowed to be wasted; and suggested that it might be made available for food. To carry out this suggestion, the Company had been formed. The first application of the extract had been as a medicine, and it had been sold for that purpose in drug-gists'-shops in Germany; but now it had become an article of general use. The extract is prepared at the establishment of the company at Fray Bentos, on the river Uruguay, in South America.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

EXPECTED OPERATIONS AT THE HOSPITALS.

EAST LONDON HOSPITAL FOR CHILDREN, Saturday, April 17th, at 2 P.M. Two Cases of Lithotomy.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London. 8 P.M., Casual Communications. 8.30 P.M., Dr. Routh, "On some of the Causes of the Unproductiveness of Marriages considered in a national point of view."

TUESDAY.—Pathological Society of London, 8 P.M.—Anthropological Society of London.

THURSDAY.—Royal Society.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DR. J. H. O'REILLY (Rathfarnham) asks for a suggestion in the treatment of a patient who complains of a fœtid odour from the feet, and a burning heat in them in the morning, especially about the phalanges.

THE JOURNAL OF MENTAL SCIENCE.

SIR,—The publishers of the *Journal of Mental Science* are very desirous to receive a few copies of No. 32 (new series), January 1869, which is out of print, and for which there is a demand.

As many members of the Medico-Psychological Association are also members of the British Medical Association, may I beg you to allow me to ask the favour of those who do not bind the Journal of returning that number (32) to the Messrs. Churchill. I am, etc., C. LOCKHART ROBERTSON.

Hayward's Heath, April 1869.

A RESPECTED correspondent at Leicester sends us a cutting from the *Standard* of April 7th, which he qualifies as the newest thing in advertising. It is a letter, signed with the name, title, and address of a physician, setting forth the distress of two patients. We do not imagine that the author of the letter had really any such intention; but rather believe that he would be indignant and distressed at the imputation. But the fact that this mode of signing the letter has raised that suspicion in the mind of an honourable and independent colleague, will suffice to show the prudence of such letters being signed in initial only, or confided to the hands of the clergyman of the parish.

ENLARGEMENT OF LIMBS AND ARTERIAL SUPPLY.

SIR,—The current number of the BRITISH MEDICAL JOURNAL, contains a report of the Clinical Society Meeting of March 12th, when a very interesting case was communicated by Dr. W. H. Day, and in which it is stated that "in the discussion", "Dr. Cholmeley and Mr. Barwell expressed the opinion that the enlargement was due to excessive arterial supply, and that, accordingly, the proper treatment would be to apply continuous pressure to the femoral artery." I trust that you will allow me to state that I did not say, and I certainly did not wish to convey an impression, that I held any such opinion. But I described a case of great enlargement of the right lower extremity in a child, shortly before, under my care, which presented many points of resemblance to Dr. Day's case, but differed from it in not showing any visible enlargement of the lymphatics, and in which I had, among other things, tried pressure of the femoral artery, but without any satisfactory or lasting results. I am, etc., WM. CHOLMELEY.

40, Russell Square, April 1869.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

X. L.—The best legacy is work done; and the best eulogy its bare enumeration. All may and must be content to be tried by that standard.

THE TREATMENT OF SYPHILIS: REPLY TO DR. SISSON.

SIR,—Dr. Sisson asks me, in your JOURNAL of November 21st, what my present treatment of syphilis is. It will be a great favour to me if you will permit me to cite one or two typical cases, which will be the best answer to my most respected interrogator.

CASE I.—Charlotte D., aged 16, was seen on August 2nd, 1863, with roseola, alopecia, and mucous tubercles. She was treated with what I shall call mistura potassæ chloratis (potassæ chloratis, five grains; acidi hydrochlorici diluti, five minims; aquæ menthæ piperitæ, one ounce), thrice daily, until October, when the roseola disappeared, and she looked well. She was pregnant at the time.

CASE II.—Thomas P., aged 20, afterwards husband of Case I, also treated at this same period for scaly syphilitic eruption, sore-throat, and mucous tubercles of scrotum, lost all symptoms of syphilis in two months, and never, up to 1868, has had any relapse. The infant, which was born to these parents shortly afterwards, was at full time; but became syphilitic when seven weeks old, as far as I could learn—at least, it had snuffles and died of convulsions. I did not see this child. On November 5th, 1865, Charlotte D. brought to me her second child, aged at that time five months. It had no symptoms of syphilis; and since then, both parents and this child have been frequently seen by me, all in good health, up to Nov. 1868.

CASE III.—Emma P., aged 24, February 10th, 1864. She had ulceration and mucous tubercles on the soft palate and roseola; the posterior cervical glands were enlarged. The chlorate of potash mixture was ordered three times a day; and a gargle with alum. In April of the same year, the symptoms were gone. She was seen in January 1868, for toothache. There had been no relapse since that time. She had been sterile, but had not had abortions.

CASE IV.—George W., 18, with iritis, roseola, and mucous tubercle on the scrotum. Atropia drop (two grains to an ounce) was dropped into the eye twice daily. Chlorate of potash mixture was ordered three times a day. Vision was perfectly restored; the eruption and mucous tubercles (the latter were touched with nitric acid) disappeared; the patient having been under treatment from March 27th to May 16th, 1865. There had been no relapse in 1867.

CASE V.—Kitty C., aged 23, had an indurated sore on the umbilicus, hoarseness, alopecia, and roseola. She was treated from October 8th to November 10th with chlorate of potash mixture three times a day. She was pregnant. In June, 1867, she brought a child suffering from snuffles and dry eruption on the buttocks. The child recovered, after taking two grains of chlorate of potash in water thrice a day, in about a month. The mother has had no symptoms since.

CASE VI.—A lady, aged 27, in May 1866, with her infant aged three weeks, consulted me for roseola, great alopecia (the eyebrows fell off), mucous tubercles at the vulva, sore throat, etc. There was a history of discharge and malaise about her vulva about a month before her confinement. She was ordered chlorate of potash mixture three times a day. Nourishing diet and much open air were recommended. She became emaciated, and would continue to suckle her healthy infant, notwithstanding my advice to the contrary. She was ordered to go to the seaside and bathe in the sea. In October she was almost well after coming from Ramsgate and the infant had escaped infection. I warned her that her next child would most likely become syphilitic; but she became again pregnant, and, in 1867, brought a syphilitic infant to me. This recovered under doses of chlorate of potash, and mother and child are at the present moment all well and without syphilitic symptom.

CASE VII was more tedious, and required iodide of potassium. Edward T., a young medical student, contracted syphilis in 1865. Had sore throat, mucous tubercles on the scrotum, the eruptions of a rupial kind leaving cicatrices on the arms. He took chlorate of potash mixture thrice daily for some time, and then went to Boulogne for sea bathing. Syphilitic sarcocele ensued, and, as he took no medicine for a time, it continued until I prescribed fifteen grains of iodide of potassium thrice a day, when the sarcocele rapidly disappeared in about a fortnight and he has not had any symptoms since that time.

Dr. Sisson will, from these cases, I have no doubt, be quite convinced of the non-necessity of mercurial interference in many cases of syphilis. My friend Mr. R. W. Dunn and myself had intended to relate some more such cases in a paper this year at Oxford: but one of us was abroad, and the paper was not read. In reply to another question of Dr. Sisson's, as to my present views about iodide of potassium. I would remark that, in large doses, such as from ten to twenty grains thrice a day, it *now* appears to me to be one of the most powerful specifics we possess against any disease; I mean in tertiary forms, such as periostitis, etc.; whether these have been preceded or not by long courses of mercury. I formerly held that iodide of potassium was chiefly valuable when mercury had been given; and Professor Boeck seems still to be of this opinion. I now believe that in small doses, such as two grains thrice daily, it is often inefficacious, and that large doses are infinitely preferable. This change in my convictions has been brought about chiefly by the observations of M. Ricord and M. Alfred Fournier on the subject, and my own subsequent observation. Both of these gentlemen and many others in Paris and London, *e.g.*, Sir H. Thompson, Mr. Curling, etc., are in favour of very large doses of iodide of potassium.

In conclusion, allow me to thank you beforehand for inserting this letter. I cannot help thinking that the period of prejudice in favour of mercury is fast passing away. The drug is no longer among many a favourite in bronchitis, pneumonia, or consumption, or even in peritonitis and pericarditis. In iritis, I know well from long experience, it is not needed. Well, then, I contend, that *perhaps* even syphilis, that extremely common and grave disease, may do as well or better without it; and although many in London do not think so, a great many in Paris, Edinburgh, and the majority in Norway, are of like opinion. We hear from men of note that the day for medical debating is gone by (Dr. Sanderson). I, on the contrary, believe that discussion, open and fearless, on medical and social questions of importance was never more needed than at present. We are almost sated with thermometric and other instrumental details, and I for one have to thank Dr. Sisson for taking the trouble to ask me what I think upon a subject upon which, among a host of others, all discussion seems to offend. I am, etc.,

99, Southampton Row, W.C. CHARLES DRYSDALE.

A GREAT deal of correspondence appears in local papers, which have been forwarded to us, touching a difference between Dr. D. W. Williams of Menai Bridge and the Board of Guardians of the Bangor and Beaumaris Union. We have not the key to the reference to some past matter which it is sought to revive; but Dr. Williams, being a graduate of the University of St. Andrew's, is quite right to insist on being called Dr., as he is entitled to be, and not Mr.

MR. NOBLE.—The minute anatomy of spiders is, we believe, a field still open for much further investigation. We cannot profess to give our correspondent a complete bibliography. Besides the great work of Blackwell, published by the Ray Society, we refer him to Clafarède's lectures on the development of that group; and to the more recent publication by A. Mengeis, "*Preussische Spinner*. Erste Abtheilung. Schriften der naturforschenden Gesellschaft in Danzig. Neue Folge, Band I. 1866." Sir John Lubbock has recently published a memoir, of which we have not at hand the precise reference, concerning the minute anatomy of the generative apparatus of some spiders.

THE ARMY MEDICAL SERVICE.

A MEDICAL OFFICER of active service and long experience, referring to the recent article in the JOURNAL, writes. "Your remarks, beginning 'many who enter,' are only too true. The fault, however, lies with *our* chiefs. It is the duty of the Director General to protect the interests of his officers, and to administer his department without partiality, favour, or affection. He ought to have sufficient force of character to decline his sanction to the promotion of youngsters over their seniors—for such services as Abyssinia. He should say, No! I have officers with nearly double their service, who have served in the Crimea, India, China on active service, and I cannot sanction this injustice to them. Reward these young men with C.B.'s, or K.C.B.'s, but not at the expense of men who have grown grey in campaigning. Look again at the staff appointments at Netley. Like all military staff employment, these were made and intended by Lord Herbert to be for *five years* only. It was thus hoped to distribute the advantages resulting therefrom as much as possible through the service, as an object of ambition and stimulus to study. But in steps—a job. Personal or strong interest is made with the Director-General and the same men are reappointed, and the object of the post is frustrated. The borough becomes closed, and the advantages which ought to be diffused among twenties is limited to *one*. Nearly every Staff-Surgeon can boast of being round the world, while this one has spent sixteen years in the climate of Great Britain. This is solely *our own* fault, *i.e.*, the fault of the medical administration of the medical department, Again, one man holds a staff appointment as clerk to a principal medical officer for six or eight years. His purely professional duties have been, during that time, *nil*. The principal medical officer exerts his influence and another staff appointment is obtained for the same man, without reference to the application or claims of others. This, again, is the result of medical administration, and has nothing to do with War Office or Horse Guards influence."

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, April 7th; The Lincoln Journal, April 6th; The Western Daily Press, April 6th; The Leamington Advertiser, April 8th; The Royal Leamington Spa Courier, April 10th; The Buxton Advertiser, April 10th; The Welshman, April 2nd; The Indian Medical Gazette, March 1st; The Derbyshire Advertiser, April 9th; The Kidderminster Times, April 10th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. W. Rivington, London; Dr. W. F. Smith, Sheffield; Mr. Hugh Norris, South Petherton; Mr. A. Wood, Netley; Mr. A. Ward, Penistone, Sheffield; Mr. J. F. West, Birmingham; Dr. J. Ford, Chumleigh; Dr. J. O'Reilly, Dublin; Mr. J. B. Ward, Wakefield; Mr. A. B. Steele, Liverpool; Dr. W. Cholmeley, London; Mr. E. Lund, Manchester; Mr. J. Williams, Penygroes; Dr. Aitken, Edinburgh; Mr. W. H. Garrington, Southsea; Dr. Balthazar W. Foster, Birmingham; Mr. Street, London; Dr. G. H. Philipson, Newcastle-upon-Tyne; Mr. Leach, Chilcompton; Mr. F. G. Bailey, Liverpool; and Dr. W. B. Dalby, Chester.

LETTERS, ETC. (with enclosures) from:—

Dr. Falconer, Bath; Dr. G. F. Elliott, Hull; Dr. W. H. Broadbent, London; Dr. R. D. Powell, London; Dr. C. Lockhart Robertson, Hayward's Heath; Dr. J. Mulvany, Portsmouth; Dr. F. M. Pearce, London; Mr. R. Rendle, London; Dr. Thorowgood, London; Dr. L. W. Sedgwick, London; Dr. T. W. Thursfield, Leamington; Mr. T. Bryant, London: Mr. Spencer Watson, London; Dr. Henry Blanc, Brussels; Mr. Hawker, Camelford; Mr. J. Z. Laurence, London; Dr. A. Samelson, Manchester; Dr. Moxon, London; The Honorary Secretaries of the Birmingham and Midland Counties Branch; F.R.C.S.; Dr. J. Barclay, Leicester; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. Davey, Bristol; Dr. Lankester, London; Dr. F. W. Pavy, London; The Secretary of the Leeds School of Medicine; Mr. Rigden, Canterbury; Captain Davies, Pershore; Mr. Heckford, London; Dr. C. Kelly, London; Dr. Lewis, Carmarthen; Mr. C. J. Fox, London; Mr. L. M. Griffiths, Bristol; Mr. A. Wood, Kirkby-Moorside; Mr. J. S. Gamgee, Birmingham; and Mr. Gornall, Preston.

BOOKS, ETC., RECEIVED.

Reports of the Industrial Employment Association for the Prevention of Pauperism and Crime. Nos. 1 and 2. London: 1869.

A Report on the Sanitary Condition of the City and Borough of Bath. By C. S. Barter, M.B.Lond., F.R.C.S.Lond. Bath and London: 1869.

The Normal Temperature in Children. By Jas. Finlayson, M.B. Glasgow: 1869.

The First Annual Report of the Malvern Rural Hospital. Malvern: 1869.

The Pocket Guide to the British Pharmacopœia. London: 1869.

The Seventh Annual Report of the Cumberland and Northumberland Lunatic Asylum for 1868. Carlisle: 1869.

The Report of the Resident Medical Superintendent of the Richmond District Lunatic Asylum, Dublin, for the year 1868. Dublin: 1869.

The New York Medical Gazette, March 1869.

The California Medical Gazette, March 1869.

The Philadelphia and New York Medical and Surgical Reporter, March 1869.

Results of Meteorological Observations, for the week ending Saturday, April 10th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	30.014	0.463	52.0	48.8	45.5	79	68.2	35.9	32.3	52.4	43.3	94.2	..	7.7	5	0.3	..	1	..	..	2.4	0.7	0.3	2.3	2.5	4	0.20
BOURNEMOUTH Dr. Compton, F.M.S.	30.072	0.540	49.4	46.9	44.2	83	61.3	34.5	26.8	53.8	42.2	126.0	28.9	4.6	3.4	0.7	0.3	0.7	0.7	1	1.6	1	..	1	1.6	3	0.35
DUBLIN Dr. J. W. Moore.	30.008	0.260	48.1	45.5	42.7	82	59.0	36.1	22.9	51.3	41.7	..	32.2	7.9	..	0.3	1.0	1.3	0.7	..	2	0.7	0.3	0.7	1.7	5	0.62
KEW Dr. Treutler, F.L.S., etc.	30.048	0.567	50.1	47.6	45.0	84	65.0	31.1	33.9	55.8	41.5	122.4	24.5	7.3	1.3	0.3	0.7	1	0.7	..	1.7	0.3	0.3	2	1.5	2	0.36
LLANDUDNO Drs. Nicol and Dalton.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
MALVERN Messrs. W. and J. Burrow.	30.013	0.437	49.2	45.4	41.5	74	66.0	33.0	33.0	54.6	39.6	91.7	32.0	7.5	5.7	0.3	..	0.6	1	0.6	2.6	..	0.6	1	1	4	0.32
SCARBOROUGH Dr. C. Fox, M.R.C.P., etc.	29.971	0.579	46.0	43.0	39.6	79	53.0	34.8	18.2	49.4	40.0	..	..	7.7	2.7	0.7	0.3	..	1.7	..	1.7	1	0.7	1	3.5	4	0.12
SIDMOUTH Dr. Mackenzie, F.M.S.	30.050	0.250	48.8	46.7	45.2	85	58.3	34.3	24.0	53.4	41.7	..	..	3.6	5.2	1	..	..	2	1	1	2	..	..	0.6	4	0.43
WORTHING W. J. Harris, Esq., M.R.C.S.E.	30.054	0.656	46.5	45.0	43.4	90	54.9	33.2	21.7	56.5	41.1	..	26.5	6.9	4.5	0.7	0.7	0.7	0.7	0.7	1.7	1	0	1	1.5	2	0.23

* Not received.

REMARKS.—There has been a general and, in some cases, considerable increase in atmospheric pressure during the week; the range has been on the whole smaller, though somewhat variable. Temperature increased rapidly and considerably towards the end of the week at all stations: the highest was registered at Bath, and the range has in consequence been much greater,—the greatest occurred at Kew. There has also been a simultaneous increase in humidity. Winds have been very variable and light: it was almost calm at Sidmouth. The sky, which was generally much clouded during the early part of the week, cleared rapidly towards its end: the least amount of cloud was registered at Sidmouth. The amount of ozone has been very variable. The rainfall has been on the whole slightly below that of the previous week, though varying at different stations. Fogs were observed at Sidmouth, Worthing, and Kew. At Bath the mortality from bronchitis continues high; from Dublin typhoid fever is reported as epidemic, and several cases of "cerebro-spinal arachnitis" were observed; otherwise, the general health is excellent. No additional plants were observed in flower at Kew.

Kew, April 14th, 1869. W. J. TREUTLER.

REMARKS
ON
THE PATHOLOGY OF CHOREA.*

By W. H. BROADBENT, M.D., M.R.C.P.,
Senior Assistant-Physician to St. Mary's Hospital and the Fever Hospital.

THE cases which I have given are not mere repetitions one of another: almost every one presents some features of interest, and I might have added to them. I have for the moment restricted myself to examples of hemichorea, my immediate object being through them to throw light on chorea generally; but the more common cases of bilateral chorea offer instructive differences and peculiarities which will reward a careful study.

The first point to be established is, that chorea and hemichorea are essentially similar; and this is clear from the fact that chorea is very commonly unilateral, for a longer or shorter time, before it becomes general; and that, in most cases, the movements predominate on one side or the other throughout. Further, in most cases of hemichorea, if the agitation become severe, it extends in some degree to the limbs of the other side. Examples of unilateral chorea, extending to the limbs of the opposite side when aggravated, are seen in Cases VII and VIII. The bilateral action of the muscles of the trunk, eyes, etc., which may be observed in almost all cases of hemichorea, is not what is here spoken of; this will receive consideration further on.

Now unilateral chorea is even less likely to be due to an affection of the spinal cord than unilateral paralysis; and unilateral paralysis from disease of the cord is extremely rare. When we see hemiplegia, we at once refer it to the higher motor centres. It is, however, possible that injury or disease may destroy, to a limited extent, the continuity of one lateral half of the spinal cord, without involving the other, and a few cases of this kind are on record; but, for hemichorea to have its origin in the cord, it would be necessary to suppose that one lateral half of the cord was involved throughout its entire length, from the crura cerebri downwards, without implication of the other—a supposition which is not tenable for a moment. Then, in hemiparaplegia (the name by which Dr. Brown-Séquard calls the cases of disease of one lateral half of the cord), there is motor paralysis on one side of the body below the injured point, and sensory paralysis on the other; whereas in hemichorea, when the sensibility is diminished, it is on the same side with the motor affection (see Cases IV and VII). Taking these facts in connexion with the absence of undue reflex action from tickling, and the considerations advanced by Dr. Russell Reynolds, it seems to me to be demonstrated, not only that the cord is not the special seat of the morbid change which gives rise to chorea, but that it does not participate in the affection, except as the instrument by which the abnormal impulses arising in the higher centres are transmitted to the muscles. An interesting confirmation of this conclusion, and at the same time of the hypothesis which I advanced some time since in explanation of the escape of certain muscles from paralysis in hemiplegia, is found in noting that, in certain parts of the body, the movements of hemichorea transgress the median line, and become more or less bilateral. It is set down in several of the cases given, and it may be observed in almost all cases of hemichorea, that, while the spasmodic muscular contractions are strictly unilateral in the limbs, they are bilateral in the abdomen, chest, and eyes, and imperfectly so in the brow, facial muscles, and tongue. Now these are the very muscles which escape paralysis in hemiplegia; and the theory which explains the one set of facts implies the other. I have shown that the muscles which are not paralysed on the hemiplegic side, in the common form of hemiplegia, are such as habitually act in concert with the corresponding (or some other) muscles of the opposite half of the body, and with difficulty, or not at all, independently of them; and I have attributed their immunity to the fact that, when the muscles of the two sides are thus associated, their nerve-nuclei in the cord are connected by commissural fibres, so as to constitute, *pro tanto*, one common nucleus. We thus have a single nucleus in communication with both corpora striata; and when one corpus striatum is damaged, as in hemiplegia, this common nucleus will still be called into action by the other, and animate the muscles of both sides. On the other hand, when, as in hemichorea, one corpus striatum is discharging irregular impulses, these will affect the common nucleus, and be communicated to both sides.

We come now to another branch of the investigation. Chorea being due to an affection of the sensori-motor ganglia, or of these and the hemispheres, what is the nature of the morbid change?

A preliminary question of some importance has, in the first place, to be decided; *i.e.*, Whether the characteristic symptoms arise out of some peculiarity in the morbid change, or simply out of the functions of the part affected? Whether, in effect, chorea is to be regarded as a symptom or as a disease? To render this point more clear by means of a comparison: The common form of hemiplegia is caused by structural damage of the corpus striatum or thalamus, and this damage may be from hæmorrhage, embolism, softening, tumour, etc.—the paralysis has relation to the *seat* of the injury, not to its *nature*. Is chorea similarly symptomatic simply of some abnormal condition of these bodies, which condition may have several causes, or is it indicative of some specific alteration in them? Are the characteristic movements in relation with the seat, or the nature of the morbid change?

This question has only to be put to be decided. Chorea is symptomatic only of the seat of the disease, and arises out of the function of the part affected. The considerations on which this conclusion is based are as follows. In the first place, it would be an assumption entirely without warrant in pathology to say that the corpora striata and thalami were liable to a morbid process which never affected the cord or the hemispheres. When, therefore, these latter centres become the seat of the pathological change, which in the corpora striata and thalami give rise to chorea, what are the symptoms produced? And, conversely, what symptoms, having their origin in the sensori-motor ganglia, correspond with delirium as an affection of the hemispheres, or with tetanus as a disease of the cord? Chorea has been called "insanity of the muscles"—a better phrase would be "delirium of the sensori-motor ganglia." In delirium, there is loss of control over the mental processes, with a rapid production of imperfect ideas; in chorea, loss of control over the motor apparatus, and movements excessive in point of number and extent, but wanting in vigour and precision. All that is aimed at in these remarks, which need not be further pursued, is to show that, just as *abolition* of function of the hemispheres, sensori-motor ganglia, or cord, may be due to various pathological conditions, and is attended with symptoms characteristic of the part affected, so *impairment* of function of these centres respectively will be attended with characteristic symptoms, which will be independent of the nature of the cause. We shall not, therefore, expect to find the cause of chorea in any single specific pathological condition of the sensori-motor ganglia. We can fix approximately the range of the morbid change, and obtain some idea of its nature from a consideration of the phenomena of the disease. We can see that the anatomical condition does not amount to actual breach of structure, since that is known to give rise to hemiplegia. It is, however, of a nature to impair the vigour of these ganglia, since the irregular movements are almost always associated with loss of muscular power, and often with diminished sensibility. Chorea is, in fact, next door to paralysis. Cases such as the following, which illustrate this relation, are not uncommon.

CASE X. *Partial Hemiplegia passing into Hemichorea.*—Eliza B., aged 9, came under my care at St. Mary's Hospital May 22, 1865. For three or four weeks she had had considerable loss of power in the right side; could not grasp with the right hand; dragged the right leg; speech indistinct; no facial distortion. Quinine and iron were given, and on June 5th she seemed better. A week later, she was not so well, the weakness in the leg having caused her to fall at times. On June 19th, the hand was stronger, but a jerking was seen in the right side of the body and limbs, and pain was felt in these parts. On July 17th, she ceased to attend, the agitation having increased. The case had resolved itself into hemichorea.

CASE XI. Fanny C., aged 16, always thin, and, having grown fast, applied as an out-patient on April 6th. She had been losing the use of the right arm and leg for three months; could not hold things in the right hand; dragged the right foot; speech affected at times. Lately, there had been involuntary movements in the right hand occasionally. These movements became choreic. She was ordered three minims of liquor potassæ arsenitis, twenty minims of ammoniated tincture of valerian, and an ounce of infusion of calumba, three times a day; and gradually recovered.

Still more striking is the last of the group of cases given earlier in this paper. There were found, after death, a tumour on the spinal cord, and Addison's disease of the suprarenal capsules; but I venture to conclude that the chorea was not directly due to either of these conditions. In its access, the attack resembled exactly an attack of hemiplegia; and it was, in fact, hemiplegia, *plus* slight choreic movements; then, as power returned in the affected limbs, the chorea increased, and, for a time, was imperfectly bilateral. Had there been no chorea, no one would have hesitated to attribute the hemiplegia to disease of some kind, in or near the corpus striatum. The chorea does not disturb this conclusion; and, obviously, whatever was the cause of the hemiplegia, was the cause of the associated chorea.

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* Concluded from page 347 of last number.

The first case narrated in this paper is also interesting in relation to this question. At first, there was unilateral chorea, affecting face, arm, and leg; then, the agitation of the limbs continuing, the face became paralysed to the degree seen in rather severe hemiplegia (this paralysis also having the characters of hemiplegic or centric paralysis, and not of disease or injury of the seventh nerve), all movements ceasing. Again, as the face recovered from the paralysis, the movements reappeared. It is thus evident that in the particular part of corpus striatum in which the facial muscles are chiefly represented, the morbid change caused first impairment, and then temporary abolition of function; and, again, that the morbid condition, which in the corpus striatum as a whole gave rise to chorea, in one particular part, intensified perhaps in some degree, produced paralysis.

We do not get much assistance from *post mortem* examinations. One reason is, that death from chorea is rare; another, more important, is that, from the nature of the disease, the anatomical condition, as has just been pointed out, cannot be one of obvious structural lesion, nor is it certain that it is always of such a character as to be detected by the microscope. Possibly in some instances an alteration of specific gravity may indicate its nature, as in a case mentioned by Dr. Aitken. But a consideration of still greater moment is that, when death occurs in chorea, the fatal result is not directly due to the morbid change in the sensori-motor ganglia. Injury of a more severe character, which abolishes their functions, such as laceration, by effused blood, or softening, causing hemiplegia, does not necessarily destroy life. Death in chorea is due either to exhaustion of the strength by the perpetual movements; *i.e*, it is a secondary result of the local change, and it is not to be accounted for by it; or to disease in some other part of the nervous system, as, for example, in the case related by Dr. Tuckwell in the *British and Foreign Medico-Chirurgical Review* for October 1867, in which there was embolic softening in the hemispheres and in the cord. Possibly, again, death may be caused by other disease entirely foreign to the chorea, or chorea may be simply one symptom among others of a fatal disease, as in a case of typhus fever which I have lately had under my care, in which well-marked chorea came on. It can only lead to error and confusion, then, to fix upon any and every prominent morbid appearance which may be found after death in chorea as the cause of the chorea.

Probably the most common and important morbid change giving rise to chorea is capillary embolism in the corpus striatum and thalamus and adjacent parts, the view ably maintained by Dr. Hughlings Jackson. Kirkes in this country, and Sée in France, had pointed out the frequent association of chorea with acute rheumatism; and Kirkes advanced good reasons for the conclusion that the mode of causation was by the detachment of particles of fibrine from the inflamed cardiac valves, and their impaction in the minute vessels of the nervous centres. Dr. Hughlings Jackson has given precision to this view; and it seems to me clear that embolism is, as I have just said, one of the most common and important causes of chorea. If chorea is, as I consider it proved to be, a symptom of some morbid change in the sensori-motor ganglia, and if this change is one which, falling short of structural lesion, is of a nature to impair the functional vigour of these bodies, as is indicated by the accompanying loss of power and impaired sensibility, then no condition more readily fulfils the requirements than obstruction of the minute vessels. But there are reasons which seem to indicate conclusively that it is by no means the only one. It may be admitted—and, indeed, it is clearly proved by numerous observations—that the condition which gives rise to the embolism, the minute deposits on the valves, may exist without giving rise to a murmur, and that a murmur is often fugitive; but cases are met with which are not consistent with the hypothesis of embolism. Such are the examples which have been recorded of prompt recovery after expulsion of intestinal worms, or on the relief of constipation. I have to confess, however, that I have not met with cases of this kind, although continually on the look-out for them, and frequently trying the treatment which would be appropriate. Again, in the chorea of pregnancy, although the condition of blood may be such as to favour the occurrence of embolism, the history does not accord well with this hypothesis.

The different degrees of severity, and the variations in the character of the movements, seem of themselves sufficient to indicate a diversity in the condition of the ganglia. It is scarcely conceivable, for example, that the incessant and violent movements of the worst form of chorea can be due simply to impairment of nutritional vigour in these bodies. Again, there is manifestly some peculiarity in those cases in which the movements persist during sleep, which is not uncommon in the mildest form, and seems to be unusually frequent in hemichorea.

The differences observed in different cases of chorea have not been studied with sufficient care, and no attempt has been made to interpret them. It would seem that some of them are due to the varying nature of the morbid change; others to the varying extent of the region involved. Variations, probably traceable to differences in the morbid change, are those just mentioned, in which the movements are extremely violent, and in which they persist during sleep. In the former set of cases, it may be that with embolism there is hyperæmia of vessels not blocked; but this is the merest guess.

We may speak with greater confidence as to the variations due to the extent of the region affected by the morbid change, from symptoms indicating impairment of function in other centres. We find, for example, in some cases, sensibility considerably diminished; in others, very slightly. Hemichorea gives us the best opportunity of ascertaining this, as we can use the sound side for comparison. This is explained by supposing the thalamus to be involved in a greater or less degree, as well as the corpus striatum. In other cases again, the intelligence is more obviously impaired—indicating, presumably, implication of the hemispheres; or there may be active delirium or positive mania, as in Dr. Tuckwell's case, already alluded to, in which embolism of the grey matter of the hemispheres was found.

As to the causation of chorea, other than by embolism, I find it possible to do little more than advance conjectures. Of the conditions which seem to come within the limits prescribed by the symptoms those to which chorea is more commonly attributable are—1, local innutrition; 2, reflex inhibitory influence from peripheral irritation; 3, direct action upon the ganglia by shock, etc.

I am not acquainted with any facts which would warrant the conclusion that inflammation is among the conditions which actually give rise to chorea; and we have evidence to the contrary in the fact that inflammatory softening, and consequent paralysis, is not preceded or accompanied by chorea.

It is possible that a morbid condition of the blood may cause chorea, as it may cause delirium, without any change in the central ganglia on the one hand, or hemispheres on the other, appreciable even by means of the microscope. This is the case in typhus very frequently as regards delirium, occasionally as to chorea, an example having been already mentioned. In this instance, the most careful scrutiny failed to detect any morbid alteration in any part of the brain: still, it is not at all probable that chorea, as commonly met with, is thus induced.[*] As a rule, perhaps, but with many striking exceptions, the children suffering from chorea are pale, thin, and ill-nourished; and it might be supposed that in them the symptoms were traceable to localised exaggeration of the general innutrition in the corpus striatum and thalamus. An organ in a state of relatively great functional activity is likely to feel early and severely the effects of inadequate assimilation of nutritive material; and childhood, the period of life in which chorea occurs, is the period of special activity of the sensori-motor ganglia. The limbs are being educated; the automatic actions which constitute so large a proportion of their movements are being organised; the associations between eye, ear, hand, and foot, are being formed. Of all these operations, the sensori-motor ganglia are the seat and centre, and their cells and fibres constitute the mechanism of all the varied processes. Not only this, but these ganglia are engaged in forming relations with the hemispherical ganglia above them. These are receiving and storing up ideas, the basis of which must be sensory impressions, which have been received and transmitted by the thalami, these ideas again becoming the starting point of actions which are formulated, so to speak, by the corpora striata. The higher intellectual functions of the hemispheres are not yet brought into active operation. It can scarcely be doubted that the very great comparative frequency of chorea in childhood stands in some relation with the active functional state of the sensori-motor ganglia during this stage of existence; and this view offers some explanation of the rarity of this affection in infancy, when these centres have not entered upon active work; and in the adult life, when their period of special activity has ceased. Whether mere deficiency of nutritive vigour is sufficient to cause chorea, cannot at present be determined with certainty; but that it may be so, is shewn to be extremely probable, by Dr. C. B. Radcliffe's observations on the relation between debility and irritability, or instability, as the condition indicated may be otherwise characterised.

The ideas commonly entertained about the reaction of peripheral irritation on the nerve-centres are apparently derived from the phenomena of reflex action. An impression on some sentient surface is transmitted to the cord and is reflected to some part of the muscular system, giving rise to motion; it seems natural to conclude that continued irritation will give rise to repeated movements, that is, to spasm or convulsion. Nothing seems more simple or comprehensible on this view than chorea caused by the presence of worms in the intestinal canal, by constipation, by uterine disorders, by pregnancy, etc. It seems to me that we must admit these conditions as capable of inducing chorea, but the explanation is not so simple. If the movements of chorea were merely reflex responses to impressions made on the intestinal mucous membrane, their starting point would be the cord; and, as we have seen, the phenomena negative this supposition. Peripheral irritation, so far as it is a real cause of chorea, must act, not directly but indirectly, by inducing an asthenic condition of the sensori-motor ganglia. The closest parallel would be furnished by examples of reflex paralysis; and the mode of causation may be that by which reflex paralysis is explained, inadequate supply of blood through the action of the sympathetic on the small arteries.

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[*] The discovery by Dr. Bastian of the proximate cause of the delirium of febrile diseases in embolism by altered and cohering white blood-corpuscles, removes almost, if not entirely, the necessity for this vague and unsatisfactory hypothesis.

The remaining method in which the nerve-centres may be brought into the state which gives rise to chorea is by the direct effects of shock, such as fright, emotion, etc. I was formerly disposed to rate the influence of fright, so often alleged as a cause of chorea, much lower than I now do. I have met with so many cases in which chorea followed some occasion of alarm, and in which I was unable to trace any other influence which might have induced it, that I cannot but conclude that shock is not uncommonly the real cause of this affection. Again, I have seen examples of this kind. On the last Guy Fawkes day, a boy, aged five or six, was pursued by a man in a mask. His alarm was such that for a week afterwards he did not cease to tremble; and, from that time, from being a strong healthy boy, with a good colour, he has become weak, pale, and spiritless. A young man came to me after the catastrophe on the ice in Regent's Park; up to that time he had been strong and well, but, after seeing this, although never himself in danger, he was seized with trembling. He could neither eat nor sleep, and became so weak as to be unable to follow his employment, and it was some time before he in any measure recovered his strength. When such effects can be produced on the general health by fear, it is impossible to refuse to believe that chorea may be thus caused. I suppose, too, that cases of insanity, attributed to sudden and violent emotion, are, some of them at least, authentic; and I should look upon chorea in the child as, in some sort, the equivalent of insanity in the adult—a similar affection of a different centre. What the precise character of this affection is, I am not prepared to say.

Although the title of this paper is the Pathology of Chorea, a few words may be said as to the treatment, this being really the end and aim of the investigation. It is not attempted to derive a special line of treatment from the conclusions reached as to the pathology, or even to deduce general principles; but it will be useful to examine, on the one hand, how far these conclusions are supported by the result of experience in the treatment of the disease, and, on the other, to seek for suggestions which may be tested by experiment.

It must be recollected always that chorea, though a disease having a long average duration, tends to a natural recovery; and it will be admitted that the average duration remains long in spite of treatment. This accords perfectly with the views which I have here given, as to the nature of chorea as a disease. If we trace it to a local morbid change, some structural alteration of the corpora striata, and thalami, whether this alteration be due to embolism or not, we shall expect that time will be required for the restoration of the part by the nutritive processes. If the movements were caused by functional irritation of the nerve-centres, whether by the blood or through the nerves, we ought to have far less constancy in duration, and very many more examples of prompt recovery on the removal of an exciting cause.

Not uncommonly in chorea, as in other diseases, the remedy last tried has the credit of a cure due to the completion of a cycle of remedial processes. Not forgetting this fertile source of fallacies, I conclude, from my own experience and from the testimony of others, that the duration of chorea can be shortened by treatment; but, I am equally convinced that the same treatment does not answer in all cases. I have given purgatives, tonics, iron, zinc, cod-liver oil, bromide and iodide of potassium, arsenic, phosphorus, conium, and have had examples of apparent or, I might say, manifest success with most. I have also seen failures with all the heroic methods of administering strychnine till its physiological effects were manifested, and of giving tartar-emetic in enormous doses.

It follows, from the pathology of chorea as understood by me, that different remedies should be required by different cases, chorea being a symptom, not a disease, and arising out of various conditions of the particular nerve-centres of whose disordered function it is the manifestation. The one definite indication derived from pathology is already recognised, *i.e.*, that the disease is one of innutrition. We shall generally do good by giving cod-liver oil and iron, and, perhaps, phosphorus or arsenic. The further object or aim is greater precision in the adaptation of special remedies to particular cases.

THE SOUDAN:

JOURNEY THROUGH THE DESERT OF CHOB AND THE SOUDAN PLAINS; WATER-SUPPLY; ITS INFLUENCE ON MALARIOUS AFFECTIONS; PRECAUTIONS TO BE TAKEN AT NIGHT.

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PART III.

On the 16th of October, 1865, to our great joy, we at last left Massawah behind us, *en route* for the highlands, at the very time we had begun to fear, so many had been our deceptions, that to us at least would be denied the privilege of visiting those lands which a few fortunate travellers described as beautiful and strange. For more than a year, with a sighing heart, we had daily gazed upon them as they rose boldly in front of us: a few days' journey, a rough but a short march, we knew was quite sufficient to bring us to the very peak of Taranta; and our sorrow was, at first, great indeed when we heard that the Abyssinian Emperor had forbidden us to follow that route, and ordered us to enter his dominions by the north-western frontier. Political reasons—not merely a savage fancy—had been the cause that dictated those instructions. Theodore, had he marched towards the north, would have at once scared away the few rebels that had risen in the frontier of Tigré, and the road would have been safe and open; but scarcity prevailed to a great extent in the northern provinces, and, to feed his still large and hungry host, he had no alternative but to lead them towards the fertile plains of Metsha and Damot; but, at the same time, not in the least disposed to see *his hostages* fall into the hands of others, he had directed us to cross the Soudan, and enter Abyssinia by the Tschelga Pass, where, as yet, no rebel contested his rule. Four hundred miles, instead of seventy, to him was of little import; but for us, the prospect of a long journey, through malarious plains, at the most unhealthy season of the year, was anything but pleasant. However, as grumbling would have been of no avail, we looked upon the difficulty as cheerfully as we could, and at once set to work to make the best arrangements in our power, so as to secure the health and comfort of the whole party.

We had great trouble in inducing the Bedouins to hire us their camels and accompany us. Their great objection was the unhealthy condition of the country at that time of the year. A month later we could have, in a few days, collected several hundred; and, had it not been for the influence we had acquired over the local authorities, we would not have succeeded, and we would have been obliged to remain several weeks longer at the coast, as, without camels, no start was possible. We had rather a considerable amount of baggage, provisions and stores for six months, and a great many presents for the Emperor himself, or his chiefs. Altogether, we required sixty camels, led by thirty men. These, added to ourselves, the Indian servants, private followers, muleteers, etc., made up our party rather a large one.

The rain in the Soudan had only ceased about a fortnight before; and in those plains, for five or six weeks after the rains, vegetation is so luxuriant, moisture still so considerable, the sun so fearfully hot, the night comparatively so cold, that long experience had taught the natives that, of all months, October is by far the most dangerous to venture in the lowlands. Added to these unfavourable conditions, the quality of the water procurable in that tract of country must be taken into consideration. As a rule, the supply is scanty and bad; the so-called wells are often at a great distance from one another; and the water they contain owes its origin partly to a drainage of the surrounding plains, partly to a small undercurrent generally found in the undersoil of the ravines after the temporary rivers have dried up. The best wells, at least in size, are found in the vicinity of some pastoral tribe, or near some permanent villages; the remainder are little better than muddy pools. The natives have an idea that the fever and other sickness affecting to such a large extent the caravans that cross the Soudan so soon after the rains, are due to the fact that, milk being abundant at such time, the merchants and cameleers drink a great deal of sour milk. So many repeated the same assertion, that I thought there might be some truth in the popular opinion. The only mistake which they make is, that they have not examined the question in its true bearings. Sour milk, I found out from those who indulged in it, gives rise to a strong, painful, and lasting feeling of thirst; the desire for water is so great, that the thirsty man will drink anything liquid he meets on the road. In this respect, sour milk is the primary cause of sickness; but only through the thirst which it provokes, and the quantity of bad, unwholesome water which it obliges the people to drink. As nothing can be deemed trivial in presence of real and serious danger, I propose to describe, with some details, the plan we followed, in the hope of protecting ourselves from the serious malarious diseases yearly striking down so many victims, and then examine, in a summary manner, the treatment which I adopted when sickness made its appearance amongst us.

A glance at a map of the Soudan will explain, better than any lengthened description I might give, the special features of our journey. The first few days' march led us through the desert of Chob (due north-west from Massawah). On leaving that dreary, scorching wilderness, we followed a more westerly course, along ravines and valleys, afterwards to climb hillocks, hills, and mountains, until we reached the highest plateau, some thousand five hundred feet above the level of the sea. This chain—a prolongation of the highlands of Abyssinia—runs from south-east to north-west along the African shore of the Red Sea; forming a sucession of small, picturesque, and altogether delightful plateaux. From the coast, the ascent is very gradual, but towards the Soudan the descent is exceedingly abrupt; at some parts so steep that the camels had to be unloaded. A few hours make a considerable difference in the climate, as more than two thousand feet separate the last plateau from the Soudan plains. We continued our westerly course up to Kassala; from that point we marched south and south-east, always wading through immense prairies, until we reached the province of Galabat, bounding on western Abyssinia, where at last a succession of hills and hillocks brought us back to the foot of the Abyssinian Alps.

Computing our journey from Massawah to Galabat, four hundred and thirty-four miles, we may advance that for such a long journey the water upon which we came was, on the whole, insufficient and unwholesome. Along the coast and the desert of Chob, forty-five miles altogether, we met with no running streams, nor with any wells. The caravans and ordinary travellers usually halt in the vicinity of the dry bed of some winter torrent; and there, at all times of the year, water is generally obtained (the quantity depending on the season of the year), by digging wells in the sand itself.

From the coast across the mountain ridge, down to the plains of the Soudan, the distance is about seventy miles. When we crossed, water was plentiful and good. Running streams, varying in size from small gurgling brooks to the beautiful river Anseba, are so plentiful, that, during that portion of the journey at least, we enjoyed the privilege of an abundant supply. But, as the weather was cool and agreeable, it was then passed by almost uncared for, whilst further on, in the hot plains, such a luxury would, indeed, have been a blessing.

From the foot of the Lookum Pass to Kassala, water was always scarce and bad. Near that city, we found pretty good wells dug in the almost dry bed of the river Gasch. A few days' journey through a barren savannah, brought us to the beautiful Atbara, the largest tributary of the Blue Nile. This was the only really good water we ever came upon after leaving the hills. From the Atbara, our route was first south, until we reached Gedaref, and from that province we followed a more easterly direction, until we reached Metemma, the capital of Galabat, where our journey, as far as the plains were concerned, was luckily at an end. Since we had crossed the Atbara, water had been more scarce than before, and, if possibly, even worse. As a rule, the wells in the Soudan are dug by the natives in the bed of the rainy season streams. During the rains, the whole country is intersected by mighty rivers; but no sooner is that season over than they disappear entirely, leaving only, as a mark of their temporary existence, a sandy and stony tract, bordered with acacias or tamarinds, and used by caravans until the following year, as the most suitable and comfortable highway across the plains.

On the coast, the highlands are so near that, by digging in the dry bed of any torrent, water will most certainly be found. In the Soudan the case is different; the more the traveller advances, the more he recedes from the mountains, and less and less will he find it possible to obtain water. By digging in the dry bed of a river, a variable supply of water will always be obtained, due, on one hand, as I have already mentioned, to a small undercurrent, and, on the other, to surface-drainage. I mean by this expression that, by digging deeply enough, water from the saturated ground will find its way into the well: this is evident from the fact that all of these wells, *after awhile*, and for some time afterwards, give a larger supply than *at first*. The wells in the Soudan are generally used to water large herds of cattle; therefore, we must also take into consideration that dung and filth accumulate to a great extent around the wells, and that for several months many thousands of natives draw water from them day and night; the consequence is, that all around them a fœtid swamp is formed, slowly but undoubtedly percolating and finding its way into the wells, and adding no trifling impure principles to the already semi-turbid water.

To sum up the very important question of the water-supply from Massawah to the north-west frontier of Abyssinia, we find—1, that for forty-five miles along the coast it is indifferent; 2, that for seventy miles across the mountains it is good; and, 3, that with the single exceptions of the wells in the river Gaseh, near Kassala, and the Atbara, for *the remaining three hundred and nineteen miles, it is altogether bad.*

From travellers whom we had questioned on the subject, and from the reports of the natives, we had, previously to our departure, arrived at a very correct knowledge of the water-supply which we should find on our journey; and as, in my opinion, in malarious districts the quality and origin of the water should always be considered as the first and most vital question, I consequently recommended to our party the necessity of protecting ourselves, to the best of our ability, against this serious and unmistakeable cause of the several deadly affections so justly feared, and so frequent in the plains which we would have to cross.

The simplest plan, when practicable, was never to drink any water at all—I mean water in its natural condition, without its having first been boiled and filtered. Mr. Rassam adhered but partially to this rule; but Mr. Prideaux and myself never touched a drop of water except in the shape of tea, coffee, or chocolate, from the day we started from Massawah until we reached Metemma; and neither of us, though in other respects we were submitted to the same influences as the remainder of our party, suffered from a single day's sickness.

Our mode of life was the following. Let us suppose an ordinary day's march. At three or four A.M., one of us would rouse the servants and cameleers; and, whilst these were busy loading the camels, our Indian followers prepared for us and themselves some tea or coffee: this, with a piece of dry biscuit, we never failed to take before starting. We usually marched until nine A.M., when, the sun becoming very hot, we had a tent or two pitched, and we rested during the great heat of the day. When possible, we refreshed ourselves with a cold bath. Unfortunately, many times water was so scarce that we could hardly manage the simplest ablutions. At about one or two P.M., we made our breakfast and luncheon—a very simple meal—soup, fresh or preserved, being the most important and easily swallowed dish. Meat we cared but little about; as a a rule, it was bad; but we enjoyed very much preserved vegetables or fruit. Mr. Prideaux and myself divided between ourselves a bottle of claret which we had taken immense pains to cool. By three P.M., the last camel generally started, and we followed, soon passing them with our fast-ambling mules. At sunset we halted, to allow, before dusk, the camels to come up to us; and, during that half-hour, made our dinner and supper on some cold meat and biscuit, Mr. Prideaux and myself drinking, between us, a bottle of beer which we had cooled as we came along, by tying it on the shady side of the saddle, well-wrapped in a large towel, occasionally soaked with some water which we had carried with us for that purpose. During the night, dew fell heavily, and, compared to the day, the cooler atmosphere appeared quite cold. Often we would travel until the morning-star shone in the east; and we seldom halted before two A.M. Without waiting to feel a chill, we would, soon after sunset, put on for the night a light cloak, and take about half-an-ounce of brandy in a little cold tea.

I can well understand, from personal experience, the Chinese mode of putting certain offenders to death by preventing them from sleeping. I have endured a good deal in one way or the other, both on our journey and whilst guests of our late friend King Theodore, but even the worst circumstances through which we had to pass cannot be compared to the dreadful feeling of having to keep awake, on a stumbling mule, night after night. All of us would have given anything to be allowed to lie down on the grassy prairie, and sleep away, leaving camels, presents, even the letters, to find their way to Abyssinia without us. Those at home who make a night of it at a ball or party, should try a few in the Soudan—every now and then tumbling from the sleepy mule, now and then walking as a last resource, and anxiously inquiring from the guide the distance to the halting-place, or sleeping for a few minutes until the last camel passes by, taking care to have a servant at hand to pull up the sleepers if necessary; and many would better understand the joys of rest and the value of sleep as a restorative. In our case, we were often so thoroughly exhausted by the time the word "halt" was given, that no sooner was the cow's hide spread on the ground than we would fall into the quietest and sweetest slumber, although hungry lions were roaring only a few yards from us.

It is a mistake to believe that, because people are travelling through a hot country, they must necessarily drink a great deal. Those who take but water, or are otherwise careless about their diet, drink more and more, until they never feel satisfied. We cannot be astonished that in such cases sickness is not long in making its appearance. Once accustomed to drink but at meals, I never felt thirsty When we first started on our journey, I carried with me a couple of soda-water bottles, filled with cold tea; but I soon found out that when once I tasted a drop I could not stop until all was drunk, and then I suffered a great deal from thirst. I therefore made up my mind to overcome the first feeling and desire to drink, and not give way to it. It was not difficult, and, after a few days, I can truly say that I never once felt so thirsty as to suffer from it.

Although Mr. Rassam occasionally took a glass of beer in the evening, and generally added a few drops of brandy to the water he drank, and, moreover, took every precaution possible to secure water in its purest state, he nevertheless, in my opinion, did not sufficiently abstain from it. The result was that, after a while, he suffered from fever; however, under proper care and treatment, he soon regained his former health, and, taught by experience, he was more careful in future, and more cautious in the selection of the water he used.

We have here the case of three Europeans placed exactly under the same circumstances. All three had resided for a certain number of years in the East; and, considered individually, Mr. Rassam was, at starting, the strongest of the three; Mr. Prideaux, although in good health, somewhat anæmic, from a long residence at Aden; and myself in rather indifferent general health. We all three lived very moderately; and in every other respect, except the question of water, we were exposed to the same influences, and followed exactly the same mode of life. *Two out of the three, throughout that long journey, never touched a drop of water in its natural state, and came out triumphant from the trial.* The third, who only partially adopted the same rule, suffered in health. This proof would be almost sufficient to warrant the assertion I made as to the baneful influence of the water. However, it will appear even in a more striking light when we come to consider the question of our servants and followers, who all of them suffered in various degrees from some malarious sickness or the other, according to their neglect or observance of the directions we gave them as to the precautions they should take regarding the water they drank on the journey.

In their case, the total abstinence from water was hardly practicable. We told them plainly of the danger to which they exposed themselves. They listened with due submission, agreed, but few strictly followed our advice. Many of them took tea and coffee morning and evening, soup at dinner, and only after their meals a few mouthfuls of the best available water. Those were the best off, and, on the whole, sickness in their case was not very severe. Others totally discarded our advice, and drank often and freely of any water they met on the road. These suffered severely from fever, diarrhœa, or dysentery, and several nearly paid with their lives their stupid obstinacy and foolhardiness.

We were well aware that to expect tired and thirsty natives to await the time required to boil tea or coffee would, in the majority of instances, prove a failure. We therefore always endeavoured to obtain, as soon as possible, on a halt, the best water the locality could afford. As long as the wells were not too deep, we never used those which we found in existence, but at once set a party to work and had a well dug for drinking purposes, the old wells being used only for the camels, mules, horses, etc. But, as we proceeded further inland, the wells increased gradually so much in depth that at last it was beyond our power to dig fresh ones with the limited time and labour at our disposal. The plan we adopted on those occasions was the following. We selected amongst the several wells one or two where the surrounding ground was less swampy, and less impregnated with dung and other filth. A few men were made to remove all the water in the wells at the time, along with all filth and rubbish, and wait until it was partially filled again, when this water was also baled out; and it was only after the second water had settled down that we allowed it to be drawn. We had several filters with us, and they were, of all things, the first unpacked and in readiness; every one could use them if they preferred; but, except the Indian servants, no one seemed to understand their value. We had also brought with us a certain number of water-skins; and whenever the water-supply was good, or when necessity obliged us to carry water with us, as none would be found for many miles, they were filled and carried on camels. When the water was clear, as from the Atbara, apart from a rather disagreeable, greasy, and leathery flavour, a day or two of travelling did not spoil it much; but when the water so carried was, in the first instance, indifferent, a couple of days' shaking on camels' backs did not improve either its taste or qualities. To the great surprise and dismay of many travellers, they find that, after a couple of marches through a desert, or tropical plains, the water-skins are more or less empty; leakage, or dishonest natives, are at once accused. Let however, on such occasions, the little water remaining in the skin be poured out and examined; the mystery will then at once be explained. A constant filtration and evaporation of the fluid takes place; a fact easily ascertained by placing one of the water-skins in the shade, and exposing it, at the same time, to the influence of the hot winds, when the water will be found to be almost cold. If the skins be not well prepared, and well coated with tallow, there soon remain, out of several gallons, but a few pints of a thick, dirty fluid, as disagreeable to the taste as it is unwholesome. It was after we had been obliged to use, for several days, water of that description, that sickness was most severe and prevailing.

If I have insisted upon many details concerning the water-supply, it is because I believe it to be the most important question for all travellers; the one that should, before any, be taken into serious consideration; and the neglect of which will baffle all the other more or less important precautions that should also, at the same time, never be omitted.

Each of us had taken with him a small folding, very light iron-bedstead; and we made it a rule, from which we seldom departed, never to sleep on the bare ground. Even when too tired and sleepy to wait for our beds, we used, on those occasions, a thick-tanned cow's-hide, always carried with us tied on one of our servant's mules—all the servants and followers were also provided with similar skins and blankets. Every one slept in the open air; every one wrapped up, native fashion, face and all, in a good thick blanket. The nights were cold compared to the day; the average, from noon to two P.M., being, in a tent pitched in the shade of some tamarinds or other large leguminosæ, 105; at sun-rise, from 69 to 72. The great change in the temperature was most marked an hour or so before sun-rise; and, if we intended to halt for the day, and slept a little later that morning, had we not taken care to be well covered on going to rest, we would, no doubt, have suffered from the sudden change. Covering the head is not to be neglected. The blanket forms a kind of respirator, and modifies, no doubt, to a certain extent, the night-air, so much more dangerous than in the day-time, when effluviæ are kept down by the heated winds. No doubt the little iron bedsteads were very valuable; and often, if the place seemed rather unhealthy, we waited patiently for them. A few feet above the ground, the effects of malaria are less; and this fact should, when practicable, always be considered. Our tanned hides were wide and large, and covered a certain extent of ground around us. On a morning, when they were removed, although the spot on which we had laid down had seemed perfectly dry, the hide was usually quite damp on the side that faced the ground.

Dew often falls so heavily towards morning in the Soudan, that everything around us was quite wet; and, had we neglected our blankets, we would have been alone to blame had we awoke feeling sick and feverish.

THE CASE OF A YOUNG GIRL WHO IS SAID TO HAVE FASTED FOR THE LAST SEVENTEEN MONTHS.

By J. LEWIS, M.D., Carmarthen.

SARAH JACOBS, aged 12 on the 17th of next month, is the daughter of a farmer residing in the parish of Llanfihangel-ar-Arth, Carmarthenshire, and is the third child in a family of seven. All the other children are healthy. The farm is situated in a valley having a south aspect, and it is near the lower part of the valley. There is humid land on the west side of the house. The house itself is straw-thatched, with one storey. The room occupied by the girl is on the ground-floor, and is of moderate size. The floor is of mortar composition, and is not covered with boards or matting. There are two bedsteads in the room—one occupied by the girl's parents, and the other by herself. Her bedstead is rather low, and so placed in the room that no direct light falls on the girl; and this has been the position of the bed for the last twelve months. There has not been any fire in the bedroom from the commencement of her illness.

The alleged facts respecting this girl are, that she has not swallowed any food whatever since October 10th, 1867; and that she has not swallowed any water or any other fluid since the end of December 1867.

Previous History of Sarah Jacobs.—She was healthy as a child, and remained so until February 1866. At that time she passed through an attack of scarlatina, which spread through the family; and, although no medical treatment was adopted, all the children recovered. After about a fortnight's confinement to the house, she was quite well, and went to a neighbouring school. About February 15th, 1867, she first complained of pain in the epigastric region; and one morning, on getting up, she complained to her mother of having some frothy bloody fluid in her mouth. What the source of this was, could not be ascertained. On Sunday, February 17th, the epigastric pain, which was chiefly in the left side, became agonising, and continued until the evening, when, after taking some remedies ordered by Mr. Davies of Llandyssil, she was relieved. She has never left her bed since this severe attack. For a fortnight afterwards she complained still of epigastric pain, but did not lose consciousness. At the end of a fortnight from the commencement of her illness, she began to suffer from convulsive attacks, which, from the description given, were epileptic. During the fits, the body was arched forwards very considerably, the centre of the spine being very much raised from the bed. After continuing for a short time in a state of opisthotonos, the muscular spasm suddenly ceased, and she fell flat on the bed again. For a whole month she continued in a state of unconsciousness, suffering from constant repetitions of severe convulsive attacks, during which time she took little food. At the end of the month, she seemed to recover natural consciousness, and asked for food. From this time the fits ceased to be of the convulsive type; they were simply temporary loss of consciousness, with sudden awakings. For a month she partook of rice and milk, and a preparation of oatmeal and milk, in fair quantities. She then gradually declined in her desire for food until August of the same year, when she took only small quantities of boiled apple and milk. Thus she continued until the 10th of the following October (1867), when she ceased to take any food whatever. From this date to the following Christmas, she was given small quantities of water, in the course of the day amounting to only a few teaspoonfuls; but, since the end of December 1867, she has not swallowed any fluid. Occasionally, after coming out of her attacks, a little water is applied to her lips; but even this has not been done for the space of nine days. Since she has ceased to take any food, she has not suffered from any intercurrent attacks of illness, saving a few herpetic eruptions on her lip and an occasional headache. The last time the bowels were moved was on November 6th, 1867. She continued to pass some urine for about a month after this, and then she ceased to pass any until August 1868, when she was found occasionally to wet the blanket—about twice a week—with a small stain. She has had no secretion from the nostrils; and the skin has had no sensible perspiration, except on the hands and feet, which feel moist. In May 1867, she lost all her hair; but since then it has been entirely reproduced, and is now long. Her second dentition has been completed since her illness, and she has grown in length during this time.

State on April 7th, 1869.—She was lying in a low bed, on her back, the shoulders and head slightly raised, and her right arm outside the clothes, which she moved at will. Her face was not emaciated, but moderately full, with slight flush on the cheeks, and the nose and colour of lips natural; her features were perfect, and good-looking; the skin of her face generally was healthy; her front teeth were normal, and it was said that the remainder were so, though I did not see them. She was not able to open her mouth: she never put out the tongue. The temperature of the forehead was natural; her eyes were bright; the irides of hazel brown colour. The general aspect of her face was that of being delicate, not cachectic. As her examination required to be proceeded with cautiously, her body was not uncovered, but my hand was applied immediately to the front of the chest and the abdomen. The skin covering these parts was warm; there was no excessive emaciation felt; the abdomen was not depressed, but was of the usual position of a slender child. Occasional flatulent rumbling noises were heard in the abdomen. The whole of the right arm was seen, and the legs; the colour and texture of the skin on these parts were healthy; the hand looked delicate, and the nails well formed. The length of the right fore-arm and hand, from the point of the elbow to the end of the middle finger, was 14 inches; from the point of the elbow to the carpal end of the ulna, was 8 inches; the girth of the middle of the arm, 7 inches, and of the middle of the fore-arm, 6⅝ inches; the length of the whole body was 4 feet 8 inches, measured with a tape. The respiration was natural; 17 inspirations in the minute. The superficial breadth of the chest, across the level of the mammæ, was 10 inches. The pulse was feeble, but distinct, and variable, from 100 to 108 per minute. The temperature in the axilla, after three minutes' rest, was 95°; the temperature of the feet rather low. She sleeps well every night, from six to eight hours, but she does not sleep in the day. She is cheerful in her disposition. I heard her read aloud a Welsh hymn; her voice was plaintive, but moderately loud and distinct. During my visit, she had three or four attacks of unconsciousness; one was caused by the barking of a dog; she partially closed the eyelids, and remained perfectly still; the colour of the face was not altered. After two or three minutes, she heaved a sigh, made a slight sound, and seemed like one suddenly awaking from sleep.

She is once a day removed from one bed to another, for the purpose of shaking her bed; during this time she remains in a state of unconsciousness, or what they call "a fit", and does not recover until replaced in her own bed. She is clothed in a coloured flannel and calico nightdress.

The foregoing account is drawn up, after a visit to the girl, for two objects: to satisfy the curiosity of persons at a distance who are desirous of knowing the history and present state of the Welsh fasting girl, and also to awaken the attention of those who have the leisure and the scientific ardour to visit the case, and investigate and judge for themselves. During the fortnight ending April 5th instant, she was watched by two persons night and day. The result of this will doubtless be communicated in a short time. The statements made respecting Sarah Jacobs are of such an astounding nature that belief is scarcely possible; yet accumulated evidence might produce conviction. Some attempt has been made to test the credibility of the parents of the girl, as already mentioned, by watching her closely; but the attempt came to an end for want of funds to pay for the services of the watchers. It may be stated that the girl's parents are respectable farmers, not in needy circumstances, and that they could have no motive for imposing on the public. I do not offer any explanations as to the manner in which life and growth can be maintained without ordinary food. Those who read the case will form their own theories. My office has been simply that of a narrator.

DEATHS FROM BEE-STINGS.

By D. THOMPSON, L.R.C.S.Ed., Launceston.

DEATH from the sting of a bee in our climate is a matter of such rare occurrence, that, when it does happen, it is usual to look for some unhealthy condition of the body in the individual, to account for effects which, in other instances, would be comparatively innocuous. Among men who lead lives of dissipation, or who with sedentary habits are subjected to the close confinement of large towns, it is not uncommon to find accidents of comparatively small import to produce effects of a grave character; but in persons of sound constitution, living active lives, in healthy rural districts, it is very rare to find death to result from such a trivial circumstance as the sting of a bee is generally considered to be.

In Holmes's *System of Surgery*, Mr. Busk says, in reference to the stings of the bee and the wasp: "Though painful and annoying, except in persons attacked by numerous swarms, these wounds can rarely be accounted serious....... When large communities of hymenoptera, however, are disturbed, and the assailant is attacked by numerous angry members, very severe consequences, and even death itself, have often followed". Dr. Handfield Jones says: "In some constitutions the vital power is weak, and is seriously affected by comparatively slight agencies; thus, it is recorded that very alarming symptoms have been produced by the stings of a bee and of a wasp." I think that the following cases, from their unusual character, are worthy of record.

On Friday, February 12th, 1869, I was hastily summoned to see Mr. P., aged 58, a retired farmer, of active habits and sound constitution, but of a nervous temperament, who, at 8 A.M., had received a sting from a bee in the neck just below the right ear. He was reported to have become very faint, and the messenger feared he was dying. On hastening to the place, which was six miles from me, I found the patient dead; and the account given me was as follows. At 8 A.M., when he arose, and before taking his breakfast, the deceased went into the garden to see to a hive of bees which he had, when one stung him. He at once came into the house, and, complaining of a strange sensation passing over him, became very faint; the faintness not passing, he walked into the garden to see if the open air would relieve it, but soon returned, feeling worse. He then sat down in a chair, became rapidly worse, and died a few minutes after. The whole period from the occurrence of the sting until his death was not a quarter of an hour. There was no swelling around the throat, and at no time any difficulty of breathing. On my arrival, I examined the neck; but, beyond a slight blush of redness from the place where the wound was said to have been inflicted, there was nothing to be seen. No *post mortem* examination was obtained.

The second case occurred about twenty-four years since, and was of a precisely similar kind. For the particulars, I am indebted to the widow.

Mr. C., aged 50, a healthy man, who, though an innkeeper, was not a hard drinker, was stung by a bee in the neck at 4 P.M. He came from the garden, where the accident occurred, into the house, and complained of feeling very uncomfortable from the sting. He then left the house, to obtain some parsley from the garden, to apply to the seat of injury; but, not returning as soon as expected, search was made, and he was found dead by the gate leading from the garden, having picked the parsley, but not being able to reach the house. In this case as well, the time from the occurrence of the accident to the period of death, was not more than a quarter of an hour.

The particulars of the third case have been kindly furnished me by the son of the deceased.

Mrs. B., aged 64, resided near Sheepwash, Devon, on May 27th, 1866, received a sting from a bee on the brow, on the left side, about 1 P.M. She was in very good health at the time; and, on previous occasions, had not suffered more than usual from a similar accident. Soon after receiving the wound, she complained of feeling very faint and of headache, and desired her son to examine the seat of injury; where he saw two small swellings, about the size of a pea each. She sat down, resting her head on her hands, with the elbows on the knees, and trembled very much. A few minutes after, she rose up, and attempted to walk across the room; but had not proceeded far, when she was obliged to be assisted to a seat, and requested that some cold water might be brought her; she then desired that she might be laid back, and never spoke after. Gurgling in the throat came on, and death followed in a few minutes. All this, my informant says, transpired in less than fifteen minutes from the reception of the sting.

The remarkable similarity in the history of each case, and the period from the injury to the occurrence of death being so short, leaves no room to doubt that the cause of death was the same in all the cases. I have evidence of some cases where symptoms of a very alarming character were produced from the poison of a single bee, but ultimately they recovered; and in all the same early symptoms attended—viz., the peculiar sensations experienced, followed by a deadly feeling of faintness, relieved by vomiting.

The only fatal case precisely similar to those which I have recorded, has become known to me through the courtesy of Mr. Hanbury, of Plough Court, Lombard Street; and the particulars were published by him, together with cases of a somewhat similar kind, collected by Dr. Edwards Crisp, in the *Medical Times and Gazette* for March 10th, 1860.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

RHEUMATIC FEVER WITHOUT RHEUMATISM.

By J. J. GODFREY, Esq., Cleobury Mortimer.

LAST July, a young man sought advice under the following circumstances. For three or four days, he had been suffering from slight shiverings, aching of the limbs, and pain in the back; these had not been of sufficient intensity to prevent him from continuing his work. For eighteen hours previously to coming under observation he had felt a great uneasiness in the left side, attended by a stifling sensation and shortness of breath. Though he made somewhat light of his illness, the countenance was almost diagnostic of the mischief going on. The pulse was 110, unequal in force; the visible impulse of the heart's action was too extensive, and over the central and lower portions of the cardiac region was strong friction-sound. He was taken home, protected as well as possible, and put to bed. The next day he had considerable sour perspirations, which continued, more or less, during the rest of his illness. On the fifth day of attendance, he admitted feeling a very slight stiffness in each elbow and in one ankle. The former presented no abnormal appearance: and with respect to the latter, it was difficult to decide whether there was or was not a very slight amount of swelling. Neither were complained of spontaneously. He was convalescent in three weeks. Eight days afterwards a second attack came on, and ran a similar course, except that the main feature was endocarditis, which was not discovered during the first attack. For a few days he caused some anxiety. He was, however, completely convalescent on the fourteenth day; the two attacks, with the interval, occupying just six weeks. A somewhat similar case is recorded by Dr. Sutton, in the *Medical Times and Gazette* for 1864.

Curiously, the next case of rheumatism I attended began in the same way. A strong, healthy-grown girl was attended for general *malaise*, and an uneasy sensation in the chest. There was marked friction over the cardiac region, and within forty-eight hours many of the joints were affected, plainly indicating the nature of the disease. All cases of acute pericarditis in previously healthy people are not, however, rheumatic. Within the last fortnight, I have attended a man whose only illness, when first seen, was pericarditis. On the second day there was capillary bronchitis. He died on the fifth day. He had been complaining of chilliness and headache for four or five days before he was seen.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE IX.

TO elucidate the development of the rest of the Facial Skeleton, it is necessary to return to the consideration of the embryo at the time of the formation of the cartilaginous rods in the visceral arches.

The distal part of the first visceral rod becomes segmented off as the lower jaw. Another cartilaginous bar projects forwards in the maxillary process; and two ossifications arise in it, the anterior one of which is the palatine bone, the posterior the pterygoid. This rod in the maxillary process extends forwards from the first visceral rod, and joins the capsule of the nose or the adjacent part of the base of the skull. This may be called the pterygo-palatine rod. The anterior curved ends of the cartilaginous trabeculæ ossify as median and lateral ethmoid, as before described; but other membrane-bones arise in this region, such as the nasals, the vomer, and the premaxillæ; while the pterygo-palatine rod becomes coated externally by those two membrane-bones, the maxilla and the jugal.

The cleft between the naso-frontal and the maxillary processes of the face becomes gradually enclosed, so as to form a canal; but this canal bifurcates superiorly; and, while the inner branch forms the nasal passage, the external one becomes the lacrymal canal, and beside it the lacrymal bone arises. Besides the lateral ethmoid, which, as we have seen, is a cartilaginous ossification, we find in the Crocodiles, many Lizards, and most Fishes, a membrane-bone which is called the prefrontal. In the same groups, another membrane-bone is developed behind the orbit; this is the postfrontal, and it is often connected posteriorly with that other membrane-bone, the squamosal. Indeed, in most Vertebrata, a peculiar system of bony bars extends between the orbit and the part which suspends the lower jaw, there being two such arcades on each side. The upper bar is formed by the postfrontal and squamosal; the lower one by the jugal, and by another bone interposed between it and the quadrate, and thence called the quadrato-jugal. In Birds, the upper arch is almost always imperfect. In Lizards, on the other hand, the lower arcade is incomplete, while the postfrontal is sometimes doubled.

The tympanic bone appears in the human fœtus as a bony ring extending across the first visceral cleft and between the first two cartilaginous rods, the roots of which it thus connects together. In the Monotremes, it permanently remains in such a rudimentary condition—a mere bony ring. Rudiments of it exist in the Fowl and many Birds, but no trace of it has been found in Reptiles. It exists, however, in some Batrachians, but attains its largest size in osseous Fishes, where it is named preoperculum. The other bones of the opercular flap of osseous Fishes represent parts of the external ear of the highest animals. The operculum and suboperculum together answer undoubtedly to potential hard parts in the mammalian concha of the ear; while the outer operculum (which has so firm an attachment by ligamentous fibres to the lower jaw) is probably the homologue of the tragus.

Having now completed the survey of the development of the skull and face, the Professor began an enumeration of the more striking peculiarities presented by those structures in certain adult forms.

In that very imperfect Vertebrate, the Amphioxus (the essential nature of which was mistaken even by Pallas), we find the brain actually smaller than the more posterior part of the nervous centres. The skull is represented by membrane only; and it is exceedingly doubtful whether there is any true representative of the facial skeleton. There is, indeed, a cartilage on each side of the mouth and behind it—numerous clefts, separated by bars of denser tissue; but there are very many more of these than there are body-segments in the region where they are placed, and they can hardly be supposed to represent visceral clefts and arches. Again, the chorda dorsalis projects anteriorly much beyond the nervous centres; and altogether the Amphioxus-type must be considered as a vertebrate one, very specially modified, and one the entire structure of which our present zoological knowledge does not allow us fully to appreciate and understand.

In the Lamprey, we meet with a skull which is at once intelligible when we refer to the early primordial cranium of the chick before described. In this lowly organised fish, we find the persistent notochord embedded at its anterior end in a mass of basicranial cartilage, which, at its posterior end, ascends on each side, and meets above, so as to form a cartilaginous occipital ring; the cranium in front of this being closed above only by membrane. Large cartilaginous auditory capsules are attached one on each side of the basicranial cartilage; while from the latter a pair of trabeculæ run forwards, unite in the ethmoidal region, and form a very large process. On each side of the head, an arch, convex downwards, extends from the auditory to the ethmoidal region, and represents the upper part of the first visceral cartilaginous rod, with the anterior branch for the maxillary process. It represents, indeed, the suspensorium and the pterygo-palatine rod. Large labial cartilages are attached to this rudimentary skull, but these cannot be referred to any definite structures found in the chick.

In the Chimæra, the Amphibia, the Sturgeons, and the Sharks, we meet with a much more perfectly developed cranium. In the Sharks, the cranium is entirely cartilaginous, except certain bony incrustations. The maxillary processes remain permanently distinct from the naso-frontal process. The two anteriorly united cartilages of the maxillary processes (*i. e.*, the two pterygo-palatine cartilaginous rods) form the so-called upper jaw of the Shark's mouth. Certain cartilages external to this upper jaw have been supposed to represent the hard parts usually contributing to form the upper jaw of higher Vertebrates; but in all probability they are, as John Müller long ago enunciated, special and peculiar piscine structures.

In some Sharks and Ganoids, a peculiar structure is found, which is called the "spiracle", the true nature of which is an interesting but obscure question. It turns out to be the remains of the first visceral cleft, which in all the osseous Fishes becomes closed up, only persisting in these Elasmobranchs and Ganoids. The only point which is not quite satisfactory in this determination is the condition of the seventh nerve, the whole of which passes behind the aperture, instead of sending a branch in front of it, as it should do, to make the homology perfect. In Sharks, there are eight visceral arches; and in *Heptanchus*, nine or even ten such. In the Teleostei, the greatest number is but seven. In Sharks, cartilages represent the branchiostegoid rays of osseous Fishes.

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. BARTHOLOMEW'S HOSPITAL.

SEVERE CONCUSSION OF THE BRAIN, FOLLOWED BY SINGULAR MENTAL PHENOMENA: RECOVERY.

(Under the care of Mr. SAVORY.)

WE are indebted to Mr. J. O. SANKEY, the House-Surgeon, for the details of the following interesting cases.

J. B., aged 22, was brought to the hospital on February 13th, 1869, at 11.45 P.M., and admitted into Harley Ward, under the care of Mr. Savory. He was a breaksman on the underground railway, and was found, lying across the line, by the guard of another train. When admitted, he was quite unconscious; his pupils were equal, dilated, and insensible to light. There was a slight wound behind the left ear. Soon after admission, he began foaming at the mouth, grinding his teeth, and passing his urine involuntarily. He had also contractions of the facial muscles, more particularly of the left side. No history of the accident was obtained.

Two hours afterwards (1.45 A.M. of the 14th), he became very violent, so much so that he had to be strapped down. His forehead and temples, especially the right, became swollen; the pulse full and bounding; the skin much hotter; and he passed more urine. His head was shaved, and cold applied.

He passed a very restless night, talking continually. He made signs, however, to pass urine. Pulse 56; skin cool. He had taken no food. He was ordered five grains of calomel.

On the 15th, he still remained unconscious. His bowels were not open. Pulse 76; skin cool; respirations 22, quiet.

Next morning, at 11.30 A.M., he was noted to have passed a noisy night, talking, and using obscene language. Respirations 24; pulse 56. He passed his urine in bed, and was still unconscious. The skin was cool. He had taken a little bread and milk. In the evening, at half past eight, he put out his tongue when asked, talked incoherently, and pulled about the bedclothes. Pulse 56. He had taken more food.

On the 17th, there was a visible improvement. He had passed a quieter night. Pulse 56; skin cool. He was more sensible. He had not had any action of the bowels.

Feb. 18th. This morning he seemed much better. His eyes were open, and he answered questions. He slept well during the night; and his bowels had been opened. He had also taken his food.

Feb. 19th. He was much better. The bowels had been opened again. His skin was warm; pulse 48.

Feb. 20th. He was much in the same state as on the previous day, with the exception that his skin was hotter. Pulse 53. He knew his mother when she came to see him. He was ordered five grains of calomel, which was repeated in the evening. The nape of his neck was also blistered.

Feb. 21st. He slept heavily. Pulse 56, laboured; skin hot. The bowels were slightly opened. The pupils acted a little. He was ordered an enema.

Feb. 23rd. From this time, he improved daily, becoming more sensible and clear in his ideas. About the end of the month, he was allowed to sit up; and, on March 23rd, he was discharged well. It was not till March 15th that his pupils acted freely. He remembered nothing about the accident. The last thing he recollected was taking his supper just before leaving Hammersmith, on his last journey that night.

REMARKS.—This case, amongst other points of interest, afforded an instance of the curious fact that severe concussion of the brain will not only render a person insensible for a long time after the occurrence, but will sometimes strike out all recollection of events which have happened a short while previous to the accident. This man, when he had recovered, gave a very intelligent account of all that he had done on the evening of the accident up to the time of his taking supper; but, although there was evidence to shew that he was quite sober afterwards, he could form no idea of where he was or what he was doing when the accident happened. Only a few months since, a cabman was admitted into Harley Ward, having a few minutes before been knocked off his cab. He was then quite insensible, but in a few hours recovered. Nevertheless, he could recall nothing of the accident. It occurred opposite the Old Bailey; and the last thing he remembered was getting on to his cab at the Royal Exchange. He could never understand how it was that he came to the top of Newgate Street. There was no suspicion of intoxication in his case. Another case has come to our knowledge within the last few days. A young gentleman, during a game at football, was knocked down and remained for several days in a state of insensibility; and although, when taken home immediately afterwards, he walked up stairs, still, the last thing he remembered was going with a friend to the football ground.

EXTRAVASATION OF BLOOD INTO THE CERVICAL PORTION OF THE SPINAL CORD, THE RESULT OF A FALL ON THE HEAD, WITHOUT FRACTURE OF THE SPINE OR SKULL: PARALYSIS: AND DEATH.

(Under the care of Mr. SAVORY.)

S. M., aged 50, a carman, was admitted into Harley Ward, under the care of Mr. Savory, on March 13th, 1869, having fallen from a railway van, and pitched on his head and shoulder. He was stunned for a short time, but regained his consciousness before he arrived at the hospital. On admission, he had a few slight bruises on the head, and complete loss of motion in the upper and lower extremities, with loss of sensation. Breathing was entirely diaphragmatic, the intercostals being paralysed; and he had loss of sensation over the lower part of the chest and abdomen, with no reflex action on tickling the soles of the feet. He had some slight bleeding from the nose, but none from the ears. His pupils were equal, but sluggish in their action. He had partial priapism. He was quite conscious, and complained of pain in the back and right shoulder, but had no pain in the head. His pulse was scarcely perceptible at the wrist. The heart's action was very feeble. The temperature in the axilla was 97 deg. There was no irregularity along the spine. Next day, he was much in the same state. About a pint of urine was drawn off by the catheter; it was clear, and not offensive. Temperature 97.5 deg. His pulse at the wrist could not be counted. The heart's action was extremely feeble. He remained in this state till the evening, when he gradually became more restless, his breathing more laborious; and some *râles* were heard over the chest. He died about 1 A.M. on March 15th.

On examining the spine after death, no dislocation or fracture was found; neither was there any hæmorrhage into the canal. The skull-cap was removed, and the brain taken out; but no fracture of the skull was discovered. On making a section of the cord at the third and fourth cervical vertebræ, a clot of blood was found in the centre.

REMARKS.—This striking case illustrates a fact which, perhaps, needs to be more impressed: that; in injuries to the nerve-centres, the effects are by no means always, or even generally, to be explained by any visible lesion that exists. There can be no doubt that in many of these cases the obvious lesion which is presented after death to the naked eye, or even to the microscope, represents only a portion—it may not be the gravest portion—of the damage done. Here, for instance, the visible mischief was limited to a circumscribed spot in the cord; yet the almost complete absence of all excito-motor reflex action below it proved that mischief had extended throughout the cord. The circumscribed patch of extravasated blood was, no doubt, a very striking feature; yet, of course, it could in no way account for the suspension of the function of the cord as a centre below; and the failure of power might have been as complete, though that were absent.

POPLAR HOSPITAL.

CASE OF ACUTE TETANUS.

(Under the care of Mr. F. M. Corner.)

We are indebted for the following to the notes of Mr. Oliver Penfold.

T. W., aged 34, a dock labourer, came to the hospital on January 9th, 1869, with a contused wound of his left little finger, caused by the fall of a bag of "cutch" (catechu), weighing about two and a half hundredweight, upon it. The wound was dressed with wet lint, and the finger supported by a narrow splint; and quinine was given internally. On January 18th, the two distal phalanges of the wounded finger were gangrenous; they were therefore amputated, together with the head of the proximal phalanx. On the morning of January 22nd, the man found that he could scarcely open his mouth—not at all without feeling great pain; and his neck and chest felt stiff, "as if he had a cold in his neck." The weather was cold, and he had been walking about in the West India Docks the day before and the next. In the afternoon of January 23, he came to the hospital, and complained of the above-mentioned symptoms. He was then made an in-patient. He seemed a nervous man, and was anæmic. There was no tenderness on firm pressure in the neighbourhood of the stump; it gave out a most offensive smell, and the granulations were pale. He could only put the tip of his tongue between his teeth, and he said the upper part of his left chest and back of his neck were painful. His countenance was anxious. A linseed poultice was put over the stump, and a purgative given. That night (Jan. 23rd) he had a few attacks of pain in the chest and neck, each attack happening after trying to turn round in bed. He complained of cough, from which he said he had suffered for more than a month, and added that his mother died of consumption when between fifty and sixty years of age.

Jan. 24th, 6.45 P.M. Whilst trying to get a vessel (although he had been warned not to move at all), he was seized with violent spasm of muscles of the neck, chest, and trunk. The head was thrown backwards, and the chest forwards. He seemed to breathe only by the diaphragm. His face was a little livid; pulse 130, very feeble. The house-surgeon made him inhale half a drachm of chloroform. In five minutes, the spasm ceased. He said that he was quite insensible during the attack. He was quiet during the rest of the evening. At 11.40 P.M., fifteen minims of a solution of morphia-acetate (equal to half a grain dry) were injected hypodermically; and one grain of powdered Calabar bean was given, and repeated every hour for four hours, together with small quantities of brandy. At 6.30 next morning (Jan. 25th), he had another attack of opisthotonos, though slighter than the one before, which continued for about five minutes. During that day, he perspired very freely, his chest and forehead being quite wet; and he expectorated, with great difficulty, much viscid homogeneous-looking yellow sputa. The morphia injection was repeated twice; and he took, in all, eighteen grains of the powdered Calabar bean, the effects apparently being to cause drowsiness and to relax the muscular spasm, for in the evening he was able to put his tongue between his teeth for about an inch and a half. The abdominal muscles were well relaxed until the end of an inspiration, when they became rigid, and slight opisthotonos occurred. The specific gravity of some urine passed by him was 1.035; one-third of its bulk was lithates, and one-eighth coagulum produced by heat and nitric acid. His breathing became more embarrassed, and pulse feebler; and he died at 4.5 A.M., January 26th, about ninety hours after the first symptoms were noticed. The act of death was preceded by slight, though decided, opisthotonic convulsions.

Dissection, 12-60 hours *post mortem.*—Jan. 26th. Rigor mortis was strongly marked. The brain weighed fifty-four and a half ounces, after most of the blood, etc., had drained away; it was congested, and there was a considerable excess of subarachnoid fluid. No other morbid appearances were noticed in the encephalon. The spinal cord was congested; its substance was firm. The branch of nerve to the injured finger seemed a little darker than the trunk of the ulnar nerve.

Jan. 28th. The lungs were congested. Some old pleuritic bands required division by the knife before the lungs could be taken out of the chest. There were many tubercles in both apices. About one-third of the lower lobe of the left lung was carnified, and a portion sank when put in water. Notwithstanding, there remained much healthy lung-tissue. The heart was small and pale. There was a good deal of fat on its anterior surface. Both ventricles were firmly contracted. The right ventricle and pulmonary artery contained black frothy blood and a firm fibrinous clot. The left ventricle was empty. The valves were healthy. There was no atheroma of the aortic arch, and no fluid in the pericardium. The liver, kidneys, and spleen were congested. Generally, there was a fair amount of subcutaneous fat. The great omentum was particularly thick and closely set.

DUBLIN HOSPITAL REPORTS.

MEATH HOSPITAL.

EXCISION OF THE UPPER JAW FOR MALIGNANT TUMOUR OF THE ANTRUM.

(Under the care of the late Mr. Collis, and Mr. Porter.)

This case possesses a melancholy interest, as being that at which Mr. Collis received the apparently trifling wound which led to his untimely and deeply lamented death, on Easter Sunday morning. The patient was sixty-five years of age; the tumour was first noticed thirteen months previously to his admission into hospital. It implicated the hard palate, the alveolar process, and the orbital plate; and it projected forward to a considerable extent on the cheek, giving rise to considerable deformity.

On Monday, March 22d, Mr. Collis proceeded to remove the tumour. He was assisted by Mr. Porter, Mr. Wharton, and Mr. Macnamara. The patient was put under the influence of chloroform, but not to the extent of complete anæsthesia. Mr. Collis first divided the upper lip by a curved incision carried external to the mesian line; this incision was subsequently extended upwards to the inner canthus; then the coverings of the superior maxilla were dissected from the bone and tumour; the attachment of the maxillary to the malar bone, having been exposed, was divided; the frontal process was cut across; the mucous membrane and periosteum were separated from the palate process by means of the raspatory; the superior maxilla was next separated from its fellow by Mr. L'Estrange's bone-forceps; and, all the deep attachments of the tumour having been broken down by the finger, the superior maxilla and tumour were removed by means of the lever forceps, this being done gradually, aided by the frequent use of the finger, to break through the deeper attachments. A few vessels were secured, and two or three bleeding points were staunched by means of compresses of lint, having a ligature attached, to secure their removal. The divided skin and mucous membrane were brought together and secured by horse-hair suture. We are happy to say that the patient is progressing favourably, under the able care of Mr. Porter, who undertook the case at the request of Mr. Collis.

TUMOUR OF THE FACE: REMOVAL.

(Under the care of Mr. Porter.)

Mr. Porter gave us the opportunity of seeing a patient, aged 56, from whose face he had removed, by a simple incision and subsequent dissection, a large tumour, which weighed twelve ounces. The tumour had been growing for thirty-six years. It was confined to the face, and did not extend behind the ramus of the jaw. Mr. Porter directed attention to the comparative rarity of tumours situated on the surface of the masseter muscle, and not extending into the parotid space. The patient had made an excellent recovery. The simple cicatrix gave rise to no deformity.

CARIES OF THE TIBIA; REMOVAL OF THE ENTIRE UPPER PART OF THE BONE, WITHOUT GREATLY IMPAIRING THE USEFULNESS OF THE LIMB.

(Under the care Mr. Wharton.)

Mr. Wharton had, some years ago, by several successive operations, extending over two or three years, removed the entire of the upper two-thirds of the tibia. Regeneration had not taken place, but all discharge had long since ceased, the only evidence of the disease now being the great hollow at the upper and internal part of the leg, and a hyperæmic eczematous condition of the integuments. The patient can now walk with a scarcely perceptible degree of lameness, and without the aid of a stick. Mr. Wharton regarded this case as a strong argument in favour of conservative surgery, judiciously carried out.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, APRIL 24TH, 1869.

THE DIRECT REPRESENTATION OF THE MEDICAL PROFESSION IN THE GENERAL COUNCIL OF MEDICAL EDUCATION.

III.

IN going to Parliament for an amended "Medical Act", which every one competent to judge agrees to be a necessity, it is important to bear in mind the habitual disinclination of the Legislature to give increased powers to particular bodies of men, without securing corresponding benefits for the public. *Salus publica suprema lex* is a maxim which the medical profession cordially assents to as the basis of legislation for the common good. It is because the Medical Act of 1858 chiefly aims at protecting the medical corporations, that we desire to see it amended. It is on account of the insufficient guarantees it provides for the public health that it is a duty of the Legislature to supersede that enactment by another, at once plain and comprehensive, equitable and scientific. If there be any truth in the unity of science—especially in its application to the structure, functions, decay, and repair of the human body—it is impossible to defend, either in the interest of the public or of the profession, the continuance of the present state of things. Clause XIX of the Medical Act provides that any two or three of the bodies authorised to grant licenses for registration and practice, may combine in conducting the necessary examination, but the wise permission has only been very partially availed of; and to this day many of our examining boards are as eager as rival trades in catering for support, and securing a market for their diplomas. The student who should be intent on the acquisition of knowledge for its own sake, is distracted by the widely different requirements of a number of licensing bodies; and it is only when, in due course of years, he learns what a small minority of even the worst students are ever plucked, that he forms an adequate conception of what, for courtesy's sake, may be styled the huge formality of the examination. Leniency to candidates has been deemed essential by the guardians of the medical corporations for the protection of their vested interests; whereas the profession insists that one uniform examination, which shall be a valid test of scientific and practical knowledge, is essential to the public welfare, and to the honour and usefulness of the great body of legally qualified practitioners. Our cause, our interest, is one with the public; and it is no longer to be tolerated that, in a matter so deeply affecting the national welfare, we are to continue the supporters of a system which every other European state—not one excepted—has long since condemned as opposed to sound principles of legislation, to the best interests of the people.

Now that the great object of advanced politicians has been attained, and that the people are in possession of household suffrage, questions of internal administration, of social reform, education, sanatation, and political economy in its truest sense, are steadily, nay rapidly, obtaining their deserved share of public attention. At no former period has the legal profession been so bent on its own reform. Commercial men are no longer content with the details of the counting-house, but take active part in national policy, at home and in its foreign relations, through their chambers of commerce. The old seats of learning are rapidly adapting themselves to the new requirements of society; and the modern hives of industry are organising themselves in associations, obviously inspired by the conviction that the general progress of the State demands the advance of all its sections. When the Parliament of the country has given that which practically amounts to manhood suffrage, no body of men, for whatever legitimate purpose incorporated, can be efficiently governed on other than representative principles.

There can be no doubt that the election of a number of independent men from the ranks of the profession on the General Medical Council must and can have no other effect than giving it new life, adding to its sources of information, establishing it in the esteem of the profession, and giving it new claims to public attention. The elect of the profession, if we are to judge from the signs of vitality exhibited in this Association year after year, will be the most powerful allies of the independent Crown nominees on the Council, and of liberal men delegated by some of the Universities and Corporations, who have already given proof of understanding the signs and requirements of the times. The day for uncompromising opposition has gone by; the hour for timely concession has struck; and all recent experience concurs in proving that vested interests have, in the long run, had no greater enemies—the advocates of violent change no more powerful allies—than those conscientious but short-sighted men who are for holding everything and yielding nothing. What the medical profession needs and asks for is but a moderate measure of reform; and, if the General Medical Council be well advised, they will not go to Parliament without petitioning that the profession, who brought that Council into being, shall be consulted in framing an Act of Medical Reform, and shall have a direct representative voice in giving effect to its provisions.

Since the whole profession in the three kingdoms is, for purposes of practical legislation, officially known through the *Medical Register*, there can be no difficulty in conducting, after the fashion of Universities, the proposed election of the representatives in the General Council. If it were urged that the proposed addition might render the Council inconveniently numerous, that would be no argument for denying the representation prayed for, though it might suggest the desirability of reconsidering whether it be for the interest of the public and of medical science that all the corporations who now send members to Parliament shall continue to do so. In the language so rife in the late Parliament, the extension of the franchise and the redistribution of seats must be held to be distinct questions; and, before going into detail, we have to settle the principle. The preamble of the Medical Reform Bill must, if it is to pass, embody the proposition that it is equitable and right that every qualified member of the profession in the three kingdoms shall have an elective voice in the Council which is entrusted by Parliament with the government of the profession in the interest of the whole community, and not merely of the Corporations.

The addition of representatives from the profession might necessitate a revision of the scale of fees now paid for attendance to the members of the Council; but that could not be objected to, since the whole income of the Council is now derived, by a tax on registration, from the profession. We put it to those, if any remain, who oppose the prayer of the great body of practitioners to representation, that on them rests the onus of defending the continuance of the state of things which has hitherto made us an exception to every other body. The Council has subsisted on an income derived from the profession: why should taxation and representation be divorced, when every sound political thinker admits that they are inseparable, and that liability to the one entails an inalienable right to the other?

We ask no privilege from the State without tendering equivalent guarantee in the general interest. We wish to detract nothing from the rightful honour of the medical corporations; we have no desire to limit their legitimate sphere of usefulness; but we are anxious to impress upon their rulers that the bulk of the profession has made, and is still making, such rapid advances as to be an indispensable ally in the forthcoming struggle for medical reform. United, we are certain to obtain the privileges sought; whereas, while we are opposed to each other, the Act of 1858 must long remain unchanged, to the dissatisfaction of all parties. But, under any circumstances, there can be no question as to who must win in the long run. The spirit of the age—the tendency of modern legislation—is entirely for us, while asking at one and the same time for improved education, practical reality in the test of examination, and the right of representation in any Council by which we are to be governed.

These articles can only be of value in so far as they express the opinion of the majority of the Association—a majority which, if not in numbers, certainly in position and influence, may fairly be taken as expressing the prevailing opinion in the profession. To test that opinion, and to give an opportunity for its expression to the great bodies in the State, petitions have been prepared, and will be circulated through this JOURNAL next week, for signature by members of this Association, and by their friends who are legally qualified to practise, though not yet formally enrolled in our ranks. Faithful to our programme, we have let bygones pass; and, to avoid recriminations, have not recalled passages from the early history of medical reform which could but tell in our favour. The British Medical Association, though not by law incorporated, has grown into a power at once the result and the emblem of the efficiency of the representative principle; and we shall not rest until this principle is victorious in the government of the profession.

PROCESSES OF ANALYSES OF POTABLE WATER.

AN important meeting of the Association of the Metropolitan Officers of Health was held on Saturday last, in the course of which considerable light was thrown upon the unreliability of the process by which the Registrar-General's tabular statements of the state of the London water are obtained. We have already on more than one occasion pointed out that which was amply confirmed by this discussion.

Dr. Letheby read a paper on the Method of Estimating Nitrogenous Matter in Potable Water, and on the value of the phrase "*Previous Sewage Contamination*," as used by the Registrar-General in his monthly report of the metropolitan waters. He shewed how much the water-supply of towns was formerly neglected, and to what a comparative degree of purity it was now brought—the water-supply of this metropolis containing about twenty grains of solid matter per gallon, instead of sixty or seventy grains, and the organic matter rarely exceeding half a grain, instead of four or five grains. Nevertheless, a great deal of discontent and unnecessary alarm was still excited by the semi-official reports of the Registrar-General as to the alleged "previous sewage contamination" of the water. Dr. Letheby reminded his hearers that organic matter, which was the horror of some persons, was really the *materia salutaris* of the living world, and that it was only on comparatively rare occasions that it assumed a malignant form; and that even then nature was always careful to hasten it on to more wholesome conditions, as by molecular changes of all kinds, by oxydation, and by organic appropriation. It was on this account that sewage and other decomposing matter—the refuse of towns and manufactures—were soon rendered harmless when they entered a running stream; and he was, he said, impressed with the opinion that, when ordinary sewage was mixed with twenty times its volume of good water, and had run a distance of ten or twelve miles in a river which abounded with fish and aquatic plants, it could not then be discovered by the most refined process of chemistry. He maintained that, if this were not so, the principal rivers of England would be absolutely unendurable, from their enormous pollution. He instanced the river Trent, [which, with its tributaries, received the sewage of all the Black country, including Birmingham, Wolverhampton, the Pottery Districts, Leicester, Burton, etc., with a drainage of about 1,800,000 acres, and a population of more than a million and a half of persons, where sewage and refuse matter entered it all along its course; yet this was so soon destroyed, and the river was completely purified, that at Nottingham, after receiving millions of gallons of sewage, it was difficult to discover a trace of it, and the water was used for the supply of the town. Dr. Letheby maintained that the nitrogenous matter of water gave no reliable history of the sewage contamination of the water; for, on the one hand, nitrogenous matters derived from sewage were constantly and rapidly disappearing; while, on the other, ammonia and nitrates were abundantly derived from other sources. Dr. Letheby then gave a circumstantial account of the methods employed for the estimation of each particular form of nitrogenous matter in water; and he concluded by saying that the process employed by Dr. Frankland for the estimation of organic nitrogen and carbon in water was so liable to error in the results, and required such a high degree of manipulative skill, as to be altogether untrustworthy as a process for estimating organic matter. It was, to use the words of Professor Wanklyn, so fallacious, that the range of possible error was greater than the range of possible truth. Dr. Letheby gave instance of the fallacy of these results; as when Dr. Frankland declared, month after month, that the water derived from the deep chalk wells of the Trent Company shewed an alarming amount of "previous sewage contamination", while that of the East London Company, which was derived from the river Lea, shewed none at all. Another such example was referred to in the case of the Bromley deep chalk-water, which Dr. Frankland declared was unfit for domestic use, although the analyses of Dr. Odling, Professor Williamson, and Dr. Letheby shewed it to be good and wholesome water. In conclusion, Dr. Letheby censured in strong language the use of the phrase "previous sewage contamination", which he said was not only inapplicable, but was likely to excite unnecessary alarm in the public mind; and he also protested against the sensationalism of the Registrar-General, who was not content to speak of the constituents per gallon of the London water, but to describe them in tons, and to call them "extraneous stuff of all kinds."

Dr. Frankland, in reply, said that the position he occupied was not one of his own seeking. When Dr. Hoffmann vacated the office, he was requested to undertake it. He found the incineration and permanganate process then in use to be utterly fallacious. Finding a general belief that the presence of impurities in water led to the spread of disease, he devoted a considerable time to finding out some reliable process; and, after making innumerable analyses, he had gained entire confidence in the results obtained by his present process. In reference to the purification of water by the flow of rivers, he had made careful observations on the Darwen, Irwell, and Mersey, and he found, as Sir Benjamin Brodie had predicted, that no perceptible destruction of organic matter took place in a flow of ten miles. It was not until after deep consideration, and a long series of experiments, that he adopted the expression "previous sewage contamination" to intimate the presence of organic in contradistinction with vegetable matter. He had never found nitrates in streams containing only vegetable matter. He had carefully examined the Cumberland lakes, and he had only found the nitrates present in one of them, that one being Windermere, which received the sewage of Ambleside. He concluded, therefore, that the presence of the nitrates in water convicted it of contact with decomposing animal matter. He could not see how drainage water sinking into the soil should not carry with it manure or sewage matter. After careful research, he could only arrive at the conclusion that the nitrates proceed from the decay of recent animal matters, and he saw no evidence to the contrary in Dr. Letheby's paper.

Mr. Hawkesley said that he knew almost every inch of the rivers mentioned, and that there were constant accretions to them; in fact, there was hardly one hundred yards without some new accretion. Such being the case, the mode of investigation pursued by Dr. Frankland must be utterly fallacious. Along these rivers there were numerous towns, villages and factories, discharging vast quantities of organic matter into these streams; how, then, could Dr. Frankland pronounce that there was exactly the same amount of organic matter in one part as there was in another ten miles distant? Or presuming such were the case, how could this happen except by as much contamination having been got rid of as was received? Mr. Hawkesley traced the course of the Irwell, the Mersey, and especially the Trent, and showed how at various points immense quantities of sewage were poured in, and yet a few miles further the water was drinkable. Comparing the quantity of water in the Trent and the quantity of sewage poured into it, he proved that 1-6th of the whole would be sewage unless decomposition took place on a very large scale. He had never heard that the people who drank the water derived from wells in chalk-formations—water so much condemned in semi-official reports—were any the worse for it. He maintained, therefore, that nitrates proceeded from other sources than the decomposition of animal matter.

Dr. Carpenter, of Croydon, asked Dr. Frankland in reference to a well the water of which he drank although it passed through manured fields; he maintained that there could not be percolation into the well, and he thought this fact ought to show Dr. Frankland that his theory was wrong.

Dr. Frankland replied that he had analysed a quantity of the water in question, and he found that it did percolate and contained previous sewage contamination.

Professor Ansted said that the very fact of their being there showed that water lost its previous contamination by passing through the earth and by other means. The water in rivers must in course of time have undergone contamination of various kinds; and if, after passing some distance, it did not become fit for use, by some such process as that described by Dr. Letheby, he did not see how mankind could exist. He, therefore, objected to the term "previous sewage contamination," as implying too much. The arguments and the experience of Mr. Hawkesley he considered quite irrefutable.

Professor Wanklyn likewise assailed Dr. Frankland's basis of investigation, which seemed to make no account of the oxygen supplied by plants at the bottom of rivers.

Dr. Odling was loath to disagree with Dr. Frankland. He would much rather have called attention to the great services rendered by that gentleman in water analysis, but he could not but object with Dr. Letheby to the term "previous sewage contamination" being used in official reports, even while admitting the fact to some extent. He could not admit that the presence of nitrates in water ought to be regarded as a proof of previous sewage contamination.

As the paper and discussion had lasted over three hours, and there were still many gentlemen who wished to give their opinions, it was unanimously agreed to adjourn the discussion to another occasion.

THE ROYAL SANITARY COMMISSION.

As we recently intimated, the accession of the present Ministry to power had prevented Lord Northbrook from being able to find time for the duties of chairman, and necessitated other changes in the Sanitary Commission. The *Gazette* this week contains an order by Her Majesty revoking the Commission appointed last November for inquiring into the operation of the sanitary laws, and appointing a fresh one, with enlarged powers. The new Commissioners are—Mr. C. B. Adderley, Earl of Romney, Earl of Ducie, Lord Robert Montagu, Mr. Russell Gurney, Mr. Stephen Cave, Sir Thomas Watson, Messrs. C. B. Ewart, J. R. M'Clean, Samuel Whitbread, J. T. Hibbert, E. M. Richards, George Clive, F. S. Powell, Benjamin Shaw, James Paget, H. W. Acland, Robert Christison, William Stokes, John Lambert, and F. T. Bircham; and Mr. W. H. Birley is secretary. The Commissioners are directed to inquire into the operation of the sanitary laws, so far as they apply to sewerage, drainage, water-supply, removal of refuse, control of buildings, prevention of overcrowding, and other means of promoting the public health, and further to report upon the operation of the laws for preventing the introduction and spreading of all infectious diseases, and other kindred subjects. This Commission will probably specially consider its duty to be to inquire into the propriety of extended legislation to prevent the spreading of enthetic disease.

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WE understand that a re-issue of the *Pharmacopœia* will be made as speedily as possible, to the extent of 5,000 copies.

PROFESSOR LEUCKART, the distinguished naturalist, has this week intimated to his correspondents in London that, at the end of this month, he proposes to resign his Professorship of Zoology at the University of Leipzig.

THE appointment of a Lecturer on Botany at Charing Cross Hospital has been postponed for the present, and some temporary arrangement will be made for the ensuing summer session.

SIR THOMAS WATSON has given notice of his intention to move that a suitable testimony be made by the College of Physicians of London to the zealous and able services rendered by Dr. Sibson in the laborious work of preparing the Nomenclature of Diseases.

AN adjourned meeting of the Metropolitan Association of Medical Officers of Health will be held on Saturday, May 1st, at 7.30 P.M., at the Scottish Corporation Hall, Crane Court, Fleet Street, when the discussion on Dr. Letheby's paper "On the Methods of Estimating Nitrogenous Matters in Potable Waters, and on the value of the expression '*Previous Sewage Contamination*', as used by the Registrar-General in his Monthly Reports of the Metropolitan Waters", will be resumed.

THE vacancy caused at the Fever Hospital by the resignation of Dr. Buchanan will, we believe, be filled by the election of Dr. Broadbent as full Physician. Dr. Broadbent has held office ten years at the hospital.—For the vacant assistant-physiciancy at the Children's Hospital, two candidates are mentioned—Dr. J. F. Payne, Pathologist at St. Mary's Hospital, who has passed an unusually brilliant university career; and Dr. Douglas Powell, of the Consumption Hospital, Brompton, also a young physician of well-proved ability.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

THE meeting of this Society, next Tuesday, is likely to be a very interesting one. Mr. T. Smith brings forward the important subject of Nephrotomy in the treatment of Renal Calculi; and Mr. Spencer Wells makes a third series of one hundred cases of ovariotomy the basis of an inquiry into the real value of tapping in the treatment of ovarian cysts. Subjects of such practical value ought to draw forth full discussion.

THE MEDICAL ACT AND THE GENERAL MEDICAL COUNCIL.

AT the meeting of the Executive Committee, of April 16, 1869, the committee took into consideration the resolution passed by the General Medical Council on the 6th June, 1867, viz.: "That it be delegated to the Executive Committee to resume its conferences with Government regarding the bill for amendment of the medical acts, as now adjusted by the Medical Council, and to take such steps as they may find advisable towards carrying the bill through the Legislature in the same manner as the Medical Act itself, and as all amendments on that act." It was resolved that the President, Mr. Hawkins, and Dr. Sharpey, be appointed a deputation to wait on the Government, and represent the expediency of introducing the bill for the amendment of the medical acts into the Legislature during the present session of Parliament.

THE SICK POOR.

THE reign of misrule is not yet, we fear, at an end in country workhouse infirmaries. The revelations as to the state of Haslingden Workhouse, made by the medical officer at the last meeting of the Bacup guardians, are of a kind to astonish very strong nerves. The wards are so insufficient to hold the sick, that even the very fever patients cannot in every instance be allowed a bed to themselves; and, in the general wards, "they are lying as many as three and four in a bed." The fever ward is quite full, so that a fever patient has to be placed in bed with a patient suffering from a more loathsome disease; and Dr. Stott anticipates that, in the general wards, "they will have a whole houseful of itch." It is quite right and necessary that the medical officer, in making these statements, should decline the continued responsibility of such a state of things. But what sort of inspection and control is this which allows it to grow up? and what guarantees shall we have that the persistence and reiteration of these abuses shall be avoided, until we have an efficient system of medical inspection?

HEALTH OF PRINCE LEOPOLD.

PRINCE LEOPOLD has, we understand, almost completely recovered from his recent indisposition. His Royal Highness suffered from a strain, and not, as has been stated, from hæmorrhage.

THE CHAIR OF PHYSIOLOGY AT KING'S COLLEGE.

WE understand that Dr. William Rutherford, Demonstrator of Practical Physiology in the University of Edinburgh, is a candidate for the Chair of Physiology at King's College. Dr. Rutherford's work is well and widely known in this country and abroad, extending over a wide field, and including contributions, not only to special human physiology, but to botanical and zoological physiology, to physics, and to electrophysiology. The whole of the experiments of the Edinburgh Committee on Mercury were carried out by Dr. Rutherford and Dr. Gamgee. There can be no question that, if appointed, Dr. Rutherfurd's zeal, devotion to science, and ability, would win for him a high position, and enable him to render services to science worthy of the occupant of this chair.

ISOLATION OF CONTAGIOUS DISEASES.

DR. WHITMORE, in his Health Report of Marylebone, writes this month:—"Amongst diseases of the zymotic class, measles and scarlatina were the most prevalent and fatal. With regard to these and other contagious diseases of a like nature, I venture to think that, whilst care and vigilance in regard to the removal of nuisances, and the timely adoption of measures of sanitary precaution, may do something to lessen their virulence and consequent fatality, no very material diminution in the number and frequency of the attacks can be effected, unless legislative enactments give to the local or other properly constituted authority the power to strike directly at the cause by which they are propagated—that is to say, to prevent the present free and unrestrained intercourse between the healthy and the infected, and to isolate the latter until all infection shall have passed away. But how this is to be done, so as not to affect the liberty of the subject, or press arbitrarily, and, indeed, very often cruelly, upon the poor and destitute classes, is a problem which has yet to be solved."

MILITARY MARKS OF SICKNESS.

WE have been at some pains to ascertain what degree of truth, if any, there is in the statement which has recently been prominently made by some correspondents of one of our daily contemporaries, that broken-down and diseased soldiers are refused discharge from the army unless they bear such "marks of treatment" as will be evident to the recruiting officer in case of their seeking re-enlistment. This statement, as made, applied specifically to soldiers suffering from consumption and other wasting diseases, but is so worded as to include the whole range of disease. The marks of treatment referred to are cupping, blistering, setons, or leeching. We are assured, on the best authority, that, in the form which it thus assumes, the statement is unjust, and would convey a very exaggerated and a false idea of the actual facts. It is asserted that no man is ever bled, cupped, or leeched, who does not need to be so for purely medical reasons. To do so would, we hold, be a shameful prostitution and degradation of the medical art; and such would be the feeling of all the medical officers of the army. On the other hand, we are told that, in the case of masked diseases of the nervous system, such as epilepsy and paroxysmal mania, which are in the highest degree prejudicial to the efficiency of the soldier, and, in the times of actual service, to the safety of his regiment or post, the fact that some form of counterirritant treatment, such as blistering or cupping, is held by general consent to be among the most useful resources of treatment, is made available, by reason of the surface-mark which a blister or cupping-instrument will produce, to provide a safeguard against the re-enlistment of the soldier in future under false pretences. Even in this form, however, we can see objections of the strongest kind to any understanding that such treatment should ever be employed on grounds of public expediency. The medical interests of the patient, and those alone, must guide the medical officer in his treatment. He should energetically protest against even the thousandth of an inch of a blister, unless he believes it is to do good to the patient's health. If any sort of mark is to be made for the purpose of marking, let it be done under a special order. The functions of the medical officer are so sacred, that he should always be above suspicion; and even the alleged exaggerations and misstatements will have done good, if they completely destroy the vestiges of such a tradition or understanding.

BIRMINGHAM MEDICAL BENEVOLENT SOCIETY: THE LATE MR. JOSEPH HODGSON.

AT the quarterly meeting of the directors of the Birmingham Medical Benevolent Society, the following memorial was read by Dr. Evans, the chairman, and adopted unanimously:—"The directors of the Birmingham Medical Benevolent Society desire to record their sense of the loss which the medical profession and this Society have sustained through the death of Mr. Joseph Hodgson. His services to various institutions in Birmingham—especially his foundation of the Eye Infirmary, and his deep interest in the General Hospital—are too well known to require comment. At the formation of this Society, Mr. Hodgson gave a hearty support to its philanthropic aims; and, by his high standing and warm advocacy, promoted its successful establishment. Whilst deeply sympathising with his sorrowing relations, the directors experience satisfaction in reflecting that Mr. Hodgson's life was so long spared to his family, and the profession of which he was so distinguished a member; and that unquestionable proofs of the esteem in which he was held are afforded by the position assigned to him as Examiner in Surgery at the University of London, and by his election to the Council, to the Court of Examiners, and, ultimately, to the Presidency of the Royal College of Surgeons of England."

ADULTERATION OF BEER.

THE recent report made to the Commissioners of Inland Revenue, by Mr. G. Phillips, the principal of the laboratory, states that, during the year 1868 there have been examined four samples of beer and thirty samples of beer-adulterants. The beer was found to be genuine, and the adulterants consisted of spent hops, grains of paradise, treacle, caramel, and black beer brewed from sugar. In every case heard a conviction ensued, and penalties, amounting in the aggregate to £1,575, have been imposed. The practice of adulterating beer with grains of paradise is stated to have been confined almost exclusively to the small brewers in the midland counties, and the adulteration with treacle to publicans in London. Three persons in London have been detected in supplying publicans with an article, prepared from treacle, under the names of spruce or black beer, for the purpose of adulteration. In these cases, penalties to the amount of £125 to £500 were imposed.

A NEW PROVIDENT DISPENSARY.

AFTER fully inquiring into the action of the best known existing provident dispensaries, some gentlemen of leading position in Leamington have resolved to start such an institution there; and a public meeting has been held, under the presidency of Lord Leigh, for the purpose of establishing it. The "Governors' Fund", derived from subscriptions and donations of governors, is intended to bear the general expenses of the institution. The Provident Members' Fund is to pay for drugs, appliances, and medical and surgical attendance. The ordinary medical officers are to be six in number. The provident members are to consist of working men, their wives and children, of servants, and of other persons unable to pay for medical attendance in the usual manner, whose applications for admission shall have been accepted by the Committee. Every provident member above fourteen years of age is to pay one penny, and under that age one halfpenny, a week; but twopence a week is to be the rate for a man, his wife, and all his children under fourteen years of age. Servants judged eligible for admission are to pay six shillings a year, in quarterly payments, in advance. The midwifery fees proposed are, five shillings for members, nine shillings for fitting persons not otherwise members; the medical officer to receive one guinea for each case, part as above, the remainder from the Governors Fund. We give this full abstract of some of the more important rules, because we consider it a matter of great interest that these beneficial institutions should be multiplied, under safe and judicious management, with carefully framed rules, and all possible safeguards against their abuse by well-to-do persons. It will be seen that there are complaints that even some of the most prosperous and popular are far from being an unmixed good; and that, while they undoubtedly cultivate habits of payment and providence in respect to medical relief among classes who in London readily appeal to pure charity at hospitals, on the other hand they afford to comparatively prosperous persons the means of entering into an unfairly low contract with the doctor. This requires constant vigilance on the part of the Committee. We think that medical officers, and especially neighbouring medical men not being officers of the institution, should have a seat at the Committee which decides the question of eligibility in intending members.

REPRESSION OF CONTAGIOUS DISEASES.

THE progress in lessening the extent of these diseases is satisfactory. The Contagious Diseases Act is in force at nine garrisons, and the Government is rapidly increasing the number of protected districts. The hospitals at Cork and the Curragh will shortly be opened, and the new one at Chatham at the end of the present year. This will provide accommodation for Gravesend as well as for Rochester, Strood, and Chatham. It is, we understand, the intention of the Secretary for War to apply to Parliament during the present session for power to put the act in operation at Dover, Winchester, Deptford, and Greenwich. The desire for the extension of the act to the civil population is becoming very general. The Association of Steam and Sailing Shipowners of Liverpol have passed resolutions in favour of the application of the act in that port, while several other mercantile associations are equally convinced of the benefit which would result from the general enforcement of sanitary restrictions.

CORONERSHIP FOR WEST MIDDLESEX.

THE following document explains itself: it has been issued by Dr. Hardwicke's Committee, and bears upon a question of much general and professional interest.

"The Committee appointed for securing the return of Dr. Hardwicke, as Coroner for West Middlesex, desire to call attention to the position in which he is at present placed, in the suit which is now being carried on in the Court of Queen's Bench. When a vacancy occurred in the office of Coroner for West Middlesex, they supported the claims of Dr. Hardwicke on the grounds—first of his being qualified for the office by his professional position; and second, from the fact of his having performed the office of Deputy-Coroner for many years in the Central District of Middlesex. They also felt assured that he would compete for the office on fair and honourable terms.

"On the part of Dr. Hardwicke, we believe the late election was conducted in the most honourable manner, and that out of more than 1,800 freeholders who were entered on the register, as holding property in the Western Division of Middlesex, above 1,200 of these freeholders voted for him. The return of his opponent appears to be entirely due to the fact, that a large number of persons claiming to be freeholders, on the ground of having property in graves, and of being watermen on the Thames, illegally voted for Dr. Diplock. The illegality of such votes has already been substantially decided by eminent counsel in a court of law, and it is to prove this fact that the proceedings are being carried on in the Court of Queen's Bench. At the same time, Dr. Hardwicke's position has been improved by the uniform failure of the defendant in his several attempts to stay proceedings against him.

"It is one of the anomalies of the British law, that there is no other method of procedure in the case of a contested Coroner's election, than the very expensive and protracted proceedings before the Court of Queen's Bench. This case has already been eight times before the Court and Judges at Chambers, and the following statement will shew the various proceedings that have taken place during the litigation.

"1868.—February 21st. Election took place. February 24th. Result declared. Affidavit then prepared, and steps taken to set aside the Election. April 30th. The Court granted a Rule *Nisi* for *Quo Warranto* information, calling on Dr. Diplock to show cause by what authority he exercised the office of Coroner. June 4th. That Rule was made absolute by the Court. June 18th. The information was filed by the prosecution, alleging that Dr. Diplock usurped the office, and recognizance of relator entered into. June 26th. Subpœna to Defendant to appear, issued and served. July 8th. Rule for Defendant to plead, obtained and served. July 23rd. Order made on Defendant's application for a fortnight's further time to plead. July 25th. Appeal Summonses against last-mentioned Order heard before Judge at Chambers, who ordered that no further time to plead, after the expiration of the fortnight, should be given. August 6th. Further application made by Defendant for time to plead. August 10th. Defendant filed his pleas, raising the defence that the Sheriff having declared him duly elected, such return was final. The Long Vacation then intervened. October 30th. Application to Master at Chambers for leave to reply and demur. November 11th. Rule to rejoin obtained and served. November 12th. Replication were filed by the Prosecutor, alleging the Defendant was not duly elected by a majority of valid votes, and also a Demurrer to the Defendant's Plea. November 16th. The Defendant obtained a Rule to set aside the Replication, on the ground that the Crown had no prerogative to reply and demur at the same time. November 21st. That Rule was discharged, with costs against the Defendant. December 12th. The Defendant delivered his Rejoinder, the second of which repeated the defence set up in the Plea. December 21st. Order made, on application of Prosecutor, striking out Defendant's second Rejoinder. 1869.—January . Defendant delivered his Amended Rejoinder, alleging that he was duly elected by a majority of valid votes, and also demurred to Prosecutor's second Replication, which denied Dr. Diplock was duly elected by a majority of valid votes. January 4th. The Prosecutor filed Joinder in Issue. January 11th. The Demurrers were set down for argument on 27th January: they were not then reached, but stand, in the Queen's Bench Crown Paper, for argument in Easter Term, which commences on the 15th April. They will most probably be argued during the term, and the question of fact can be set down for trial directly afterwards.

"Dr. Hardwicke has already spent upwards of £1,400 in the legitimate outlay of his election; and it is impossible that he should continue successfully to carry on his case unless further assisted by his personal friends, and those who are desirous of seeing established in this country the great principle of purity of election.

"Already the law of England affords to Members of Parliament an economical and speedy redress for every complaint they have to make of corrupt and improper influence used against them. Such immediate redress is denied the Coroner; and Dr. Hardwicke now appeals to his freehold supporters at the late election, to his medical brethren, and to all who are desirous of seeing justice and right prevail, to assist him in carrying on the present proceedings, till an English Court of Law shall decide on the merits of the case placed before them.

"In urging the rightful candidate to carry on this great cause in our Courts of Law, the Committee feel that they are not only contending for the rights of the Freeholders of Middlesex, and the interests of Dr. Hardwicke, but that they are fighting the battle of a great principle, not less important in the election of a popular Judge than in a case of a Member of Parliament.

"They therefore confidently appeal to the public, to assist them to carry on this case to the correct issue in a Court of Justice, which they are advised cannot now be much longer delayed.

"Subscriptions towards Dr. Hardwicke's election fund may be forwarded to the following:—W. T. Farnell, Esq., Isleworth, *Treasurer*. George Cooper, Esq., J.P., Brentford, and Edwin Lankester, M.D., F.R.S., 23, Great Marlborough Street, *Chairman*. Subscriptions already received £217:10.

A SPLENDID OPENING.

A SPLENDID opening offers in consequence of the resignation of the medical officer who holds the lucrative appointment—but, lest our readers should question our veracity, we give them *verbatim* and *literatim* the advertisement of this great occasion, as it appears in the *Morpeth Herald* of Saturday last. We were at first disposed to think it was a printer's error, but, on turning to the *Medical Directory*, and finding the data to be correct, we remain sorely perplexed to discover on what basis the Morpeth Board fixes the salaries of their medical officers. As an example, we may take the first on the list, who, with a population of 4,790, and an acreage of 347, has a salary of £46; and the last, who, with a population of 765, and an acreage of 9,057, has the handsome salary of £4! The present opportunity is thus set forth:—

Morpeth Union.—Medical Officer Wanted.—The Guardians of this Union will, at their meeting to be held on Wednesday, the 14th day of April next, proceed to appoint a duly qualified Medical Practitioner, as medical officer, of District No. 7, comprising the townships of Hartburn, High and Low Angerton, and East and West Thornton—Salary, £4 per annum. Applications to be sent to me previous to the day of election.—GEO. BRUMELL, Clerk to Guardians.—Morpeth, 31st March, 1869.

Did a blush rise on the cheeks of the clerk as he penned this? We should not be surprised to learn that his own salary equals those of all the medical officers together. If it do not, he is not paid on the scale on which solicitors nearly always are. What shall we say, in sorrow or in anger, of medical men who, holding the title of M.D., accept 1s. 6½d. a week for their professional services, less than pauper allowance? How he can travel on foot over 4,245 acres to visit his patients for four pounds a year (for a horse is out of the question with such a salary), we cannot make out. Our advice is, let no man apply till the salary is raised to £30. Have the men of the North sufficient courage and self-respect to follow it? We shall hear.

SCOTLAND.

DR. JOSEPH BELL will conduct Professor Syme's class during the ensuing summer session.

DR. B. W. RICHARDSON has been elected Assessor in the University Court of the University of St. Andrew's, in the place of Lord Jerviswode.

WE hear with pleasure that the subscriptions to the Falconer Memorial Fellowship in the University of Edinburgh now amount to upwards of £2,500. The conditions of tenure will shortly be announced. The subjects intended to be encouraged are palæontology and comparative osteology.

THE remains of Dr. Seller, whose death we have already noticed, were interred in the Dean Cemetery on Friday week last. The Presidents and many of the Fellows of the Colleges of Physicians and Surgeons and the Edinburgh Medico-Chirurgical Society attended—a fitting expression of the great esteem in which the deceased was held. Among the pall-bearers were Sir James Y. Simpson, Bart.; the Hon. Lord Deas, Dr. Moir, President of the College of Physicians; Dr. Alexander Wood, and Mr. Archibald W. Dickson.

AT a meeting of the Edinburgh University Court, held on Monday last, appeals were heard against the admission of Miss Blake to certain classes in the University during the ensuing summer session, as approved of by the Senatus. The following resolution was adopted: "The Court, considering the difficulties at present standing in the way of carrying out the resolution of the Senatus as a temporary arrangement in the interest of one lady, and not being prepared to adjudicate finally on the question whether women should be educated in the medical classes of the University, sustain the appeals and recal the resolution of the Senatus."

GENERAL COUNCIL OF THE UNIVERSITY OF EDINBURGH.

A STATUTORY half-yearly meeting of the General Council of the University of Edinburgh was held on Tuesday afternoon in Queen Street Hall. Principal Sir Alexander Grant, Bart., Vice-Chancellor of the University, presided. Among other subjects considered, it was unanimously agreed to charge a fee of not less than 10s. for the preliminary examination in medicine for all non-matriculated students for the year—this fee to be independent of those for professional examinations, and distinct from the matriculation fee. Moreover, they recommend that the fee thus paid should embrace the examinations conducted during the year; but that in the case of those who have been rejected and appear at a third or fourth examination, an additional fee of 5s. should be charged for each of the examinations. The happy results which have attended a similar system at other universities, and been lately introduced into the College of Surgeons, England, of demanding an additional fee after a certain number of rejections, have proved the desirability of forming some barrier to the ever-repeated efforts of lazy and ignorant students. The small sum imposed by the University of Edinburgh in the present instance is, however, we fear too small to effect its purpose satisfactorily.

IRELAND.

PATHOLOGICAL SOCIETY OF IRELAND.

THE last meeting for this session will take place on Saturday, the 24th (this day), when the gold medal of the Society, for the best essay on some pathological subject which has been brought before the Society during the session, will be awarded.

TESTIMONIAL TO DR. HILL, POOR-LAW MEDICAL INSPECTOR.

"THE Hill Testimonial" was presented to that estimable gentleman on Monday last by a very influential committee, at his residence, Seaview Terrace, Donnybrook. It consisted in a very valuable and chaste silver tea and coffee-service and salver, accompanied by a suitable address. Dr. Hill having replied in most eloquent terms, the deputation was most hospitably entertained at a splendid *déjeûner*.

ST. VINCENT'S HOSPITAL, DUBLIN.

ON Tuesday, the annual distribution of the prizes in clinical medicine and surgery took place in the theatre of this hospital, in the presence of the medical staff and students. Dr. Quinlan paid an eloquent tribute to the memory of the late Dr. O'Ferrall, by whom this pleasing office had always been hitherto discharged. In the senior class was awarded a prize to Mr. John J. Power, and in the junior class the first prize was awarded to Mr. Francis Codd. On account of the unusually high character of his answering, a second junior prize was awarded to Mr. Miles O. C. M'Swiney; and to Mr. M. J. Malone a special certificate. Dr. Quinlan concluded by announcing that next year the senior candidates would, in addition to the present examinations, be called upon to examine and prescribe for patients whom they had not before seen, and the juniors be examined in the minor operations of practical surgery; thus constituting a complete test, theoretical and practical, of the benefit derived by them from the advantages afforded by the great institution in which they studied.

MEATH HOSPITAL.

ON Saturday, April 17th, the election of a surgeon to this institution was made by the Medical Board, in whom the elective power is vested. No fewer than nine gentlemen, including two already holding hospital appointments, offered themselves as candidates. The list included E. D. Mapother, M.D., F.R.C.S.I.; A. H. Corley, M.D., F.R.C.S.I.; Robert St. John Mayne, L.R.C.S.I., L.K.Q.C.P.I.; John M. Purser, M.B., L.R.C.S.I., W. Stokes, M.D.; F. T. Porter, L.R.C.S.I.; Henry J. K. Gogarty, F.R.C.S.I.; Charles H. Robinson, L.R.S.I., L.K.Q.C.P.I.; and T. W. Collins, M.B., L.R.C.S.I. At the close of the election it was announced that Mr. Robert St. John Mayne, son of the late eminent physician Dr. Robert Mayne, had been chosen to fill the vacancy caused by the decease of the late Maurice H. Collis, Esq.

APOTHECARIES' HALL OF IRELAND.—On Friday, the 16th inst., the following gentlemen obtained certificates in Arts: David Meade, Pierse Hayes, John J. Finlay, Robert E. Hadden, William D. Glissan, Patrick W. Eakins, Michael Macnamara, Henry C. Lloyd, Frederick J. L. Pownall, John Bolster, and Patrick J. O'Connor. At the same time, also, the following gentlemen received certificates authorising them to practise medicine and pharmacy: Richard J. Wheeler, Francis C. McNalty, Francis Victor McDowell, William David Cooke, Thomas D. Stanistreet, Alexander S. Merrick, and John T. Myles.

ASSOCIATION INTELLIGENCE.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

THE fifth ordinary meeting of the Session was held at the Royal Hotel, Bristol, on April 15th, at 7 P.M.; R. N. STONE, Esq., President. The total attendance was forty-seven.

New Members.—The following gentlemen were unanimously elected: R. Bangay, M.D., of Bath, proposed by Mr. Gaine and seconded by Mr. Bartrum; Philip Grubb, Esq., of Warminster, proposed by Mr. Bleeck, seconded by Mr. Hinton; and A. T. MacGowan, Esq., proposed by Dr. Davey and seconded by Dr. Brittan.

The Medical Council.—Dr. DAVEY stated that the Committee appointed at Oxford had been working hard at the subject of the direct representation of the general practitioners on the Medical Council, and that the Committee now required pecuniary aid, and had resolved, at the last meeting, that each member should bring the matter before his respective branch. Dr. Davey, therefore, now brought it before this Branch, and wished to impress one very important feature on the meeting; namely, that money was required. The travelling and hotel expenses of the various members were considerable, but this they put on one side. The expense of publishing and diffusing information was what each member of each Branch would shortly be asked to aid. The Committee was determined to carry forward reform, but needed help. —Mr. BARTRUM asked whether Dr. Davey moved a resolution; if so, he differed *in toto* from Dr. Davey, feeling that he was very well represented on the General Council by the representatives of the various colleges.—The PRESIDENT explained that Dr. Davey was merely making a statement with his sanction.

Cases, etc.—Mr. CROSSMAN read the particulars of two cases of Compound Fracture treated successfully with Richardson's Colloid Styptic. He considered that by its use he had saved his patients and himself a great deal of trouble in dressing the wounds, and expressed his strong opinion of the value of locking up the bowels for ten days or a fortnight, and preventing much sympathy of the system with the local injury, by keeping the patient under the influence of opium.—Mr. BOARD had observed superficial slough of the part follow the use of colloid styptic, and related a case where a pad of carbolic acid putty was applied to two wounds leading to a fracture, and opium administered: the patient was able to leave the Bristol Infirmary in four weeks, with union going on fairly.—Mr. STONE considered the success due not to the colloid styptic, but to the careful management of the case, and keeping the bowels confined for some time; and instanced a severe case of compound fracture of the thigh, in a wood-cutter, where he was without any apparatus and had to make splints, etc. of what he could find at hand. He thought the success of the case due to the fracture being undisturbed by keeping the bowels unmoved for fourteen days, and air being excluded from the wound by merely bringing it well together.—Mr. COLLYNS considered that keeping the air out of the wound was the secret of success, and that any application would act in the same way; and agreed as to the value of constipation and the use of opium.—Mr. TIBBITS had lately treated two cases of compound fracture by applying compound tincture of benzoin to the wound, after bringing it together, and thereby producing a scab; in one case, carbolic acid was applied over the tincture; both united without suppuration, but union of the bone did not take place for some time after the wounds were healed.—Mr. MARTIN asked if colloid styptic would act better than simple collodion.—Mr. BLEECK differed as to constipating the bowels. He had been a student under that good surgeon Mr. Richard Smith, who always obtained relief of the bowels on the third day, and his results were certainly equal to those stated. He (Mr. Bleeck) always obtained relief on the fourth day, He felt that Mr. Crossman's cases would have done better if so treated, and could not believe that a person should be well fed for a fortnight and at the same time all the secretions kept in.—Mr. STONE said he had been misunderstood, his having been an exceptional case, where relief could not have been obtained without disarranging the extemporised apparatus.—Mr. CROSSMAN, in reply said that two strong points in treating severe compound fractures were, keeping the bowels confined and keeping up the action of opium. He had used colloid styptic in severe bleeding after the extraction of teeth, finding it check the hæmorrhage quickly and prevent its recurrence.

Dr. BRITTAN read several cases of White Leg, some occurring after confinement, some in unpregnant females, and some in males.—Mr. W. SMITH asked whether Dr. Brittan considered blood-poisoning to be the cause of white leg, and whether the condition of a wound might not produce it; instancing a case where he said that it had been produced by an unhealthy state of a wound.—Dr. SWAYNE corroborated Dr. Brittan's statement, that usually phlegmasia dolens has a general cause in a condition of blood-poisoning, often after labour, depending upon an unhealthy condition of the lochia. A delicate lady whom he had several times attended had favourable labours, but afterwards *post partum* hæmorrhage, the lochia becoming offensive after a few days. After the first labour she had pleurisy; after the second, white leg; after the third, the same condition in the veins of the upper extremity, a large clot having formed in the external jugular vein. She ultimately did well. In subsequent labours, Dr. Swayne found that by early using injections of diluted Condy's fluid any mischief was prevented. He had known phlegmasia dolens follow removal of polypus uteri in two cases, doubtless from unhealthy uterine secretion.—Mr. PRICHARD thought these cases were much more common than they used to be; some followed injury, others not. A line of blister or iodine in the course of the hardened vein gave great relief, and seemed thereby to indicate inflammation of the vein. There was a red appearance of the minute vessels of the skin in ordinary cases, which was not observable in puerperal cases.—Mr. COLLYNS had always observed that hæmorrhage and fœtid discharges had occurred when phlegmasia dolens came on after labour, but found that a flannel bandage to the leg, tonic medicine, and Condy's fluid injections early used, made cases quickly terminate well.—Dr. SWAYNE had observed phlegmasia dolens to usually follow hæmorrhage, especially when patients had been kept low.—Mr. BERNARD said that it was caused by poison, and also that it followed injury; he thought that chloroform induced a condition of blood favourable to the occurrence of phlegmasia dolens. He thought that white leg followed inflammation of the veins, originating, however, in blood-poison.—Mr. S. H. SWAYNE spoke of slighter cases which occurred producing tenderness of the femoral vein, without subsequent swelling.—Dr. BRITTAN, in reply, stated that the inflammatory products in the vein were secondary, not primary. He referred to experiments where lead had been introduced into ligatured portions of veins, no inflammation occurring in that portion, but in the part of the vein communicating with the external wound. When the lead was introduced into a vein and left free, and the wound carefully closed, no inflammation followed.

Mr. ATCHLEY read a careful report of a fatal case of Scarlatina, occurring twenty-four hours after delivery.—Discussion was prevented by the time of the meeting having expired.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, APRIL 7TH, 1869.

GRAILY HEWITT, M.D., President, in the Chair.

Fibroid Outgrowth of Fundus Uteri.—Ovarian Cyst.—Tracheotomy for Croup.—Obstetric Instruments; Hysterophor; Intrauterine Stems; Uterine Sound.—Ovum of Early Abortion.—Intrauterine Fibroid Growth.—Hæmorrhage rapidly fatal.—Ulcer of Cervix Uteri treated by Styptic Colloid.—Elephantine Clitoris.

MR SPENCER WELLS exhibited a Fibroid Outgrowth from the Fundus Uteri, weighing 34 pounds 10 ounces, which he had removed a few hours before the meeting from a single woman, thirty-six years old. Eleven years before, half her lower jaw had been removed with a fibrous tumour, by Mr. Pemberton of Birmingham. An abdominal tumour was discovered five years ago. It enlarged gradually, and she was twice in the Birmingham Hospital. During the last six months the tumour had increased rapidly; and she became very weak and lost flesh. On admission to the Samaritan Hospital, a very large tumour was discovered, which evidently contained no cyst large enough to warrant tapping; but it did not feel so hard as fibroid tumour of the uterus. No vascular murmur was audible in it, and it appeared to move quite independently of an uterus of normal size. When the tumour was exposed, Mr. Wells was surprised to find that it was not ovarian. It sprang from the posterior surface of the fundus uteri by a short pedicle. This was secured temporarily by a clamp forceps (which was exhibited), and the tumour was cut away. Some bleeding spots where adhesions had been separated were secured by an acupressure needle, and the clamp was removed. Bleeding vessels were secured by harelip pins and twisted sutures, which also served to fix the bleeding surface to the abdominal wall by transfixion. Mr. Wells promised to make the result of the operation known at a future meeting. The specimen was referred to Dr. Braxton Hicks and Mr. Wells for report.—The PRESIDENT considered this an unusual case. Fibroid tumours of the uterus of large size were usually very hard and dense, and their growth slow.

Mr. WORSHIP exhibited an Ovarian Cyst, which he had removed at the *post mortem* examination of a patient who had suffered from ovarian disease for about ten years, succumbing after two days' illness to an attack of peritonitis. About a twelvemonth prior to her death she had been tapped, and eleven gallons of viscid chocolate-coloured fluid drawn off. At the *post mortem*, examination the cyst was found extensively adherent to the abdominal parietes.

Dr. Cory exhibited a lad, aged eleven, on whom he had successfully performed Tracheotomy for an attack of Croup which had lasted fifty-seven hours, and in which death appeared imminent.

Dr. Meadows exhibited several Instruments which he had received from Professor Lazarewitch of Charkoff. Among them was a new Hysterophor, which the author stated he had used with great success in cases of prolopsus uteri; also two varieties of Intrauterine Stems made of vulcanite; one of these was tubular, and perforated so as to admit of the free escape of the uterine discharges; the other was of a spiral shape, and the advantages claimed for these were that they retained their position well, and, at the same time, allowed the uterine discharges to find their way down by the spiral grooves. An Uterine Sound was also exhibited, at the handle end of which was an oval concave plate of bright polished steel, which was intended to serve as a metroscope.

Dr. Rogers exhibited drawings of the Ovum of an Early Abortion. The patient had been married eight years without becoming pregnant, and had suffered much from dysmenorrhea, which was ultimately relieved by dilatation and incision of the cervix. This proceeding was soon followed by pregnancy, and the ovum from which the drawings were taken was the result of the first conception. The decidua uteri was of a very irregular shape, with prominent cornua and deeply depressed fundus. To one of the cornua was attached a bundle of papillary appendages, which had evidently occupied the uterine end of the Fallopian tube; an unusual circumstance, as the decidua seldom or never extends into the Fallopian tubes. The other cornu was much smaller, and nipple-shaped, without appendages. The outer surface of the decidua was puckered, but smooth, and presented little of the shaggy appearance proper to its normal condition. It was remarkably thick and tough. The inner surface, on the contrary, which is generally smooth, was shaggy with lymphy flocculi. The decidua ovi was thickened and puckered, and irregularly attached to the decidua uteri. The manner in which the walls of the vascular sinuses are reflected over the dendritic villi of the chorion, as first shown by the late Professor Goodsir, was very obvious in some thin sections of the decidual membrane. This patient subsequently again conceived, and was delivered at term of a living child.

Dr. Murray exhibited a small Intrauterine Fibroid, which he had removed by the single wire *écraseur*.

Mr. Hyde Houghton read a paper on a case of Hæmorrhage, fatal in forty minutes. The patient, aged 45, was eight months advanced in her sixteenth pregnancy, and, while engaged in hanging bed-curtains slipped off the chair and fell to the ground. Profuse hæmorrhage from the vagina at once occurred, and, before the author could reach her, she had fainted and died. At the *post mortem* examination, the body generally was found well nourished, but in an exsanguine condition. The uterus was healthy; the membranes were not ruptured; the placenta was attached near the fundus. No trace of coagulum or spot of blood was found in the uterus. The os was occupied by a plug of mucus, which was unstained by blood, nor was there any blood in the vagina, the only trace, indeed, of blood that was found was a thin layer glueing the labia together. The author communicated the case to Dr. Greenhalgh, who suggested that the hæmorrhage was probably due to a ruptured varix, and was not at all of uterine origin. In this opinion the author agreed, although, at the time of the autopsy, the idea had not occurred to him. It was corroborated, moreover, by learning, as he subsequently did, that the patient had suffered from varicose veins of the thigh and vulva.—The President had seen, not long since, a case where a varix, just within the vulva, formed a considerable tumour during pregnancy, which slight force would have ruptured. Once, also, after delivery, he had seen considerable hæmorrhage from a varix which had been torn during the labour, and the source of the loss was at first by no means obvious.—Mr. Spencer Wells and Mr. Worship referred to cases in which they had seen death speedily follow the rupture of a varix in the leg. In Mr. Worship's case, death followed within five minutes.

A paper, by Dr. James Wynne of Guatemala (communicated by Mr. Spencer Wells), on an inveterate case of Ulcer of the Cervix Uteri, cured by the application of Dr. Richardson's Styptic Colloid, was read. The author gave a history of the case, and described the treatment adopted, without avail, during three years, including careful attention to the general health, and the repeated application, locally, both of the milder caustics and the more powerful escharotics. He stated that, after reading an account in one of Dr. Richardson's lectures of the properties of styptic colloid, he thought it might prove useful in this case. Its beneficial effect was manifest from the first; and, at the expiration of the third week, the ulcer, which had lasted for seven years, during three of which the patient was under his own care, was entirely healed, and the induration of the surrounding tissue sensibly diminished. The general health also began greatly to improve, and ultimately became quite reestablished. Since then he had used the styptic colloid in several other cases, and they appeared to recover with more facility than under the ordinary mode of treatment, the time of duration usually being abridged fully one half. In conclusion, the author expressed his belief that the styptic colloid exercised a beneficial influence, not only by excluding air from the ulcerated surface, but by protecting it from the secretions of the uterus, which were often very irritating in their nature; and from the fact that, although the whole effect of the remedy was expended upon the ulcerated surface, it having no power to attack deep-seated tissues, yet the indurated condition of the cervix entirely disappeared, he drew the inference that in these cases the induration is caused by the ulcer, and not the ulcer by the induration.—Dr. Murray gave particulars of some cases of uterine ulcer in which he had successfully used the styptic colloid.—Mr. Spencer Wells said this paper had been sent to him by Mr. Corbet; our *chargé d'affaires* in Central America, with a note, saying that Dr. Wynne had long held a distinguished position in South America. Collodion had long been used with good results at the Samaritan Hospital in cases where the lips of the os uteri were excoriated by irritating secretions from the uterus. Collodion itself was a good addition, but it was probably made better by the application of tannin.—Dr. Wynn Williams remarked that, while Mr. Wells had borne testimony to the good effects of collodion *per se* in abrasions of the cervix uteri, he could in like manner bear strong testimony to the great benefit to be derived from a solution of spirit of wine and tannic acid in equal parts. Tannic acid acted not only as an astringent, but as a powerful antiseptic; and, therefore, the more there was applied over and about the ulcer the better. He stated it as his belief, that all the beneficial effects of the styptic colloid were simply due to the solution of tannic acid.—Mr. Collingwood stated that, when practising in Morocco, he had, in some severe cases of ulceration of the cervix, used, with the best effect, a powerful escharotic formed by saturating dried sulphate of zinc with strong sulphuric acid.—Dr. Routh thought that the ladies of the harem in Morocco must have uteri very different from the ladies of England, to be benefited by such active treatment as that alluded to by the last speaker. Here, ulceration of the cervix was looked upon as only a concomitant of a congested or inflammatory state of the uterus, or its membrane. Caustics, when used like potassa fusa, were to produce, as it were, a larger sore, which, by discharging copiously, would relieve the congestion. Glycerine was applied in the same way, causing a copious flow of fluid. But usually the uterus was relieved of its congestive state by local depletion, leeches, or scarifications before caustics were used. In many cases, depletion alone sufficed to cure the ulcer. If the uterine inflammation were confined to the mucous lining of the uterus, which, from the excoriating qualities of its secretion, produced ulceration of the os, it sufficed to cure the first affection, and the ulcer would heal with ordinary water ablutions. — The President said there could be no doubt that the bright, vivid appearance of the lining of the cervix—often associated with general congestion of the uterus—had been frequently mistaken for ulceration. The congestion itself, when causing uterine suffering, was, according to his own experience, associated, in nine cases out of ten, with some noticeable and marked derangement in the shape of the uterus. Necessarily this view of the matter—and whether or not the case related by Dr. Wynne was of this kind it was impossible to say—would induce a careful scrutiny as to the efficacy of a particular application in the treatment of ulceration of the cervix uteri.

Dr. Rogers read an account of a case of Elephantine Clitoris, which he had successfully removed by the *écraseur*.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, April 6th, 1869.

Richard Quain, M.D., President, in the Chair.

Dr. Lockhart Clarke read a report on a specimen of Spinal Disease shewn early in the session by Mr. Adams. Reports from the Committee were read on Dr. Hickman's case of Tumour of the Tongue, and Dr. C. T. Williams' case of Diseased Thyroid: the latter was found to be affected with colloid degeneration.

Dr. Hermann Beigel exhibited a living specimen of Skin-Disease hitherto not described, to which he gave the name of "Papilloma area-elevatum." The patient was a male child, twelve months old, the first-born of healthy parents, free from syphilis. The child, when born, was perfectly healthy, and enjoyed good health, until about seven weeks ago, when it was attacked with fits, which, under treatment, were much relieved. On the 2nd of March, the patient came under the care of Dr. Beigel, at the St. Pancras Dispensary. A fortnight before that date, the mother had noticed that different parts of the child's body became covered with small pimples of the size of a pin's head; they soon increased and formed patches, the largest about an inch and a quarter in diameter. These patches were round, and raised above the surrounding skin, the latter not being inflamed. The surface was smooth, and as if covered with healthy skin. Others, particularly those on the face, had a thin scab, which, when removed, shewed a surface resembling a sponge, the effect, apparently, of greatly hypertrophied papillæ, which were infiltrated, and discharged small quantities of serum and pus. The patches were nearly insensible. One patch removed by Dr. Beigel on the preceding Friday, for microscopical investigation, had grown again to its former size and height. Microscopically, the papillæ were shewn to be either extensively infiltrated or broken down. There were about a dozen of these large patches on the child's face, particularly on the left side along the lower jaw, four on the right arm and two on the left, six on the left leg, four on the right, and one on the penis. Besides these large patches, there were large numbers of smaller ones—the smallest of the size of a pin's head—distributed over different parts of the body, particularly the face and limbs. The child had not been and was not feverish; his health was pretty good; there was no cachectic appearance, and the only abnormal function was a ravenous hunger. Dr. Beigel was not aware that a similar kind of skin-disease had been previously described. —Dr. Tilbury Fox said it was a case of sessile warts.—Dr. Hilton Fagge agreed with Dr. Beigel.—Dr. Langdon Down had seen a similar case in a girl, aged 18, in which a suppurating process was going on.

Dr. Legg shewed for Dr. Wilson Fox a specimen with recent Granulations on the Mitral Valve from a case of chorea, in which there was no history of rheumatism. The brain was examined by Dr. Bastian, who found plugging of the vessels in the medulla oblongata.

Dr. Bristowe exhibited a piece of a Jejunum from a woman, aged 38, who died in St. Thomas's Hospital two days after admission. It shewed what were probably the remains of an intussusception, the bowel having passed away without notice. There remained a stricture with a ring on the peritoneal surface, and a linear ulcer on the mucous surface.

Mr. Moseley shewed an extensively Necrosed Jaw-bone from a man who ultimately died of pyæmia.

Dr. Langdon Down brought forward a brain weighing thirty-seven ounces, from a girl aged 17, which shewed a Deficient Left Hemisphere. During life, the head was nearly symmetrical from increased size of the orbital plate and frontal bone. She did not speak, because she could not form her ideas. Her actions were purely automatic. The cerebellum did not partake of the unsymmetrical character. The brain weighed thirty-seven ounces. The father had become insane with general paresis.

Dr. Church shewed a small Spleen, weighing five drachms fifteen grains, with Lymphoma of the Mesentery, from a woman who died four days after admission into hospital with pleurisy and ascites. The liver and substance of the diaphragm were affected by the same material, and the pancreas completely changed by it.

Dr. Church also exhibited two cases of Aneurism of the middle Cerebral Artery. One of the patients had vegetations on the mitral valve, and old embolisms.

Dr. Moxon shewed a Tumour removed by Mr. Cock from the Scrotum of a man whose testicle he had removed for cancer some months before. The interest of the case, besides the rarity of local recurrence in testicle cancer, lay in the very perfect glandular and cartilaginous structure which the microscope revealed in the recurrent tumour. A drawing shewed, on a rather extensive scale, the variety of tissues present in it. These included cartilage, fibro-cartilage, glandular acini, cysts with buds in them, and another tissue like young cartilage, with its cells partly encapsulated; all these substances being held together by a delicate cellulo-fibrillar network. The case, he thought, tended strongly to shew that the tumours of cartilage and cancer that are rather common in the testis are not mere mixtures of one kind of tumour with another —of enchondroma with sarcoma—but, since the different components recur still blended together, and the secondary tumour is as highly composite as the first, it must be that the elements are all equally parts of one and the same disease. Recurrence in the lumbar glands is common enough after removal of these tumours, but he believed that recurrence in the wound while the glands are unaffected has not been recorded. In answer to Mr. Hulke, he said he spoke of cancer clinically.

Dr. Moxon shewed a specimen of Apoplexy into the canal of Fallopius, causing facial paralysis. The specimen consisted of the right temporal bone dissected to expose the horizontal part of the course of the facial nerve. A clot of blood occupied the canal at the point of junction of the Vidian nerve, so that both this nerve and the facial were scarcely traccable through the clot. The specimen was from a patient of Dr. Moxon's, who had an attack of facial paralysis about three months before his death, which resulted from Bright's disease. Hearing was not affected, nor was the sense of taste, on the side of the paralysis. The patient suffered severely from cerebral symptoms, including several attacks of convulsions; but the facial paralysis was never altered or affected by these. The case had an important bearing on those frequent cases of local paralysis, and especially of facial paralysis, which often could not be explained. Perhaps in this particular instance the occurrence arose, like the retinal apoplexies with which all are familiar, from the Bright's disease from which the man was suffering; it might throw some light on other unexplained cases of local paralysis.

Mr. De Morgan exhibited a case of extensive Cystic Sarcoma of the Viscera from a man whose testicle he had removed for the same disease in 1866. The lungs were full of small deposits of spindle-shaped cells. In this case, Mr. De Morgan raised the question as to whether cancer was a constitutional disease or not. The discussion, which we have previously noticed, will be found at p. 335 of the Journal for April 10th. In addition to what is there stated, Dr. Moxon said that it appeared to be assumed that the only alternatives were these—first, that cancer was originally local, and then infected the blood; or, second, that it existed primarily as a blood-disease. He did not think the question could be limited to that alternative. It did not follow that cancer must either arise locally, or else have its seat in the blood. The relations of the members in the organism were not maintained through the medium of the blood-circulation only, but they had a relation of another sort, which was not so easy to think about or to state, but yet was equally real. It surprised him that Mr. Darwin's theory of Pangenesis, now published for some time, had not been applied by pathologists to aid them in their difficulties. That theory might be stated somewhat thus. The body is composed of cells, every one of which gives to and receives from every other, each cell discharging and receiving an infinite number of buds, wholly beyond our conception in minuteness and delicacy; and by these means the relations of like and unlike parts are kept in current perfection, and by them the parts influence each other. Such a view as this, which afforded us a means of realising the relations between like and unlike tissues of the body, was very useful to explain those remarkable cases which had not been alluded to by Mr. De Morgan, in which the cancerous growths attacked the same system of tissues, especially the bones. Thus, Dr. Moxon had recently inspected a case where the sternum, many ribs, many vertebræ, the cranium largely, and both ilia were the seats of distinct cancer-growths, yet very little other cancer was present. Such a case offered great difficulties, both to the view of local origin with subsequent blood-disease, and to the view of primary blood-disease; but it required and supported the belief that there was a special communication between the elements of allied tissues creating—if he might so speak—departments of control and societies of union for the several systems, so that the tissues extended their changes to similar or correlated tissues in preference to those that were comparatively indifferent to them.

Dr. Moxon shewed a part of the Liver of a man, aged 24, who died in Guy's Hospital of cardiac dropsy. Its surface was covered with small bodies, which he had not seen, except where there had been great hypertrophy of the right heart. The case wherein they were most marked was one of primary disease of the right side—conical pulmonary valves, and enormous hypertrophy of the right ventricle and auricle. In that case the liver was, as it were, peppered over with what looked, at first glance, like tubercles; but, on examining them, Dr. Moxon found them to be flocculent outgrowths from the peritoneum and sub-peritoneal tissue. They had a very beautiful structure, being covered over with epithelium, and furnished with a capillary loop, which he had in some instances seen coiled into a spiral form, and occupied with clot, so as to look like a little pellucid worm. His reason for bringing them was to suggest a comparison with the "Pacchionian glands" on the membranes of the brain. There were circumstances which went to prove that these latter bodies were caused by congestion; and Dr. Moxon's object in bringing the specimen was to show it as an instance of growths sprouting from an apparently homogeneous membrane, as the hepatic peritoneum, when that membrane was subjected to a congestion that must affect all its parts equally. He would take another opportunity of applying this fact to the explanation of the "Pacchionian glands," which he believed to arise in the same way from the same cause.

Dr. Kelly shewed a specimen of Ruptured Chordæ Tendineæ of the mitral valve, from a woman who had had swollen legs and a cardiac murmur for eight or nine months. Two or three chordæ tendineæ of each flap were ruptured.

Dr. **Beigel** shewed a case of Fibroma of the Spleen. There were three rounded tumours, the largest of the size of a large pea, and numerous others of smaller size scattered over the spleen.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, April 13th, 1869.

George Burrows, M.D., F.R.S., President, in the Chair.

ON THE OPERATIONS FOR THE RELIEF OF CHRONIC INVERSION OF THE UTERUS, WITH THE ACCOUNT OF A CASE SUCCESSFULLY TREATED BY A NEW METHOD. BY ROBERT BARNES, M.D.

The author discussed the merits of the various operations hitherto employed for the relief of chronic inversion of the uterus, tabulated the cases in which operations had been resorted to and which were not recorded in Mr. Gregory Forbes's memoir in the *Medico-Chirurgical Transactions,* added these cases to Mr. Forbes's tables, and compared the results of the different methods. Of cases treated by ligature, only 26 were successful, 10 unsuccessful, and of the latter 8 died; of cases treated by ligature and excision, 9 were successful, and 3 ended fatally; of cases treated by excision only 3 were successful, and 2 died; of cases treated on Dr. Tyler Smith's plan, by sustained elastic pressure, 6 successful cases had been published; and of cases treated by forcible taxis, some had proved successful, but 3 had died. The ligature and excision were open to the double objection that, besides being very hazardous to life, success was only achieved at the expense of mutilating the patient. Forcible taxis was a violent and often fatal proceeding. Sustained elastic pressure had given remarkable results, but cases would occur where the constricted cervix uteri would resist simple pressure. The author related a case of inversion of six months' standing which resisted elastic pressure kept up during five days; and in which he resorted to a plan, thus practised he believed for the first time, of making three longitudinal incisions into the os uteri, so as to relax the circular fibres; taxis then applied quickly succeeded. The woman made an excellent recovery. The author proposed, as the best proceeding where simple sustained elastic pressure fails, to make an incision on either side of the os uteri, and then to reapply the elastic pressure, as being safer from the risk of laceration than the taxis. He concluded with some propositions relating to the diagnosis of chronic inversion from polypus.

Dr. **Protheroe Smith** had operated successfully in the Hospital for Women on a case of inverted uterus which had lasted sixteen months. He would suggest a means of effecting reduction without the use of the knife. A case came under his care in 1864, in which reduction by elastic pressure was attempted in vain, and the patient nearly died of hæmorrhage. He then determined to apply continued pressure, as in labour, so as to overcome the resistance of the cervix uteri; and he devised an instrument for this purpose. By continued pressure with it during five hours he overcame the resistance of the cervix, and was enabled to reduce the uterus. The woman had since given birth to two children.

Mr. **Brooke** suggested that Dr. Smith's instrument (which was handed round) might be improved by having the blades hollow on the outside, so as to retain itself *in situ.*

Sir J. Y. **Simpson** expressed his admiration of Dr. Barnes's paper. He had never seen a case of inverted uterus immediately after labour; but two or three in the course of a week afterwards. There was no difficulty in reducing these. Among some cases in which the inversion had lasted some months, he had seen the uterus excised twice. The patients both died; and he would not recommend the operation to be performed again. In a case of complete inversion, he had tried elastic pressure for two or three days without result. He at last made an attempt at reduction by direct pressure, and succeeded; but the cervix was completely slit up by the finger. It had been proposed, in a case of much difficulty, to perforate the fundus of the uterus and introduce a dilator, and thus distend the cervix; and he believed that this might be done in an otherwise hopeless case. The whole subject of the treatment of uterine inversion required revision, and the profession owed much to Dr. Barnes for his labours.

Dr. **Barnes** considered Dr. Protheroe Smith's dilator applicable only in cases where the inversion was incomplete, and there was room for the introduction of a dilating instrument. He exhibited diagrams illustrating a means of diagnosis, by introducing a sound into the bladder or placing a finger over the pubes, and introducing another finger into the rectum. M. Courty of Montpellier had effected reduction by introducing two fingers into the rectum and employing taxis, having first pulled down the uterus by means of hooks.

ON THE SPONTANEOUS CURE OF HYDATID CYSTS. BY CHARLES KELLY, M.D.

[*Communicated by* Dr. George Johnson.]

The paper began with an account of those hydatid cysts which were found after death in a putty-like condition; and arguments were brought forward against the theory, generally received, that this condition was brought about by the absorption of the fluid contents and consequent contraction of the cyst. It was shown (1) that there was no vascular connexion between the outer fibrous sac and the endocyst by which such a process could occur; (2) that there were no signs of puckering or contraction, in the cases recorded, of the surrounding tissues, as should be the case if absorption had occurred; (3) that some small tumours had been found in this condition in the substance of the liver, while the tissue around was merely condensed; (4) that the outer sac was generally globular and tense; (5) that, although drugs had been given in some cases with the apparent effect of causing absorption, yet this was not verified by *post mortem* examination.

The author maintained that the explanation of the phenomena that occurred was—that the hydatid, becoming embedded in same organ, soon had a fibrous sac formed around it; that as the hydatid grew this sac expanded in proportion, if the walls were not too resisting, and if they were properly nourished; as a consequence, the laminated membrane merely lined the sac, and the fluid contents were derived from the pabulum, which, having passed through the fibrous tissue, moistened the outer surface of the endocyst, which then secreted the hydatid fluid. If, on the other hand, the outer sac were too resisting, the expansion ceased, and, in consequence of the relative disproportion of growth, the endocyst became folded upon itself, as was found nearly constantly in *post mortem* examinations That for a-while nutritive changes went on till, after a time, the supply of pabulum was not enough to nourish the hydatid, and it died; or, in other cases, the outer sac became atheromatous and calcified, and death ensued from the nutritive fluid being cut off. The cure, then, was the result, not of absorption of the fluid contents, but of the death of the hydatid from not receiving enough pabulum on which it could live. Thus the involutions of the endocyst were not produced by the contraction of a larger cyst, but were a natural consequence of an impeded growth; and thus the globular shape of the sac was accounted for, and the absence of any cicatrisation of the tissues. In nearly all the cases recorded, the cysts were of small size, and seldom recognised during life. The diagnosis of some would most probably have been made if they had once been larger, as the endocyst has been met with four times the superficial area of the outer sac, and in most two or three times the size. Now, if the endocyst had merely lined the outer sac, as is the case where they contain much fluid, the cyst must have once been of such a size as to give rise to symptoms, and to be made out during the lifetime of the patient.

The conditions favourable for spontaneous cure were; 1. A dense, unyielding fibrous sac; 2, atheromatous, calcareous, or cartilaginous changes in the outer sac; 3, a situation in some organ or tissue where expansion cannot take place readily; 4, relative disproportion in growth between the endocyst and outer sac. All these changes concurred in preventing a due amount of pabulum from entering the sac, and so causing the death of the hydatid. An opposite condition of the tissues led to the formation of a large cyst, with very fluid contents. In all cases the hydatid would begin in the same manner, but during its early development the above conditions would lead to spontaneous cure, or, if absent, would cause a large cyst to be formed. The practical conclusion was, that drugs were of no use in treating hydatid cysts; that, in cases were fluctuation could be made out, no spontaneous cure could be effected, and that where this took place it was dependent upon the condition of the parts in their early development.

A table was appended with a short account of forty cases, in which this natural process of cure took place. Nearly all were found in the liver; none in any tissue where compression could not have been exerted.

Dr. **Drysdale** thought it unnecessary to operate as soon as a hydatid cyst containing fluid was detected. A man had been under his care at the Metropolitan Free Hospital with a fluctuating tumour of the epigastrium, presenting *frémissement,* and being apparently a hydatid cyst of the liver. No treatment was employed; and when he saw the man again, two or three months later, the tumour had disappeared.

Dr. W. **Ogle** said that many preparations in the museum of St. George's Hospital seemed to confirm Dr. Kelly's view. In these there was no puckering of the tissues external to the cyst; and the endocyst, much larger than the ectocyst, was folded within it. There was no doubt that Dr. Kelly's view explained one method of cure; but there were also cases where a putty-like substance was found. He believed that this arose from suppuration within the cyst, and subsequent drying up of the pus. Cases of hydatids were very rare; in 3,000 records of *post mortem* examinations at St. George's Hospital, in eighteen only had he found notice of hydatids—which were the cause of death in six cases only.

Dr. J. D. Hill had seen a case of retention of urine in a child ten years old, where a cure followed the passing of a hydatid cyst through an ulcerated opening in the vagina.

CORRESPONDENCE.

GENERAL PRACTICE.

Sir,—As a reply to the letter of "M.D." in the Journal of April 17th, and in confirmation of Mr. Curgenven's statements, I give you my experience. Ten years since, I started in practice, and adopted M.D.'s plan, and tried it for five or six years. My reasons for discontinuing it were as follows. My patients were of opinion that the druggist necessarily knew all about their cases. The druggist made the sending out of my medicines a matter entirely secondary to his own business, to the disgust of my patients. The drugs supplied were not as reliable, in fact, far inferior to those I obtain from a first-class wholesale druggist; and last, not least, I had to pay a fraction less than 25 per cent. for the medicine. This with the better class of patients. The poorer never considered the prescription to be the *quid pro quo* they expected for their money, and were of opinion that medicine from the surgery was better than from the shop. A friend of mine in this neighbourhood has, for similar reasons, after fourteen years' trial of M.D.'s plan, adopted that of dispensing for himself.

True, it may be mechanical—true, it is fatiguing, after some hours of visiting, to "set to" putting up physic; but the result, both to the patient as well as one's own pocket, most certainly *vaut la chandelle*.

Possibly M.D.'s plan may be suitable in large towns; but my experience (with every wish to avoid dispensing, from never having served an apprenticeship to it, etc.) is decidedly against it in the country.

April 1869. I am, etc., Cantab.

HOSPITAL ADMINISTRATION.

Sir,—Now that the subject of hospital administration is being discussed, I venture to hope that it will not be allowed to drop till some practicable and convenient system is adopted to prevent the wholesale and indiscriminate use that is made of the out-patient department especially of our hospitals. It inflicts a great injustice on the general body of practitioners; and, by crippling the funds of the poorer institutions, it confers a positive injustice on a class of sufferers whose cases might receive relief from the resources of the institution. As an example of the abuse of charity within my own knowledge, I give the following case.

A patient of mine, a retired farmer, without children or any immediate relative to whom to leave his money, received from a would-be friend a letter for medical assistance from the Skin Hospital of Blackfriars. This man travelled to London third class about every three or four weeks; received gratuitous advice, mixture by the quart to last him till his next visit, and ointment by the quarter pound. This man is generally known to be worth over £5,000. His case was one of chronic eczema of the leg, of not very long standing. When called upon to attend him for an internal disease, my attention was directed to his leg; and, under orthodox medical treatment, the disease yielded in a few weeks. *Ergo*, there was no excuse for superior advice; the disease was easy to diagnose, and easy to cure. By his deportment and by his dress, it must have been evident that this man was not a proper recipient of charity.

I could cite other cases. Every medical man must have had experience of such. I am, etc., J. T.

April 1869.

ATAVISM.

Sir,—The number of your Journal for April 17th contains a letter by Mr. Lawson Tait, in which he desires to draw attention to the mysterious force which governs hereditary tendency. Will you allow me, in reply, to refer him to a treatise on this subject that I published in January last, and which was noticed in the British Medical Journal of February 20th?

I believe that I was the first to suggest the theory that one force obtains in all cases of hereditary disease. I did not assume that this morbific force was identical with physical force. The present imperfect state of our knowledge would not justify such a conclusions. It is impossible to explain the nature of any force, though its existence may be inferred from its effects. All we can do is to generalise facts by careful induction. If we admit that a force is capable of lying dormant in the molecules of the nervous system until developed by some exciting cause, we can understand how it may be transmitted from grandparents to grandchildren, without any appearance of disease in the second generation. This hypothesis may help to explain atavism, to which Mr. Tait alludes. I am, etc., J. M. Winn.

Harley Street, April 1869.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, etc., PUBLISHED IN THE "JOURNAL".

PERCHLORIDE OF IRON IN POST PARTUM HÆMORRHAGE.

Sir,—I have read with much interest the graphic and eminently practical paper, by Dr. Norris, on the value of perchloride of iron in *post partum* hæmorrhage, which appeared in the Journal of the 10th of April; and, although I agree with the author as to the powerful action of the drug in question, as a local styptic, and also concur with him in regarding it as a necessary article of the obstetric armamentarium, and as a remedy of no mean value in uterine hæmorrhage in certain special circumstances, yet I must take exception to his somewhat unconditional recommendation of this styptic as the remedy, *par excellence*, to be relied upon for the control of *post partum* hæmorrhage, as calculated to mislead the inexperienced practitioner, and to divert attention from those measures which are founded upon physiological data, and upon the accumulated experience of obstetricians since the time of William Hunter, and which, I believe, are the only reliable means to be adopted, in the majority of cases, of flooding.

As a teacher of midwifery, following the doctrines of Dr. Murphy and other great authorities, and in accordance with the results of my own experience and observation, I have always anxiously endeavoured to impress most strongly upon the minds of my pupils, that the *only efficient means of controlling uterine hæmorrhage is to secure contraction of the uterus;* and that local styptics, so useful in certain forms of non-uterine hæmorrhage, are, as a general rule, inapplicable to puerperal hæmorrhage.

Although the injection of a styptic into the uterus may prove efficient in controlling a minor degree of hæmorrhage, as, for instance, the draining which may persist after the subsidence of flooding, or possibly also in abortions at an early period, when the uterine vessels have not yet attained their maximum, yet I should be loth to trust to the local action of the most powerful hæmostatic to control the torrent of blood which gushes from the opened mouths of the uterine sinuses in severe flooding.

The successful treatment of this most formidable complication of parturition will, in my opinion, be promoted less by the suggestion of new remedies, than by prompt and unremitting attention to those measures which experience has shewn to be efficient in the great majority of cases.

I view with alarm the recommendation of any remedy which appears to divert attention from, and to diminish confidence in, the measures universally regarded as essential. There can be no objection to the use of the perchloride as a subsidiary remedy after, or in conjunction with, the well-known measures calculated to promote and sustain uterine contraction; or, as I have already hinted, as a styptic in minor hæmorrhage; but the impression conveyed to my mind, from the perusal of the paper under notice, is that the author proposes the styptic as the chief and most efficient remedy in flooding generally; and this I regard as a somewhat dangerous doctrine. To pass from the theoretical to the practical bearings of the subject, I cannot think that the cases recorded afford much support to the proposition they are quoted to maintain. Of eleven cases, two were fatal, in spite of the perchloride. Of the remaining nine, three must be eliminated—viz., cases 1, 3, and 7, as in neither of these was the styptic applied to the bleeding surface; they were abortions, and the hæmorrhage was controlled by the ordinary method of plugging the vagina; the plug, it is true, was charged with the styptic, but its action would, of course, be limited to the vagina. After a careful perusal of the remaining six cases, I fail to discover any satisfactory evidence that the intrauterine injection of perchloride of iron produced "permanent contraction of the uterus." It is quite possible that the stimulating effect of the perchloride, upon the internal surface of the uterus, may excite contraction, and that the same result may be produced indirectly by reflex action when it is applied to the mucous membrane of the vagina. This, however, is quite distinct from its action as a styptic, and suggests the question, Whether, thus employed as an oxytoxic, it has any claim to be preferred to the more generally recognised remedies and measures, such as ergot, compression, cold, etc.? To this question, for the present at least, I am disposed to reply in the negative. I am, etc., A. B. Steele,

Lecturer on Midwifery, Liverpool Royal Infirmary.

REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

SIR,—The letter of Dr. A. P. Stewart in the JOURNAL of April 17th contains an important error. The plan of *indirect* representation of the profession in the Medical Council is there spoken of as having been proposed by Dr. Silver. Last summer, considerable discussion on this subject took place in your columns, and you did me the honour to insert my views concerning it. The scheme of *in*direct representation spoken of by Dr. Stewart was undoubtedly originated by Dr. Prosser James, who laid it before the Government of the day previously to the Council being formed, and who made it the ground of his appeal to the medical graduates of Edinburgh and St. Andrew's in the last parliamentary election. As, after retiring from that contest, the state of Dr. Prosser James's health caused him to seek a southern climate, whence his return is daily expected by his numerous friends, I hope you will allow me, as one who acted upon his Committee on that occasion, to claim for him the honour which is his due, and which, I feel convinced, Dr. Stewart unintentionally allotted to another.

I need scarcely say that I am delighted to find so able and so influential a man as Dr. Stewart admit that the plan of *indirect* representation is "one well worthy of the most serious consideration."

I am, etc., R. L. JOHNSON.

Charrington Street, Oakley Square, April 1869.

SIR,—I have been found fault with for attributing to Dr. Silver, in my letter published last week, a scheme of representation proposed by Dr. Prosser James. All that I meant to convey was, that Dr. Silver spoke in favour of that scheme at the conference with the Lord Advocate. I am, etc., A. P. STEWART.

London, April 21st, 1869.

ABSINTHE.

SIR,—I observe that you quote, in an editorial note, an experiment of Dr. Debourge which is supposed to demonstrate the poisonous properties of absinthe. Small fishes are shown to be killed more quickly by the addition to the water in which they swim of a given quantity of absinthe, than by the same amount of prussic acid. The conclusion that absinthe is the more deadly poison of the two is open to various objections. A substance, perfectly innocuous if swallowed or injected into the tissues, might kill a fish by appropriating the oxygen of the water; but the particular objection I wish to mention is, that frogs certainly, as I have ascertained by numerous experiments, and probably cold-blooded animals generally, are with difficulty killed by prussic acid. I am, etc., W. H. BROADBENT.

Seymour Street, Portman Square, April 1869.

THE POOR-LAW MEDICAL SERVICE

OF

GREAT BRITAIN AND IRELAND.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

THE quarterly meeting of the Poor-law Medical Officers' Association will be held at the Freemason's Tavern, Great Queen Street, Lincoln's Inn Fields, on Wednesday, April 28th, at 7.30 P.M. precisely. After the address of the President has been delivered, and a resolution submitted affirming the general objects of the Association, the meeting will proceed to consider the Irish system of out-door medical relief, the operation of the Irish Medical Charities Act, and the advisability of its extension to England, and Wales. Several members of Parliament have promised to attend, and will probably take part in the proceedings.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

MERTON COLLEGE.—Mr. Cleminshaw of Rugby has been elected to the annual Natural Science Scholarship in this College. There were fourteen candidates.

EXETER COLLEGE.—At the next examination for two Fellowships in this College, to commence on June 10th, candidates who wish to be examined in the subjects recognised in the Mathematical, Law and History, or Natural Science Schools, are requested to give notice to the Rector at least one week before the day of examination.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on April 15th; and, when eligible, will be admitted to the pass examination:—

Messrs. E. R. Edger, R. A. Skinner, W. B. Cornelius, J. G. U. West, W. W. Carr, Charles O'Connor, Washington Epps, T. W. Burnwood, and C. F. Groom (Students of University College); W. J. Morris, W. H. Dudley, H. E. Clark and John Settle (Glasgow School); J. S. Clarke, H. Y. Pitts, and A. R. Hopper (Liverpool School); John Young, Francis Hollinshead, and A. T. Walker (Birmingham School); Edward Yate and Charles Read (St. Bartholomew's); Edward Bartlettt and W. K. B. Welsh (St. Mary's); J. A. T. Lang (London); Thomas Pink and G. M. Roberts (Guy's); G. C. Briggs (King's College); Alfred Godrich (St. George's); and Charles Holmes (Manchester School).

It is stated that out of the 108 candidates examined, fifteen failed to acquit themselves to the satisfaction of the Court of Examiners, and were consequently referred to their anatomical and physiological studies for three months.

The following gentlemen, having undergone the necessary examinations, were admitted members the College, on April 20th.

Atkinson, Robert, L.S.A., Coniston, Ambleside (Leeds School)
Barton, Edwin William, L.R.C.P.Lond., Market Rasen (St. Mary's)
Cameron, James Spottiswoode, M.B.Edin., Mirfield, Yorkshire (Edin. School)
Collier, John Lister, Manchester (Manchester School)
Cox, William, Dorchester, Wallingford (St. Mary's)
Gabbett, Poole Robert Dalton, Woolwich (St. Mary's)
Grant, Frederick, Kibworth, Leicestershire (St. Bartholomew's)
Hardyman, Charles Edward, Norwich (St. Thomas's)
Haynes, Horace Eyre, Evesham, Worcestershire (St. Bartholomew's)
Hutchins, William Daniell, Bristol (Bristol School)
Jukes, Andrew, Tiverton, Devon (St. Bartholomew's)
Kidd, John Kinloch, York (Charing Cross)
Parker, Rushton, Liverpool (University College)
Pocock, Edward William, Brixton (St. Thomas's)
Roberts, John Dungey, L.S.A., St. Austell, Cornwall (Guy's)
Saunders, Henry William, Oxford Street (St. Thomas's)
Skelton, Henry, L.R.C.P.Edin., Tooting (Charing Cross)
Skrimshire, Charles Parnham, Holt, Norfolk (St. Bartholomew's)
Thompson, Edwin, Liverpool (Edinburgh School)
Turner, Frederick Harry, High Wycombe (St. Bartholomew's)

Admitted members on April 21st:—

Abbott, George, L.S.A., Nottingham, (Guy's Hospital)
Crowther, Richard, M.B.Edin., Crackpott, Yorkshire (Edinburgh School)
Davidson, William John, Newcastle, (Newcastle School)
Desse, Ethelrid, Kensington Gardens Square (University College)
Duncan, Alexander Shutor, Brompton, (St. George's Hospital)
Hopkins, John, L.S.A., Llantrissant, Glamorganshire (St. Mary's Hospital)
Hodges, Francis Henry, L.R.C.P.Edin., Bristol (Edinburgh School)
Morris, David William, Capel Dewi, Carmarthenshire, (Middlesex Hospital)
Oakeshath, John, L.S.A., Highgate (University College)
Whitmore, William Beach, Sloane Street, (King's College)

It is stated that five candidates out of the thirty-nine examined failed to acquit themselves to the satisfaction of the Court of Examiners.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 15th, 1869.

Baker, Henry Francis, Andover, Hampshire
Browne, Thomas Llewellyn, Great Berkhampstead
Boulton, George Sutton, Albrighton, Wolverhampton
Gillingham, Alfred, Forest Hill, Kent
Guest, John, Commercial Road East
Hendley, Thomas Holbein, Charlton
Lovell, William Day, Croydon
Mason, William Inglis, Sudbury
Patton, Edward Kenny, Quebec, Canada
Rowlands, Daniel George, Carmarthen
Wearne, Walter, Helston, Cornwall

At the same Court, the following passed the first examination.

Chambers, John Louis, London Hospital
Crocker, James, Leeds Hospital
Holman, Robert Colgate, Guy's Hospital
Thorpe, George Elisha Knight, Guy's Hospital

As Assistants in compounding and dispensing medicines.

Heslop, John, Edgware Road, W.
Warrior, Charles, North Allerton, Yorkshire

MEDICAL VACANCIES.

THE following vacancies are declared:—

BALLYMENA UNION, co. Antrim—Medical Officer, Ahoghill Dispensary District (£80 per ann., and about £40 more for Registration and Vaccination Fees).
BANGOR AND BEAUMARIS UNION—Medical Officer for the Anglesey District No. 2.
BAWNBOY UNION, co. Cavan—Medical Officer for the Ballinamore Dispensary District (£90 per annum).
BRISTOL ROYAL INFIRMARY—Dispenser (from £100 to £120 per annum).

CARLOW UNION—Medical Officer for the Borris Dispensary District (£100 per annum, and Registration and Vaccination Fees).

CREDITON UNION, Devon—Medical Officer for the Cheriton Fitzpaine District (£45 per annum).

DARLINGTON UNION, Durham—Medical Officer for the Darlington District, and the Workhouse (£100 per annum).

DINGLE UNION—Apothecary for the Workhouse and Dingle Dispensary (£50 per annum).

FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.

GLENORCHY and INISHALL, Argyllshire—Parochial Medical Officer and Public Vaccinator (£40 per annum, with house and garden).

HARTLEPOOL HOSPITAL—House-Surgeon.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street—Assistant-Physician.

IRISH MEDICAL ASSOCIATION—Vice-President.

LINCOLN COUNTY HOSPITAL—Physician.

LIVERPOOL DISPENSARIES—Three Assistant House-Surgeons (£98 per annum each, with furnished apartments, coal, gas, and attendance).

LONDON FEVER HOSPITAL, Liverpool Road—Physician and Assistant to Resident Medical Officer (£160 per annum, residence, gas, coal, and attendance).

MANORHAMILTON UNION, co. Leitrim—Medical Officer for the Dromahair Dispensary District (£90 per annum, and Registration and Vaccination Fees).

NEWCASTLE-UPON-TYNE INFIRMARY—Four Assistant-Surgeons; Senior House-Surgeon; Junior House-Surgeon.

NEWPORT UNION, co. Mayo—Medical Officer and Registrar of Births, etc., for part of the Achill Dispensary District. (£80 per annum, and Registration and Vaccination Fees.)

NEW ROSS UNION—Medical Officer for the St. Mullins Dispensary District (£70 per annum, and Registration and Vaccination Fees).

NORTH EASTERN HOSPITAL FOR CHILDREN, Hackney Road—Medical Officer.

NORTH WITCHFORD UNION, Cambridgeshire—Medical Officer for District No. 4 (£50 per annum).

RADCLIFFE INFIRMARY, Oxford—Dispenser.

RETFORD GENERAL DISPENSARY—House-Surgeon and Apothecary (£100 per annum, with furnished rooms, gas, coal, and attendance).

ROYAL COLLEGE OF SURGEONS IN IRELAND—Member of Council.

ROYAL COLLEGE OF PHYSICIANS, Edinburgh—Lecturer on Mental Diseases under Sir A. Morison's Endowment.

ROYAL KENT DISPENSARY, Greenwich—Three Medical Officers for Deptford; Two House-Surgeons.

ST. JOHN'S WOOD AND PORTLAND TOWN PROVIDENT DISPENSARY—Surgeon.

ST. MARY, NEWINGTON, Surrey—Sanitary Inspector.

SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Physician; House-Surgeon (£100 per annum, with board and residence).

TRINITY COLLEGE, Dublin—Professor of Zoology and Director of Museum (£200 per annum).

WATERFORD LEPER HOSPITAL AND FEVER INFIRMARY—Consulting-Surgeon.

WESTMINSTER HOSPITAL—Assistant-Surgeon and Lecturer on Anatomy.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*PARSONS, Francis H., M.D., appointed Physician to the Victoria Assurance Society.

RENDLE, Richard, Esq., appointed Surgeon to the Yorkshire Society's School, and District Surgeon to the Royal South London Dispensary.

BIRTH.

JESSOP.—On April 20th, at 32, Park Square, Leeds, the wife of *T. R. Jessop, Esq., F.R.C.S., of a daughter.

MARRIAGES.

BLYTHMAN, the Rev. Arthur, rector of Sherrington, Gloucestershire, son of *Robert Otter Blythman, Esq., Surgeon, Swinton, Yorkshire, to Mary Eliza, daughter of the Rev. A. BORRADAILE, at St. Mary's Church, Westminster, on April 13th.

*DOWSON, Christr. Henry, Esq., Surgeon, of Bristol, to Rose Kynaston, daughter of *Samuel BRYANT, Esq., Surgeon, of the same city, on April 13th.

*HAXWORTH, Walter, Esq., Surgeon, Kirkby Overblow, Yorkshire, to Eliza, eldest daughter of the late H. W. MONKMAN, Esq., Solicitor, York, on April 13th.

*RICE, David, Esq., Surgeon, to Mary Ann, younger daughter of the late John ADDISON, Esq., of Little Staughton, Bedfordshire, at Southam, Warwickshire, on April 17th.

DEATH.

*BRUCE, Alexander, M.S., M.B., of Old Cavendish Street, Assistant Surgeon and Lecturer on Anatomy at Westminster Hospital, at the residence of his mother, Albert Terrace, aged 27, on April 11th.

◆

BEQUESTS.—The late Mrs. Duncan, Greenbank, has bequeathed £100 to the Arbroath Infirmary.

THE POST OFFICE VOLUNTEERS.—Dr. Josiah T. Powell has been appointed to the vacant Assistant-Surgeoncy in the 49th Middlesex (Post Office) Rifle Volunteers, in succession to T. Morehead M'Farlan, Esq., of Putney, who retires.

WIRRAL HOSPITAL AND DISPENSARY FOR SICK CHILDREN.—The following is the medical staff of this hospital for the present year. *Consulting Medical Officers*: Charles H. Higgins, M.D., John F. Stevenson, M.D. *Acting Medical Officers*: Wm. Bell, Esq., P. M. Braidwood, M.D., David Forbes, M.D.

OPERATION DAYS AT THE HOSPITALS.

MONDAY......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Professor Bennett (Edinburgh), "On Pneumonia"; Mr. Jabez Hogg, "On Cataract and its Treatment."

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Thomas Smith, "On Nephrotomy for Renal Calculus"; Mr. Spencer Wells's "Third Series of One Hundred Cases of Ovariotomy."

WEDNESDAY.—Hunterian Society, 8 P.M. Dr. Beigel, "On Chorea."—Geological Society.

THURSDAY.—Royal Society.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

DIRECT REPRESENTATION.

WE shall publish next week an important document issuing from the Committee of Direct Representation in the General Medical Council. It arrived too late this week to be issued in the convenient form in which we desire to place it before the members of the Association. It will include a form of petition, with a statement of reasons, so arranged as to be capable of being detached for separate use.

WE have perused a very lengthy series of documents forwarded to us by Mr. E. C. Garland, including a mass of correspondence, statement of case, etc., relating to his election as medical officer of a branch provident society of the Great Western Railway. It seems to us that Mr. Garland has reason to complain of being forced into a new election to a post which he might reasonably have expected to be allowed to hold undisturbed. We heartily hope that the reelection of Mr. Garland will set at rest a very unsatisfactory question. His medical reputation and personal character stand very high, and we hope that the personal element in the quarrel may be effaced.

CONSULTATIONS WITH POOR-LAW MEDICAL OFFICERS.

SIR,—In January last, I was called by one of the medical officers of the Reading Union, to a case of arm-presentation, with contracted os uteri. Under the influence of chloroform she was delivered and did well. I sent in to the Board of Guardians a claim of £2 2s. In a courteous reply, they stated they had no power to grant it, and referred me to *Glen's Poor Law*. I then directed their attention to Dr. Rogers's case, as reported in the *Lancet* of January 19th, 1867. On its perusal, the Guardians, without hesitation, voted me my fee; subject to the sanction of the Poor-law Board. The Poor-law Board at once replied that it was a very proper case, and that they had much pleasure in allowing it. I beg to direct the attention of my brethren to this decision.

Reading, April 19th, 1869. I am, etc.,
I. HARRINSON.

FINE FOR NON-VACCINATION.

SIR,—My attention has been called to a paragraph, page 336, in your JOURNAL of April 10th, in which you say that the fine of 28s. 6d., which was inflicted on Mr. Toulson for the non-vaccination of his child, was paid by "Dr. J. P. Payne", which should have been Mr. J. P. Payne, *herbalist*. I am, etc.,
Leeds, April 1869. THOS. HOLMES, Vaccination Inspector.

FŒTID ODOUR OF FEET.

DR. H. recommends the nightly application of a solution of Sir W. Burnett's Disinfecting Fluid (2 drachms to 12 ounces of water), applied on linen covered with oiled silk. At the same time, giving an aperient mixture, combined with a tonic.

IN answer to Dr. J. H. O'Reilly (Rathfarnham), I would suggest Hebra's treatment of tannic acid and glycerine for profuse perspiration of the feet; failing which, a lotion of sulphurous acid, 1 part to 8 of water; or carbolic acid, half a fluid-drachm to the pint of water. M.D.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

PARALYSIS OF THE CERVICAL SYMPATHETIC NERVE.

SIR,—Dr. W. Ogle's case, reported in the JOURNAL of April 13th (p. 330), will, I hope, be published *in extenso*. As the patient probably continues under observation, the state of vision might yet be more accurately noted. If the cornea was considerably flattened, the antero-posterior diameter of the globe was, of necessity, shortened, and the eye thereby rendered hypermetropic. So far Mr. Brooke's question on this point was, by anticipation, answered in the affirmative. Yet, when asked, it met with a negative reply on the ground that the "patient" could read very small print at long distances. But had we even been told, as we should be now-a-days, exactly what print at what distance, we should still remain unsatisfied, and further require to know this: Is the acuteness of vision or is it not normal, *i.e.*, can the "eye" in a good light read No. xx of Snellen's test-types at twenty feet, or at how many less?

Mr. Hutchinson's cases, in the 4th volume of the *Ophthalmic Hospital Reports*, appear to favour the presumption that the affections of the sympathetic nerve in question are but little apt to give rise to disturbance in the sphere of accommodation. With this, my own observation in a number of cases which have recently come under my notice, entirely coincides. I am, etc.,

Manchester, April 1869. A. SAMELSON, M.D.

A PATHOLOGICAL EPITAPH.

SIR,—Being accustomed to vary my professional avocations by antiquarian pursuits, when the former permit, I visited the parish church of Lanreath, Cornwall, a few days since, when baiting my horse in the village. I there noticed a fine monument to Charles Grylls, Esquire, counsellor at law, who died in 1611. He had four sons and four daughters, whose effigies are sculptured beneath. But what chiefly concerns us, is the curious fact recorded of the daughters, as follows:—

> "One died a child, the rest all childless died,
> And yet with child in childbirth heaven denied
> Base earth their souls or issue should detain,
> Rare things are shown, and straight shut up again."

There is no record of their story, I believe, except on this monument; but we may suspect them to have been the subjects of some congenital deformity of pelvis. It is certainly remarkable that three sisters should have died in childbirth and childless. I am, etc., THOMAS Q. COUCH.

Bodmin, February 1869.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, April 14th; The Lincoln Journal, April 13th; The Western Daily Press, April 13th; The New York Medical Gazette, March 20th; The Welshman, April 9th; The Indian Medical Gazette, March 8th; The Derbyshire Advertiser, April 16th; The Buxton Advertiser, April 17th; The Kidderminster Times, April 17th; The Leamington Advertiser, April 15th; The Liverpool Mercury, April 13th; The Brighton Examiner, April 20th; The Brighton Herald, April 17th; The Bacup and Rosendale News, April 17th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. H. Gervis, London; Mr. T. Holmes, Leeds; The Secretary of the Statistical Society of London; Dr. J. D. Gillespie, Edinburgh; Dr. Taaffe, Brighton; Dr. A. Samelson, Manchester; Dr. G. H. Philipson, Newcastle-upon-Tyne; Mr. John Gilson, Birkenhead; Dr. Sisson, London; Dr. Parsons, Barking; Dr. Dale, Plymouth; An L.R.C.P.Edin.; Mr. T. Underhill, Tipton; Mr. R. S. Johnson, London; Mr. S. Felce, London; Mr. Harrinson, Reading; Mr. T. Spencer Wells, London; Mr. J. Lister, Glasgow; Mr. T. H. Bartleet, Birmingham; A Subscriber, Gloucester; Mr. R. O. Blythman, Rotherham; and Mr. Garringlen, Southsea.

LETTERS, ETC. (with enclosures) from:—

Dr. Broadbent, London; Dr. H. Blanc, Brussels; Mr. G. Street, London; The Honorary Secretary of the Obstetrical Society of London; Mr. C. Steele, Clifton, Bristol; Dr. Wardell, Tunbridge Wells; Captain Davies, Pershore; Mr. E. Chapman, Bristol; Dr. J. Orton, Beeston; M.R.C.S.; D.. T. Clifford Allbutt, Leeds; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Mr. D. Rice, Southam; Mr. J. Martin, Cork; Dr. Rogers, London; Dr. E. Waters, Chester; The Honorary Secretary of the Royal Medical and Chirurgical Society; Dr. L. Kidd, London; Mr. Berkeley Hill, London; Mr. J. Sampson Gamgee, Birmingham; Mr. Hugh Norris, South Petherton; Dr. Duckworth, London; Dr. Vinen, London; Dr. Clarke, Putney; Dr. R. D. Powell, London; Dr. J. Ross, Newchurch; Censor, Brighton; Our Vienna Correspondent; Dr. E. F. Hall, Prescot; Dr. E. Lloyd, London; Mr. E. C. Garland, Yeovil; Dr. Wilson, Cheltenham; Dr. J. J. Phillips, London; The Secretary of the Apothecaries' Hall of Ireland; Mr. R. Freeman, London; Mr. T. R. Jessop, Leeds; Dr. Quinlan, Dublin; Mr. E. Chapman, Oxford.

BOOKS, ETC., RECEIVED.

The 53rd Annual Report of the Manchester Royal Eye Hospital, founded 1814, for the year 1868. Manchester, 1869.

Report of the Ayr, Newtown, and Wallacetown Dispensary and Fever Hospital, for 1868. Ayr: 1869.

The Fourth Annual Report of the Staffordshire Asylum, for the year 1868. Stafford: 1869.

The Second Report of the Health and Meteorology of Newcastle and Gateshead for 1869. By G. H. Philipson, M.A., M.D. Newcastle: 1869.

Sound and Colour: their Relations, Analogies, and Harmonies. By John Denis Macdonald, M.D., F.R.S. London and Gosport: 1869.

Results of Meteorological Observations, for the week ending Saturday, April 17th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND.										RAIN.	
																Number of days it blew in certain directions.									Mean Force 0-12.		
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.		Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.823	1.175	58.9	53.7	49.1	70	76.7	45.3	31.4	66.7	48.1	110.7	..	6.0	4.3	..	..	0.4	0.6	..	2.3	0.4	1	2.3	3.0	2	0.32
BOURNEMOUTH Dr. Compton, F.M.S.	29.950	1.090	52.8	49.8	46.9	81	63.7	44.8	18.9	59.2	46.3	130.0	40.9	2.9	5.2	3	..	1.3	1.3	1	..	2.3	0.3	0.5	2.5	3	0.18
DUBLIN Dr. J. W. Moore.	29.857	1.009	53.3	50.0	46.7	78	68.4	44.5	23.9	59.4	47.3	..	38.7	5.4	..	0.9	0.3	0.3	..	1	2.1	1	1.4	..	3.1	3	0.32
KEW Dr. Treutler, F.L.S., etc.	29.866	1.270	58.1	53.4	49.2	72	77.5	41.6	35.9	66.6	47.1	132.7	34.5	5.5	2.3	0.7	..	..	..	0.7	3	0.3	1	1.3	2.3	4	0.43
LLANDUDNO Drs. Nicol and Dalton.	29.798	1.238	53.8	50.0	46.3	75	70.8	44.0	26.8	62.9	48.8	..	..	5.4	..	0.5	..	1.5	..	..	1	3	0.5	0.5	0.8	3	0.62
MALVERN Messrs. W. and J. Burrow.	29.825	1.218	57.6	52.0	46.9	68	77.0	41.3	35.7	65.5	49.9	109.0	40.2	3.8	4.1	1	..	..	0.3	0.3	2	2.3	0.3	0.6	1	3	0.48
SCARBOROUGH Dr. C. Fox, M.R.C.P., etc.	29.776	1.147	56.6	52.6	48.9	76	76.8	43.7	33.1	64.4	50.4	..	..	6.6	2.3	0.7	..	..	0.7	1.7	2	1.3	0.3	0.3	3.4	4	0.86
SIDMOUTH Dr. Mackenzie, F.M.S.	29.901	1.112	52.1	49.9	47.7	85	61.0	44.5	16.5	58.2	46.4	..	..	3.0	5.5	..	..	..	1	3	..	1	2	..	1.3	2	0.19
WORTHING W. J. Harris, Esq., M.R.C.S.E.	29.885	1.158	51.5	49.0	46.4	83	62.8	45.3	17.5	56.4	46.3	..	38.0	4.0	5.3	..	..	1	0.7	0.3	3.3	..	1	0.7	2.7	4	0.22

REMARKS.—There has been a general decrease in atmospheric pressure during the week at all stations, while the range has been almost double what it was the week before. Temperature has increased considerably; the maximum was registered at Kew. The range has been on the whole rather less than in the previous week, with the exception of Dublin, Scarborough, and Kew, where it was somewhat greater, the highest occurring at Kew. Humidity has in general decreased somewhat. Winds have been extremely light and variable at all stations; it was nearly calm at Llandudno. The amount of cloud has diminished at all stations; the amount of ozone has increased slightly. The quantity of rain collected has been on the whole slightly in excess of that of the previous week. On the 14th, thunderstorms of varying intensities were observed at the following times and places:—At Worthing, between 7 and 8 a.m., accompanied with heavy rain, the maximum temperature of the week occurring before 9 a.m.; at Kew about 9.30 a.m., with only a slight shower; at Llandudno from 12.30 to 2 p.m., with heavy rain and hail; at Malvern from 3.40 to 4.20 p.m., with heavy rain and hail, the hailstones being of a conical shape, some of which measured from apex to base three-quarters of an inch,—the humidity here at 2 p.m. was only =44; at Scarborough from 7.30 p.m. to 9.30 p.m. It would seem, therefore, that this disturbance of the atmosphere travelled over England in a northerly direction. Bright Auroræ Borealis were observed at Kew on the 15th, about 11.30 a.m., and in Dublin on the 16th at the same hour. Generally speaking, the weather was fine and warm until the 15th; on the 16th a change set in,—the wind shifted to the N. and N.E., and temperature decreased rapidly and considerably. Swallows were first seen at Llandudno on the 13th, and in the neighbourhood of Dublin on the 14th. The cuckoo was heard on the 16th near Dublin, and on the 17th at Bournemouth for the first time. The public health is reported as very good; measles had almost disappeared from Llandudno.

Saxifraga tridactylites first observed in flower at Kew.

The "Mean Maximum Temperature" at Worthing last week was by mistake given as 56.5; it should have been 50.5.

Kew, April 21st, 1869. W. J. TREUTLER.

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A WORD TO THE PROFESSION.

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CAUTION.

Vice-Chancellor Sir W. P. WOOD stated that Dr. COLLIS BROWNE was undoubtedly the Inventor of CHLORODYNE: that the story of the Defendant, FREEMAN, being the Inventor was deliberately untrue, which he regretted had been sworn to. Eminent Hospital Physicians of London stated that Dr. J. COLLIS BROWNE was the discoverer of Chlorodyne: that they prescribe it largely, and mean no other than Dr. BROWNE'S—See *Times* July 13, 1864.

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ON

THE RELATIVE DANGER TO LIFE FROM LIMB-AMPUTATIONS,

IN ST. BARTHOLOMEW'S HOSPITAL, LONDON, AND IN COUNTRY PRACTICE.

By SIR JAMES Y. SIMPSON, Bart., M.D., D.C.L.,
Professor of Medicine and Midwifery in the University of Edinburgh.

In consequence of my absence on the Continent, I have been hitherto unable to reply to a communication "On Hospitalism", inserted in this Journal for March 27th, by Mr. Holmes Coote, the eminent and well-known lecturer on surgery at St. Bartholomew's Hospital, London.

In some observations published two or three months ago, I stated that, using with other statistical inquirers the four major amputations of the limbs—viz., amputation of the thigh, leg, arm and forearm—as tests of the comparative success of surgery or surgical operations under different conditions—I had found that these four amputations were fatal in private country and provincial practice in the proportion of about 1 in every 9 cases operated on, while the same amputations were fatal in large and metropolitan hospitals in about 1 in every 3 cases operated on. These operations, therefore—and proportionally all others—were, I inferred, three times as dangerous in the wards of large and metropolitan hospitals as in private rural practice.

Mr. Coote primarily objects to my classifying the large and metropolitan hospitals "all together, and giving one general death-rate for the whole." In consequence, he appeals to the results of the operations performed in his own hospital of St. Bartholomew's alone. I am perfectly willing to take St. Bartholomew's in this way as a standard, believing, as I sincerely do, that it is one of the very best and healthiest of the large hospitals in the metropolis, and has attached to it now—as in past history it has long had—a staff of the most distinguished and able surgeons in Great Britain. What, then, is the mortality accompanying surgical operations in this great hospital?

I.—*Can the Mortality after* ALL *the Registered Surgical Operations in St. Bartholomew's Hospital be correctly compared with the Mortality after Limb-Amputations?*

In the *Edinburgh Medical Journal* for March 1869, I have published the results of 2,098 amputations of the thigh, leg, arm, and forearm in private rural practice in Scotland and England. Out of these 2,098 major amputations, 227 ended fatally, or 1 in every 9.2 died, or 10.8 in every 100.

"In St. Bartholomew's hospital (writes Mr. Coote), 2,131 registered operations have been performed during the years 1863-7, with 277 deaths, equal to a percentage of deaths of 12.99, or 1 in about 7½; and this is (he adds) about the same as Sir James Simpson's death-rate, after 'limb-amputations' in rural practice, which he puts at the favourable figure of 1 in 9."

But in making such a comparison between the mortality after the four "major amputations" of the limbs and the mortality after *all* the registered operations—great and small—in an hospital, Mr. Coote proposes to compare factors and data that are altogether incomparable. It is a comparison of things incompatible and incongruous, as I am sure every statistician will hold. Among the 2,131 registered operations at St. Bartholomew's during these four years, are entered, for example, 185 amputations of the fingers and toes, with 3 deaths; 216 cases of excision of benign tumours, with 5 deaths; 71 cases of hydrocele and hæmatocele, with 1 death; 63 cases of fistula, with 2 deaths; 30 cases of circumcision, with no deaths; 105 cases of tenotomy, with no deaths; 16 cases of ligature of hæmorrhoids and 22 of nævi, with no deaths; 14 cases of operation for ectropion and 18 extractions of the lens for cataract, with no deaths, etc. To adduce these and various other relatively safe operations as, in their risk and mortality, in any way comparable with the risk and mortality attendant upon the four major amputations of the limbs, appears to me utterly irrelevant and beside the question. To shew the relative safety of these and of the divers other operations of surgery in a large hospital like St. Bartholomew's, and their safety in country private practice, we should require for comparison—what we have not—a similar series of the same operations and their results as observed in the hands of rural practitioners. We possess, however, ample and reliable data for the requisite comparison in limb-amputations as performed by the surgeons of St. Bartholomew's Hospital and as performed by rural surgeons in country houses, cottages, and hovels. Let us turn, then, to these limb-amputations in search of the only data which as yet exist on this important matter.

II.—*Mortality after Amputations of the Thigh, Leg, Arm, and Forearm, in St. Bartholomew's Hospital and in Rural Practice.*

Mr. Coote gives, in his computations, the number of amputations of the limbs in St. Bartholomew's from 1863 to 1867 as amounting, on the whole, to 217, with 78 deaths. Their exact number, as published in the excellent statistical tables of the hospital, drawn up officially by Dr. Southey and Mr. Mallett, was 214 cases, with 81 deaths. The total mortality, therefore, after the four major amputations in these five years at St. Bartholomew's, was 37.8 in the 100; or 1 in every 2.6 operated upon died.

On the contrary, in the 2,098 similar amputations collected by me from private rural practice, the mortality was 10.8 in every 100; or 1 in every 9.2 operated upon died.

These four amputations, therefore, proved *three and a half times as fatal* to the patients in St. Bartholomew's Hospital as in rural private practice—a startling and astounding difference.

But, argues Mr. Coote, "one of the great sources," to use his own words, "of the high rate of mortality after limb-amputation is drawn from the statistics of amputation of the *Thigh*—an operation," he adds, "rarely performed in private practice, and not often, I think, in the agricultural districts."

The proportion, however, of traumatic thigh-amputations, as compared with other limb-amputations, is smaller in Bartholomew's (where it formed 1 in every 9 of the major amputations) than it is in the statistics of rural practice which I have collected, and where it formed 1 in every 7 of the major amputations. From 1863 to 1867—the years referred to by Mr. Coote—24 amputations of the thigh, for injuries or their results, took place in St. Bartholomew's. One rural surgeon whose cases I have reported—Mr. Davis of Aberdare—has in his own individual practice performed amputation of the thigh for injuries in 22 instances, or in nearly as great a number of cases as occurred altogether in St. Bartholomew's from 1863 to 1867. Another—Dr. Canney of Bishop Auckland—has performed with his own hands 20 primary amputations of the thigh; and so on. Out of 313 cases, in all collected by me from the country, in which amputation of the thigh was performed for injury or its consequences, 25 in the 100 died. In St. Bartholomew's, 58 in the 100 died under the same operation.

In Mr. Coote's communication, it is stated that, at St. Bartholomew's Hospital, the mortality from all the thigh-amputations for injury or disease was 1 in 2.7. It was higher, and amounted to 1 in 2.2; 44 having died out of 95 operated upon. Out of all the thigh-amputations in country practice collated by me, 124 died; or 1 in every 5.4; or 18 per cent; while in St. Bartholomew's the mortality was 46.2 per cent.

It is not, however, as Mr. Coote thinks, in such great and formidable operations as amputation of the thigh that the difference is most remarkably shown between the peril and fatality of surgery in metropolitan hospitals and in rural practice. The dangers of hospitalism appear far more in minor amputations. Thus, for example, in amputation of the *Forearm*, for either injury or disease, the difference is still more strikingly pronounced. In St. Bartholomew's Hospital, out of 25 amputations of the forearm, 2 died, or 1 in 12; out of 377 amputations of the forearm collected by me from rural practice, 2 died, or 1 in 188. The mortality from amputation of the forearm was, therefore, *fifteen times as great* in St. Bartholomew's as in private rural practice. This same simple amputation of the forearm is even more fatal in various other hospitals than it is in St. Bartholomew's, showing that it is not any alleged magnitude of previous shock, nor the gravity of an operation, etc., that will account for the enormous differences between the results of surgery in large and metropolitan hospitals and in country domiciles and dwellings.

Mr. Coote adduces also the mortality in St. Bartholomew's Hospital attendant upon amputations of the leg and arm for disease and injury. He gives the number of amputations of the arm for injury as 19, with 4 deaths; and the number of cases of amputation for disease as 13 (instead of 12). The mortality attendant upon arm-amputations in St. Bartholomew's was, therefore, about 1 in 8. In 433 country amputations of the arm, the mortality was about 1 in 23, or nearly three times less. Mr. Coote cites the number of cases of amputation of the leg at St. Bartholomew's for injury as 31, with 15 deaths. The numbers, however, amounted to 33, with 17 deaths. The leg-amputations for disease were 34, with 13 deaths. And the whole mortality in leg-amputations was thus 1 in 2.3, instead of 1 in 2.9, as he states it. In country practice, out of 618 legs amputated, 81 died, or 1 in 7; or the mortality was between three and four times less in rural practice than in the practice of St. Bartholomew's Hospital.

III.—*The Surplus of Deaths after the Four Major Amputations of the Limbs in the Practice of St. Bartholomew's Hospital, compared with Rural Private Practice.*

The number of patients who died after limb-amputation in St. Bartholomew's from 1863-68 was, as we have seen, 81 out of 214 operated upon. But, according to the statistics of rural practice which I have collected, out of every 214 operated upon only 23 died.

Therefore, the SURPLUS of mortality in large hospitals, as compared with rural practice, in private habitations, and cottages, is thus 58 out of 214 operations; a difference at first sight so incredible, and involving such an appalling sacrifice of human life as to appear to me to call on all of us loudly and earnestly for the most anxious inquiry and rectification. I make this remark under the belief that this excess of mortality is mainly if not entirely traceable to hospitalism and its effects. Can Mr. Coote suggest any other rational cause or causes to account for the tremendous difference in the results?

Or let us state the problem otherwise. Out of 2,098 limb-amputations collected by me—performed in country and provincial private practice, and chiefly in the homes and cottages of the poor—227 died. But, according to the statistics of St. Bartholomew's Hospital, if these 2,098 amputations had been performed upon patients within its walls, 794 lives would have been lost among those subjected to operation, instead of only 227; or in this given quantity of limb-amputations the hospital surgeons in their practice would have a SURPLUS or excess of 567 deaths greater than the rural surgeons would have met with if they had been the operators in the same number of cases.

Mr. Coote owns that my statements respecting the high rate of mortality in large or in Metropolitan hospitals is sufficiently important to "demand *either* an answer, or else some change in our hospital system". I submit that Mr. Coote's first alternative has failed entirely; and I quite agree with him as the second alternative, viz., the necessity of "some change in our hospital system." If, for example, the 214 patients who were subject to limb-amputations in St. Bartholomew's, from 1863-68, had been all sent out of the rich palatial hospital in which they were placed, into villages or cottages—and perhaps from the city into the country—50 of their lives would, I believe, have probably been saved. But even if the 25, or one half only, of these human beings were preserved by such a change, are we not, by every principle of humanity and sympathy, bound to try to effect it? For our hospitals should not be charities merely in name, but charities in truth and reality.

Mr. Coote holds that there is a necessity for us to "aggregate our sick poor in large hospitals." Most assuredly there is no such necessity; and whenever the painful peril and needless sacrifice of human health and life connected with our present hospital system are sufficiently impressed upon the mind of the public and of the profession, the system itself will be altered; and that without any great difficulty. It seems to be Mr. Coote's opinion that small or detached hospitals are attended with diverse inconveniences. Latterly, in America, some hospitals, much larger than any in London, have been constructed upon the cottage or village and single-story principle, with the administrative, cooking, and other departments in their centre; and—without discussing for the present the question of their great salubrity—they are averred to be cheaper in their original construction (as there are no strong foundations and heavy supporting walls required); cheaper in their administration (as there are no higher flats to mount and carry up to); and far better ventilated, as single-storied buildings confessedly are. Besides, such hospital-forms and buildings seem to save expenditure by shortening the duration of the hospital residence of the inmates; the poor patients recovering more rapidly and steadily in them; for, instead of being continually imprisoned, as it were, in their bed-rooms or wards, they can, during their convalescence, always easily reach the ground and open air without the dire necessity of descending and again ascending weary and repulsive flights of stairs.

ARREST OF HÆMORRHAGE FOLLOWING EXTRACTION OF TEETH.—S. Lawrence, of Lowell, Massachusetts (*New York Medical Record*) usually applies persulphate of iron in excessive bleeding; and, if that do not prove successful, a piece of lint or cotton is spread out, and as much of dry plaster of Paris as will go into the cavity is placed on the cotton, so as to make a ball or pellet, which is forced into the alveolus with a blunt instrument. The finger or thumb is then placed upon it until the plaster sets and the cavity is hermetically sealed.

ON THE "MUSCULAR SENSE", AND ON THE PHYSIOLOGY OF THINKING.

By H. CHARLTON BASTIAN, M.A., M.D., F.R.S.,
Professor of Pathological Anatomy in University College; Assistant-Physician to University College Hospital, and to the National Hospital for the Paralysed and Epileptic.

WE think or reason principally by means of Language. We may ask, then, whether, in using language as a vehicle for thought, words recur or are revived primarily as ideas of sound, or as revived remembrances of articulatory efforts? Are they ever, in fact, primarily revived as "suppressed articulations"?

In opening this inquiry, I start with the presumption (1) that, in the higher phenomena of mind, which are dependent upon the cerebral hemispheres, certain definite parts of these are always called into activity whenever similar mental operations are repeated; so that the evolution of particular states of consciousness is always dependent upon the activity of the brain in a certain definite though unknown manner. We could scarcely imagine it to be otherwise: in all the higher organisms, each individual part has its definite function. And just as in the lower nerve-centres we know that certain issuing and entering fibres transmit definite motory or sensory stimuli, so, in centres of greater complexity, where there is all the more need for uniformity, it is only fair to expect that the same uniformity does exist. That optical impressions do pass along definite routes to certain parts of the cerebral hemispheres, that auditory and olfactory impressions also pass along definite though independent routes to the cortical grey substance, we have a right to expect, from what we know of the physiology of the nervous system.

2. Then it is assumed that, when past impressions are revived as ideas or recollections, precisely the same parts of the hemispheres, the same nerve-fibres, and the same nerve-cells, must be called into activity as were previously concerned in the perception of the original impression.

3. I also assume that the several sense-centres, at the base of the brain and in the medulla, are connected in a perfectly definite way, each with its own set of cells in the cortical substance of the hemispheres; these cells, in connexion with the several sense-centres, constituting their respective *perceptive centres*, which may exist in regions of the hemispheres either distinct from one another, or which may be variously interblended. In the perceptive centres: the primary impressions made upon the organs of sense are converted into "perceptions" proper; that is to say, they receive their intellectual elaboration, and this elaboration implies an intimate cell and fibre communication between each perceptive centre and every other perceptive centre; since one of the principal features of a perceptive act is, that it tends to associate as it were into one state of consciousness much of the knowledge which has been derived at different times and in different ways concerning any particular object of perception. An impression of an object, therefore, made upon any single sense-centre, on reaching the cerebral hemispheres, though it strikes first upon the perceptive centre corresponding, immediately radiates to other perceptive centres, there to strike upon functionally related cells; all this taking place with such rapidity, that the several excitations are practically simultaneous, so that the combined effects are fused into one single perceptive act. Thus, I see an orange at a distance: this, as an object of visual sense, is simply a rounded yellow area; but past experience has led me to know what are the tactual and muscular sensations usually associated with the sight-impressions—how it is really a spherical body, with a somewhat rough surface. Then I have learned also that these impressions are usually associated with a certain odour, with a certain taste, a certain succulence, and certain internal optical characters, including a divisibility into segments, and the possible presence of seeds within. A combination of any of these, or of a host of other revivable impressions, may go to constitute my perception of an orange, and may flash into consciousness, more or less simultaneously, on the presentation of the object to the visual sense.

4. Then it must be understood also that, in any process of thought, when the cerebral hemispheres are once in action, very many of the phenomena giving rise to the successive stages of the process of thought do go on more or less automatically, by virtue of preexisting associations of contiguity, resemblance, etc., which have probably served to establish definite nerve-connections or channels of communication between the several parts concerned. But, independently of this automatic sequence taking place by virtue of an unconscious but organised memory, we can exercise also, at will, a still more mysterious function—that of voluntary *recollection*. By the exercise of this function, we have

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the power, at any moment, of recalling to consciousness, by a voluntary effort, any past impressions which have been received in our cerebral hemispheres. This recall may be abrupt, and without previous thought upon the subjects which we recollect. Here, also, it seems that, however brought about, and however inexplicable the process, one of the after-results must be the calling into activity of the particular cells and fibres of that perceptive centre which had most to do with the original reception of the impression; this revived activity then almost simultaneously arousing the parts in other perceptive centres which have to be excited in order that a definite *idea* may be recalled of the original perception. We can exercise a greater power of recall in certain perceptive centres than we can in others; and the corresponding impressions of sense are then said to have a higher degree of intellectual persistence. Pre-eminent in this respect is our power over the visual perceptive centre. The intellectual persistence of auditory and tactile impressions is also extremely great, though that of olfactory and gustatory impressions is notably less; whilst the various organic sensations can be recalled only to a very limited extent.

But still another sense remains—the so-called "muscular sense"—from which we have been said to derive our "feelings of movement". This, however, is an endowment in many respects so peculiar, that the subject requires a thorough consideration before we can decide how far the impressions of the "muscular sense" are also capable of ideal recall.

Muscular Sense.

Much speculation and inquiry has of late years been devoted to the elucidation of this most interesting and important sense-endowment. After a consideration of some of these, Professor Bain (*Senses and Intellect*, 3rd ed., p. 76) has written thus: "As the nerves supplied to the muscles are principally motor nerves, by which the muscular movements are stimulated from the brain and nerve-centres, our safest assumption is, that the sensibility accompanying muscular movement coincides with the *outgoing* stream of nervous energy, and does not, as in the case of pure sensation, result from any influence passing inwards by incarrying or sensitive nerves. It is known that sensitive filaments are distributed to the muscular tissue, along with the motor filaments; and it is reasonable to suppose that by means of them the *organic* states of the muscle affect the mind. It does not follow that the characteristic feeling of exerted force should arise by an inward transmission through the sensitive filaments; on the contrary, we are bound to presume that this is the concomitant of the outgoing current by which the muscles are stimulated to act." Some such conclusion seems, at first sight, to be justified by the evidence; but, as this may not be familiar to most readers, and also because it is desirable that we should arrive at the most exact opinions possible on the subject, I will briefly allude to the principal points of evidence.

J. W. Arnold (*Ueber die Verrichtung des Rückenmarksnerven*, Heidelberg, 1845; also *Brit. and For. Medical Review*, April 1845, pp. 558-575) found, after section of the posterior roots of the nerves going to the hind extremities of the frog, that the animal could make use of these hind extremities almost as well as if nothing had been done to the posterior roots; from which he drew the conclusion that the nerve-fibres conveying to the sensorium the impressions which give rise to our knowledge concerning the state of our muscles must be contained in the anterior roots. Brown-Séquard (*Lectures on the Central Nervous System*, 1860, p. 9) says: "This experiment is certainly of some value, and we must acknowledge that it is difficult to explain it otherwise than Arnold has done. Moreover, we have found that, after section of *all* the posterior roots of the spinal nerves in frogs, the voluntary movements seem to be very nearly as perfect as if no operation had been performed; and that, if the skin of the head is pinched on one side, the posterior limb on the same side tries to repel the cause of the pain, as well as if no injury had been made. I have also ascertained that, in frogs rendered blind, these experiments give the same result." The same physiologist has shown conclusively, however, that the ordinary or organic sensations derivable from muscles are dependent upon the integrity of the posterior or sensory roots of the nerves. When these are cut, and a galvanic current is applied to the muscles thus severed from connexion with the posterior roots, "no trace of pain is produced, and all the other causes of pain are also unable to cause it when applied either to the skin or the muscles." But, whilst Brown-Séquard has arrived at the opinion that section of the posterior roots of the spinal nerves interferes very little with the animal's power of executing movements, so that these "seem to be very nearly as perfect as if no operation had been performed," other experimenters have thought that the power of movement was sensibly affected by such an operation. Panizza (*Ricerche Sperimentale sopra i Nervi*, Pavia, 1834), after operations of this kind upon certain animals, came to the conclusion that, although such animals could execute movements, and although their motor power seemed to remain intact, their movements were nevertheless uncertain, and more or less badly executed. Similar results were arrived at by Stilling, and also by Schiff in experiments upon dogs and cats; and still more recently they have been confirmed by Claude Bernard (*Leç. sur la Physiolog. et la Patholog. du Syst. Nerveux*, Paris, 1858, t. i, p. 250) in experiments upon frogs, and by Leyden (*Die graue Degen. der intern Rückenmarksstränge*, Berlin, 1863) and Rosenthal in experiments upon frogs and rabbits. From this evidence, it would seem pretty evident that the division of the posterior roots of the spinal nerves does exercise some influence upon the precision and suitability of muscular movements. Brown-Séquard speaks of the alteration as being very slight; other experimenters consider the defects to be graver; but all are agreed that the amount of incoordination produced is not very great. As, in these experiments, the posterior roots were cut, and ordinary sensibility was destroyed, it seems pretty clear, if the impressions of the "muscular sense" are necessary for the proper execution of complex movements, that such supposed feelings of movement must differ altogether from ordinary sensations, and that the nerve-fibres subserving this function are *not* contained, as the other sensory fibres are, in the posterior roots of the spinal nerves. Hence, as Professor Bain says, it would appear that we must select one of two alternative propositions: either (1) we must suppose, with Arnold, that certain different and peculiar nerve-fibres pertaining to the exercise of this muscular sense are situated amongst the motor fibres in the anterior roots of the spinal nerves; or else (2) we must suppose that the mind is capable of discriminating the degree of energy of the motor current, or the force poured out from the brain in voluntary movement. But, on the whole, for the reasons about to be mentioned, Professor Bain seems to think it more probable that the latter supposition should be the correct one. Ludwig also saw nothing untenable in the latter view. He said: "Whether the nerves that subserve the muscular sense, and those that induce the muscular motion, are the same, is at present difficult to decide. It is conceivable, and not unlikely, that all knowledge and discrimination arrived at through the exertion of the voluntary muscles are attained directly through the act of voluntary excitation; so that the effort of the will is at once proceeded on as a means of judgment. This opinion is supported by the fact that the movements that give us mental judgments in by far the greater number of cases do not appear as muscular sensations; in other words, they are not, like the organic sensations of muscle, localised by us in the muscle, and looked upon as possessing the characters of a sensation." Then J. Müller (*Physiol.*, t. ii, p. 480. Paris, 1859, p. 195) said on this same subject: "It is not certain that the idea of the force employed in muscular contraction depends solely upon a sensation. We have a very exact notion of the quantity of nerve-force starting from the brain which is necessary to produce a certain movement. . . . It would be very possible that the appreciation of the weight and pressure, in cases where we raise or resist, should be in part at least not a sensation in the muscle, but a notion of the quantity of nerve-force which the brain is excited to call into action."

Whilst, however, there is this unanimity of opinion so far between Ludwig, Müller, and Bain, as to the kind of information revealed by the action of the muscular sense, and as to the nature of the volitional act, Dr. Landry, who devoted much attention to this subject (*Mém. sur la Paraly. du Sentiment d'Activité Musculaire*, Paris, 1855), came to quite an opposite conclusion. He said (*Traité des Paralysies*, that the sensations spoken of were derived from the moving organs themselves; that "the *ego* has a direct consciousness of the phenomena of volition; it knows immediately that there has been a voluntary stimulus, and to what part of the body it is directed; as to the effects produced, it is only mediately informed of these, and can disregard them. ...... The nervous action which incites the movement can only, therefore, furnish to consciousness an idea of the volition, and not that of its execution; besides, if the *sensorium* has a knowledge of the excitation of the excito-motor faculties, it ignores the quantity of nerve action exerted. It is necessary that the effect of the central incitation (the contraction) should be produced in order that the brain may perceive, and then it perceives, at the same time, both the seat and the degree of contraction. The movement itself is, therefore, the source whence we derive notions of this kind." What amount of truth is contained in these opposite statements we shall be better able to appreciate hereafter, when we have analysed, so far as possible, all the phenomena of voluntary movements in their psychical and physiological aspects. Meanwhile, I will go on with the consideration of the question as to the seat of origin and nature of the impressions of the "muscular sense".

Wundt has given what he considers perfectly adequate reasons for inducing us to reject the view that these impressions are conducted from the muscles by sensory nerve-fibres passing upwards through the *anterior* roots of the spinal nerves. If these impressions were conducted by sensory fibres of this kind, Wundt says, "nothing else could be regarded as the stimulus, save the changes taking place in the muscle, the contraction, or perhaps the electrical process in nerve and muscle accompanying the contraction. Now, this process is known to keep equal pace with the energy of the muscular contraction; and we must expect that the muscular sensation would constantly increase and decrease with the amount of internal or external work done by the muscle. But this is not the case; for the strength of the sensation is dependent only on the strength of the motive influence passing outwards from the centre, which sets on the innervation of the motor nerves." But Wundt's reasoning on this point carries no conviction of its truth to my mind, because I am sure his latter statement would be directly contradicted by the experience of any man suffering from complete paraplegia. If such a man willed to move one of his lower extremities, he would be convinced only of his utter inability to do so; and he would experience no sensation of expended energy proportional to the strength of his desire. This reasoning which Wundt employs, seems to shew that he also believes the theory as to the nature of the "muscular sense" to which Müller, Ludwig, and Bain incline; but there are grave objections to this view, which I will now proceed to state, turning principally upon the real nature of an act of volition, and as to the sensations pertaining to it.

In the first place, we shall derive much valuable information from a consideration of the phenomena of two morbid conditions—the one described by Landry under the name of "La Paralysie du Sentiment d'Activité Musculaire," and the other the well-known disease Locomotor Ataxy. With respect to the first disease, I will say nothing of the case observed by Sir Charles Bell, which first led him[*] to surmise the probable existence of a "muscular sense," since the record of this case is deficient in some important details, but I will call attention to the phenomena described by Landry, who has paid much attention to this subject. He says (*Traité des Paralysies*, p. 194): "The individuals attacked have preserved their power of movement in all its energy, and so long as they watch, through the sense of sight, the execution of their movements, these are effected in the usual way. Tell them to extend the index-finger, they do it; the arm, the leg, they do not hesitate in the least; direct them to do something with the hand or the foot, they do it easily, and one can scarcely observe a trace of uncertainty about the movement. Certainly in these patients, the notion of the quantity of nervous action necessary for their movements, the knowledge of its destination, the volitional impulse, the faculty of coordination, are not at fault. But now, let their eyes be bandaged, and all is changed: their movements are irregular, badly sustained—too much or too little—and the patients are not properly conscious of them. Often, after having executed a movement, they are unable to say whether or not they have done so, or even they think they have accomplished it simply because they have willed to do so, when it has not taken place either on account of the movement having been prevented, or because the muscular contraction has not followed the cerebral stimulus." These phenomena constitute the essence of the disease: a power of some kind seems wanting, so that the individual cannot perform muscular movements with precision, and with the ordinary degree of consciousness[†], when unaided by the sense of sight, though he does seem to recover this power and this knowledge to its full extent when he watches the limbs which are called into action. When such symptoms exist alone—without any real diminution of the motor power, and without any impairment of the ordinary modes of sensibility—there is said to be a loss or paralysis of the "muscular sense." Nothing very definite can be said concerning the pathology of these cases. How can we reconcile the symptoms with the view as to the cerebral origin of the feelings of the muscular sense? Volition and motor power being unimpaired, the "feelings", which are presumed to be their "concomitants", are found wanting.

Although Locomotor Ataxy is now such a well-recognised and by no means uncommon disease, much doubt and difference of opinion still prevail as to the real explanations of the phenomena presented. We know positively concerning individuals suffering from this disease, that there is great incoordination and irregularity of movement in the lower extremities even when the eyes are open, and that all this irregularity is greatly increased when the eyes are closed; that at the same time the actual motor power of the lower extremities is either altogether intact or only diminished to a very slight extent. Then, we now have sufficient data to enable us to recognise that in certain cases these symptoms are associated with a notable diminution or even absence of the ordinary modes of cutaneous sensibility, and also of the general sensibility of the muscles and of the joints; these modes of insensibility either existing alone or in conjunction with a marked diminution in the acuteness of the "muscular sense"—that is, in the opinion of those who think that the acuteness of this latter sense is to be estimated by the individual's ability to discriminate between differences in the weight of bodies suspended from the limbs. But there can be no doubt that other cases[*] do occur in which, as I should say, a loss of the "muscular sense" alone exists, and seems to be the cause of the incoordination of movement. Then it is now an admitted fact that the pathological lesion of locomotor ataxy consists of a sclerosis of the posterior columns of the cord, and of the posterior grey cornua, in the progress of which the proper nerve-tissue is more or less destroyed—this change also subsequently invading the posterior roots of the spinal nerves. In explanation of the incoordination of movement, different views have been advanced by different writers; some believe that the incoordination is due to the superficial and deep anæsthesia solely—a view which has been strongly advocated by Trousseau, and lately also by Dr. Clifford Allbutt (BRIT. MED. JOURNAL, Feb. 20, 1869), Trousseau even doubting the very existence of the muscular sense; whilst others—and amongst them Dr. Wilks—are disinclined to believe that this anæsthesia can give rise to such symptoms, and attribute the incoordination rather to an impairment of the "muscular sense." Others, again, think that both these causes come into operation, and lead to the production of the irregular movements. I am disposed to think that many writers are far too prone to look upon locomotor ataxy as a definite disease, and so to frame too exclusive theories in respect to it. It is undoubtedly a most variable disease, or, in fact, an assemblage of diseased conditions, so that we really associate under this name, as under a generic appellation, a number of distinct morbid states, so long as they present the common character of ataxy of movement. Much confusion has also arisen on the subject of the degree to which the "muscular sense" is impaired in these cases, owing to the very different means adopted by different observers for estimating its integrity. It has been stated of late by Jaccoud (*Les Paraplégies et l'Ataxie du Mouvement*, p. 672), that the best and only proper means of appreciating this is by an application of the methods which Weber adopted in his celebrated experiments for determining the delicacy of this sense in the upper extremities. Such a test has been applied to individuals suffering from locomotor ataxy by Jaccoud, Späth, and also by Dr. Bazire, so that we are in possession of definite evidence upon the subject. I will give the principal results of Jaccoud's investigation in Dr. Bazire's words. He says: "Quite recently, Dr. Jaccoud has applied Weber's method to the lower extremities, and the results of his experiments, made on 24 different individuals, tend to show that it is possible, in health, to distinguish on an average a difference of from 50 to 70 grammes (say about two ounces) between two weights successively suspended from a lower limb. In six ataxic patients to whom this test was applied, the minimum of the difference in weight appreciated by the patient was found by Dr. Jaccoud to be considerably above the healthy average, varying from 100 to 3,000 grammes (from 3¼ ounces to 4 lbs.)." Späth (*Beitrage sur Lehre von den Tabes Dorsalis.* Tubingen, 1864), also, without being aware of the experiments just cited, adopted a similar method to investigate the state of the "muscular sense" in two cases of ataxy, and in both he found a notable diminution in the discriminative power of the individual—indeed, in one of the two cases no difference was perceived, unless the two successive weights bore the ratio to one another of 1 : 100.

(*To be concluded.*)

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[*] In one of his most valuable historical notes, Sir William Hamilton (*Dissertations on Reid*, p. 864 *et seq.*) has said: "That the recognition of the Locomotive Faculty, or rather, the recognition of the Muscular Sense as a medium of apprehension, is of recent date, and by psychologists of this country, is an opinion in both respects erroneous. As far as I am aware, this distinction was originally taken by two Italian Aristotelians, some three centuries ago." The two persons alluded to were Julius Cæsar Scaliger, a physician, (1557), and another philosophical physician, Cæsalpinus (1569) of Arezzo.

[†] We certainly want some additional information on the subject as to how far the abolition of the mere "muscular sense" entails an unconsciousness of the movements of the limbs. I feel strongly inclined to think that Landry has made this a much more prominent symptom than it really is. Holding the opinions that he did upon the "muscular sense", its abolition would have implied this unconsciousness as to the feelings of movement; but I shall afterwards attempt to show that these "feelings" are not at all dependent upon the "muscular sense."

[*] Trousseau said that, out of about fifty cases of locomotor ataxy, he had seen three of this kind.

EAST LONDON CHILDREN'S HOSPITAL.—The annual general meeting of the East London Hospital for Children, Ratcliffe Cross, took place on Wednesday, Lord Enfield, M.P., in the chair. The report testified to the great usefulness of the charity, and to the economy with which it had been managed. It was proposed to open a ward for the isolation of contagious diseases; and it was unanimously resolved to take immediate steps to obtain sufficient funds for the purpose.

ROYAL INSTITUTION OF GREAT BRITAIN.—Dr. Michael Foster has been appointed Fullerian Professor of Physiology, *vice* Thomas Henry Huxley, LL.D.Edin., F.R.S., resigned.

REMARKS ON THE TREATMENT OF ACUTE RHEUMATIC FEVER:*

Being some Brief Observations on the Discussions lately held at the Royal Medical and Chirurgical Society of London.

By HENRY KENNEDY, A.B., M.B.,
One of the Physicians of the Cork Street Hospital, Dublin.

WITHIN a brief period a very interesting discussion, relating to the treatment of rheumatic fever, took place at the Royal Medical and Chirurgical Society of London. The point discussed was, however, one of more than ordinary moment, being neither more nor less than the question whether art has any means at command, by the use of which the duration of the disease could be shortened. One party maintained that the disease, if treated only with mint-water, would terminate in about ten days; that is, when no treatment was adopted, the tendency of the disease was to cease about this period; and a number of cases were quoted in proof of this statement. The other held the opposite, maintaining that the treatment known as "the alkaline" did materially shorten the attack. Before stating my own views, I would observe that the question discussed is but one of many of a similar import which have been started within the last few years. The late Sir John Forbes appears to have been amongst the first to bring the matter prominently forward, and to have questioned the power of our art not only over rheumatic fever, but over disease in general, and to have arrived at the conclusion that Nature does everything, and art little or nothing. In keeping with these views, all are aware that what is known as the antiphlogistic treatment has been not only questioned, but even rejected by many of late years. Hence, too, has arisen the question which it is the more immediate object of these remarks to discuss.

Now, I believe that the views commonly held on this point are not sufficiently clear. To assert that the physician cures disease is, I think, in the strictest sense of the words, incorrect. The proper way to put it appears to me to be that the physician treats, and, with the assistance of Nature, cures disease. As to the views advanced by Forbes, and held by many since, I do not believe in them at all; my experience is entirely opposed to them. I have not found that Nature one moment causes disease, and the next sets about curing it. On the contrary, cases either overlooked or neglected, I have not found to get quite well of themselves. Take examples of any of the acute affections—as pneumonia or pleuritis—and, if left entirely to themselves, what do we find at the end of weeks or months? Is it that Nature has cured them, or that we can detect no mischief in the chest? Quite the contrary. And on this point I appeal to the experience of all present, who must have met instances of either disease, which, as I have said, had been overlooked or neglected. Nature, it is true, in the course of time, modifies them much, but she does not cure them; and the system at large suffers seriously from the disease—the latent fire, as it may be called, which keeps stills smouldering, and which, if there be a tendency to strumous disease, it is sure to engender; and so it is of other affections, acute or chronic. Who knows not the mischief which often follows a neglected cold?—an expression, by the way, in every one's mouth; and yet this is one of the very mildest affections with which we can be assailed. Or, if we take any of the real diseases of the skin, or syphilis, will any one maintain that these cure themselves? On the contrary, will it not be allowed that the cure of these affections is a distinct triumph of our art? But some one will ask me here, Will not a common cold cure itself? or what control have we over fevers? My answer to the first query is—I believe, indeed I think I may say I know—that a little well-directed treatment will shorten materially its duration, whilst it lessens its severity. The second query calls for more consideration; for here I am quite ready to admit that our control over the specific poisons which cause fevers is little or none. For myself, however, I believe that in barm—and there has been often occasion to state this before—we have an agent of great power in counteracting low states of fever, whether met with in typhus, scarlatina, or small-pox; and with the giant strides which chemistry is now making, it seems to me highly probable the day will come when agents will be discovered capable of counteracting more effectively these poisons. Nor, in the closest connection with this subject, must we overlook the series of most valuable experiments made within the last year or two on the poisons of snakes introduced into the living frame. I confess I look forward to great results from them.

Leaving, however, this question of antiseptics for the present, I hold that our management of a case—say of typhus—within the first few days of the onset of the attack, is all-important. I have the strongest conviction which the nature of the subject admits, that this preparatory treatment—if I may so speak of it—often makes the difference between life and death. In August 1867, when the British Medical Association visited us here, an eminent London physician remarked, in my presence, that he had no faith whatever in treating fever, except so far as sustaining the strength of the patient went. On my telling him that I frequently applied leeches to the head, with the most signal benefit, and more particularly early in the attack, when epistaxis had threatened or occurred, he admitted at once that such a measure might be very advisable. Indeed, as we know that the danger of a case of genuine typhus happens from the ninth to the thirteenth day, and that this danger usually arises from the brain becoming deeply engaged, I cannot see any valid reason why we should not do our best to anticipate what is coming. I repeat, then, that I believe we can mitigate the symptoms of a state which, if left to itself, would prove fatal. Here I almost feel that an apology is necessary for dwelling on points of this kind, and before such a meeting as I now have the honour of addressing; for the profession in Dublin have, I am happy to say, been singularly free from these fluctuations in opinion, as to the treatment of disease, which have obtained elsewhere; still scepticism—and it is nothing short of this—no matter where it may have shown itself, is capable of doing injury to the whole profession, and so I have noticed it.

Though the foregoing remarks are of a general kind, I have thought it essential that they should be made, as they have the closest connexion with my subject, and tend naturally to the question which I would bring before you: Can our art shorten the duration of the disease known as rheumatic fever? I believe it can. I have as strong a conviction on this point as I have that sulphate of magnesia will act as a purgative. Here it may be well to observe that the affection of which I speak is one of great frequency, of a very specific character, entailing much suffering, and one which it is scarcely possible to mistake. It is one, too, which, if I may so say, we can both see and handle; and, lastly, it is one of the exact nature of which, if we have not a complete, we have at least a considerable knowledge. Hence it would scarcely be possible to select a disease more suited to test the resources of our art than this very one. But before speaking of these, it will be necessary to advert briefly to the natural history of the affection; for on this point it is that the gentlemen in London (and very eminent they are) take their stand, by asserting that, if the disease be left to itself, and treated only by that potent agent, mint-water, it will subside in ten or eleven days. I confess I read this statement with great surprise, it was so totally at variance with all my experience on the matter. I could not but call back the time when many, if not most of us, spoke of six weeks and flannel as being the only cures for the disease, shewing, as I think, conclusively, what its natural history then was; and, as years rolled on, and I came to treat the disease myself, I could not help observing that, in by far the majority of cases, a week at least had elapsed before the patients came into hospital with the attack fresh upon them; and when they came in, after even a fortnight, the disease was still at its height, and the suffering intense. And let it be observed, that from the very nature of the disease these patients were compelled to keep their beds, and so carried out the treatment, I vouch for it, systematically, which some would have us now adopt. Yet the disease did not subside, as their coming into hospital fully proved. As to the cases advanced by Drs. Gull and Sutton, in favour of their views, I must say they appear to me very unsatisfactory; but as this has been already shewn by Dr. Fuller, in his last able communication in *The Practitioner*, I need not allude to them further here.

And now to come to the important part of this brief notice—for it is nothing more—what is the best line of treatment for acute rheumatic fever? With our present knowledge, it lies chiefly, I believe, in some one of the modifications of what is known as the "alkaline treatment", which, amongst other effects, there can be no doubt, renders the urine neutral, or alkaline. Though it has been only of late years that the proper way of effecting this object—I mean rendering the urine neutral—has been known, still the plan of using alkalies, and their earths, to as great an extent as has been recently recommended, is, like many other plans brought forward as new, old enough, having been in vogue with several during the last century. It must be repeated, however, that it is a knowledge of the fact that we can positively render the urine neutral which gives us the advantage over our predecessors, and which, to my mind, renders the treatment of the disease almost a certainty.* Which preparation of potash should be given, or whether different salts should be combined, I must say I have not been able to determine. As we know that they almost all leave the system as carbonates, the presumption is that no important difference exists as to their effects on the system. This point, however, must still be considered *sub judice*. The alkaline treatment, then, of rheumatic fever, I consider as taking the very first place; of course modified in the extent to which it is carried by the demands of each case. On this point I go the entire way with two London physicians, Drs. Garrod and Fuller, who have each written most ably on the matter. The paper, indeed, of the former appears to me absolutely conclusive; and yet, strange to say, I believe it was not even alluded to in the late discussions in London.

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* Read before the Medical Society of the King and Queen's College of Physicians, Ireland.

* When I say a certainty, I would at the same time wish it to be understood that exceptional cases occur where a complete alkaline treatment would be very injudicious. Thus, I have now seen several instances where, in the course of an attack of scarlatina, acute rheumatism of the joints, attended with much swelling, showed itself; and, not long since, I was asked to see a severe case of spotted typhus, where a similar occurrence took place. The remarks mainly apply to the disease in its acute and uncomplicated forms.

Forcibly, however, as I would wish to bring under your notice the alkaline treatment of the disease, I am very far from saying that it is all that is required. You all know that the affection is one which very generally, though not always, entails severe suffering. All suffer pain, but some a great deal more than others. Now, in all these cases I have been in the habit, for some years past, of giving anodynes in union with the alkalies, opium being the chief, and, when it agrees, by far the best. The opiate treatment has been long known; but I am not sure I have anywhere seen the combined plans recommended; and yet, with my present experience, I believe it to be the best and safest plan which can be adopted. It acts *tuto, cito, et jucunde*.

In these very brief remarks on the treatment of acute rheumatism, I have purposely omitted many points both of moment and interest, as well as treatment. To one point only, before concluding, I may allude—that is, whether the alkaline treatment lessens the probability of the heart becoming engaged. I believe it does. But this is a point on which it must be allowed a great caution would be required, before giving an opinion. If, however, a certain line of treatment lessens the duration of this disease, it would be fair to infer that it must, by so much, diminish the chance of the heart getting engaged; and this would seem to be confirmed by any statistics yet brought to bear on the question. Within my own observation, the heart, when attacked at all, has, in the great majority of instances, been affected before the patients came into hospital; and it has been the valves, not the pericardium, which were involved. It is worth noting that I have, in four instances, seen pericarditis precede the affection of the joints.

To sum up, then, I hold that acute rheumatic fever can, by our art, be materially shortened in its duration, and that those who are sick need a physician.

REMARKS ON THE TREATMENT OF DIABETES.

By F. W. PAVY, M.D., F.R.S.,

Senior Assistant-Physician to, and Lecturer on Physiology at, Guy's Hospital.

CONTAINED in the number of the BRITISH MEDICAL JOURNAL for April 10th, I noticed a communication from Dr. Basham, entitled "Observations on the Successful Treatment of Diabetes by Alkalies and the Phosphatic Salts of Ammonia, with Limited Restriction of Diet." A case which I brought forward at the Clinical Society towards the close of last year, that had been treated successfully without restriction of diet, is there alluded to. The medicinal agents administered in this case consisted of opium in increasing doses until the quantity reached twelve grains *per diem*, and a mixture containing the bicarbonate of potash and aromatic spirit of ammonia.

What is said by Dr. Basham leads me to offer a few remarks, because the inference is conveyed that the result might have been attributable to the alkalies, and not to the opium. I am quite ready to admit that it would have been more satisfactory for the sake of conclusiveness if the alkalies had not been administered; but I am at the same time convinced, from what I have seen in other cases, that they had little or nothing to do with the rapid arrest of the discharge of sugar that occurred.

I know of no medical agent that is capable of exerting a controlling influence over the complaint like that exerted by opium. In common with others, I have employed alkalies and ammonia largely in diabetes, and am well familiar with the kind of effect to be looked for. I have been of opinion that they produce a slowly beneficial action in the complaint; but never have I observed any immediate effect of a marked nature that could be attributed solely to their influence. With opium, on the other hand, the effect is so striking, that there can be no question of its reality. In my communication to the Clinical Society, besides the case above alluded to, two others were mentioned, in both of which the sugar was removed—in the one instance by opium, and in the other by morphia. In these cases, there was no other agent administered. They were cases of the disease in middle-aged subjects. The sugar was reduced as far as it could be by a restricted diet; and then, under the influence of the morphia and opium, it was entirely removed.

There is also at the present time a patient at No. 1 bed in John Ward, Guy's Hospital, a most instructive case bearing on the point in question. It is the same patient to whom I administered the ozonic ether without observing any beneficial effect, and whose case, in reference to this agent, I mentioned in the *Lancet* a few weeks ago. The man, a middle-aged person, was passing, under a restricted diet, about six pints of urine, containing upwards of three thousand grains of sugar, in the twenty-four hours. At first, after the ozonic ether had been discontinued, morphia was administered in gradually increasing doses, beginning with half a grain three times a day. The quantity of urine and sugar from day to day declined, and, in the space of about three weeks, disappeared altogether; the quantity of morphia administered at this time being a grain and three-quarters three times a day. After a little while, the morphia was taken off; and in a week's time the sugar began to reappear, and went on from day to day increasing. This state of things was allowed to continue for about a fortnight, when opium was given; and, under its influence, the sugar has again disappeared. I merely here allude to this case; the patient, being still in the hospital, may be seen by any one desirous of doing so.

Of what service as a curative agent, opium, in larger doses than it has been customarily given, may prove in cases in general, I do not at present pretend to say. Much more extended observation is required before this point can be determined. Whatever may happen to be disclosed by subsequent experience, it cannot be denied, I think, that we have before us an important therapeutic fact. The woman whose case formed the basis of my communication to the Clinical Society has been seen by me from time to time up to as recently as a fortnight back. She has taken no opium or other kind of medicine since October last; has been living (as she did when under treatment) upon an ordinary mixed diet; and has been passing urine devoid of sugar. Her case, in fact, up to the present time, forms an example of a direct and perfect cure.

I have a patient under treatment, also in John Ward, to whom I have been lately giving the carbonate of ammonia to a much larger extent than it is usually administered. One hundred grains in the twenty-four hours have been taken. At the commencement, it was given without a restricted diet; then discontinued; and, after the patient had been for a few days upon a restricted diet, given again. At first, the effect observed was an increase both in the amount of urine and sugar. Since, however, a marked improvement has occurred; but, if space be accorded me in the BRITISH MEDICAL JOURNAL, I will, in one of the forthcoming numbers, supply a detailed report of the case.

DISLOCATION OF THE SEMILUNAR BONE OF THE CARPUS.

By R. P. B. TAAFFE, M.D., Brighton.

A SHORT time since, the sprite at the Brighton Theatre, in one of his performances on a trapeze, fell from a height of about twenty feet. He fell on his side; and, according to the statements of his fellow-performers, he rebounded from the stage about two feet. In his fall, he struck the back of his hand violently against the stage. On looking at the wrist, there appeared to be some amount of deformity. On close examination, it was found that there was dislocation of a single bone of the carpus, which projected prominently forwards and upwards between the radius and ulna; it was not wedged between the bones, but projected in front of them on the anterior aspect of the limb. The radius and ulna were not displaced; nor was there any evidence of fracture.

I saw the case within ten minutes after the accident, and before any swelling had taken place. I was enabled to reduce the dislocation by means of strong extension and firm pressure, without chloroform. When last seen, the movements of the wrist were not impaired, and there was no recurrence of the dislocation on flexion or extension of the joint.

From the situation of the dislocated bone, and its being quite free, without any displacement or fracture of the radius or ulna, and its being reduced by pressure inwards and downwards, it could have been no other than the semilunar bone.

Mr. Erichsen records a case of dislocation of the semilunar bone on the dorsal aspect of the carpus. The peculiarity of the case I relate is, that the bone was displaced anteriorly, and thrown some distance above the carpus (about half an inch), and into the forearm.

CASE OF MULTIPLE CALCULI IN THE URETHRA.

By THOMAS ANNANDALE, F.R.S.E.,
Assistant-Surgeon Edinburgh Royal Infirmary, and Lecturer on Surgery.

The Rev. Mr. ——, aged 26, recommended by Dr. Paterson of Leith, came to my house on the evening of April 22nd, 1868, on account of an attack of retention of urine. The patient had never suffered from urinary symptoms until four months previously, when he began to have some difficulty and pain in passing his urine. Two months after these symptoms appeared, he sought the advice of Dr. Paterson, who detected the presence of several calculi in the region of the prostate. The calculi were apparently lodged in a cyst in the prostate; but Dr. Paterson observed that they occasionally passed forwards into the urethra; and, after remaining there for a short time, and giving rise to obstruction (which was, however, never complete) to the passage of urine, they returned again to their original place of lodgment in the prostate. The attacks of difficulty and pain in micturition during the passage of the stones into the urethra had lately increased in frequency; and this morning he was seized, for the first time, with complete retention of urine.

An examination showed the penis semi-erect and swollen. This condition depended partly upon congestion, but principally upon the presence in the urethra of six calculi, which could be distinctly felt externally. The calculi were impacted in the urethra, at slight intervals between the bulb and meatus. The first one was situated about three-quarters of an inch from the meatus, and the last opposite the bulb. The patient was suffering great pain; and the urethra was thoroughly obstructed, and the bladder distended.

Having administered chloroform, and incised the margin of the meatus, which was too tight to permit of the stones being extracted through it, I readily removed the calculi, one after the other, with the urethral forceps. A No. 12 silver catheter was then passed without difficulty into the bladder, and the urine drawn off. Another stone was struck at the neck of the bladder in passing the catheter, and was pushed into the bladder. Before allowing the patient to recover from the chloroform, I introduced a lithotrite into the bladder, seized the remaining stone, and satisfactorily crushed it.

On visiting the patient next day, I found he had passed urine freely several times, and had also passed the fragments of the crushed stone. These fragments, when put together, made up a mass exactly resembling, in size and composition, the stones removed from the urethra. On examination, no other calculi could be detected.

The stones removed from the urethra are represented very faithfully, as to size and shape, in the woodcut. They were many-sided in shape, of a reddish-brown colour externally, and had smooth facets on some of their surfaces. Each calculus measured, in its greatest diameter, exactly half an inch. A section through one of them displayed in its centre a small nucleus about the eighth of an inch in diameter, and of a dark brown colour. The remainder of the section was of a dark fawn colour, and showed regular layers or lines of deposit. Dr. A. Crum Brown has kindly furnished me with the following analysis of portions taken from two of the calculi, which had been dried at 212°.

Oxalate of lime	71.9 per cent.
Phosphate of lime	6.9 ,,
Organic matter	21.2 ,,
	100

Remarks.—This case is interesting—

(1) From the composition of the calculi. The analysis of calculi which have formed entirely in the prostate gland has usually showed that their composition consisted principally of phosphate of lime (84.5 per cent., according to Lassaigne). Even when calculi which have formed in the kidney or bladder become lodged in the prostate, they generally increase in size by deposits of phosphate or carbonate of lime on their exterior. Such was not the case in the calculi just described; and, as they had undoubtedly lodged in a prostatic cyst for some months at least, the nature of their composition is certainly exceptional to that described by those who have investigated the subject.

(2) From the number and size of the calculi impacted in the urethra. There are a few cases on record in which numerous calculi have lodged in a cyst connected with a dilatation of the urethra, situated behind a stricture of the canal; but the lodgment of so many as six entire stones in this canal is certainly very uncommon. The occasional movement of the calculi forwards into the urethra, and their passage backwards again, had evidently caused a gradual dilatation of the canal; otherwise they could scarcely, owing to their size, have passed so far along the urethra as to be impacted in its anterior portion.

In regard to the removal of the stones, I have little to remark. After the incision of the orifice of the meatus, no difficulty was experienced in extracting the calculi singly with urethral forceps; and the relief of the case was successfully completed by the fortunate seizure and crushing of the remaining calculus, which had passed into the bladder. I might possibly have removed this last stone with the urethral forceps, as has been done by Sir A. Cooper, Sir B. Brodie, and others; but the introduction of the lithotrite appeared to me to be more likely to be successful, and therefore this plan was adopted.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

Lecture X.

In the Chimæra, the cartilaginous skull presents us on each side with a large triangular plate, the apex of which is directed downwards, and suspends the mandible; while the hyoidean apparatus is attached to the hinder margin of the same plate towards its lower end. This triangular lamella appears to represent the proximal parts of the first two visceral arches, together with the pterygo-palatine arcade, all fused together.

The Sturgeon presents us with an interesting transition to the true osseous skull. The cranium is cartilaginous, and very extensive, its hinder part taking the place of certain of the most anterior trunk-vertebræ. There are no true cranial cartilage-bones, but numerous bony plates are developed in the perichondrium. These partly simulate, partly represent, true cranial bones; and we may, more or less correctly, speak of the supraoccipital, parietal, frontal, postfrontal, prefrontal, etc. There is a vomer, and an enormously developed parasphenoid.

The Sturgeon, when feeding, makes use of a small proboscis which it protrudes from the under surface of the head. The skeleton which supports this proboscis is very curious, and consists of two small jaws, supported by a very long and segmented suspensorium. The lower jaw plainly corresponds to the mandible of other Vertebrates. The upper jaw (which, apart from the suspensorium, is only attached to the head by soft structures) certainly answers to the pterygo-palatine, or rather palato-quadrate, arcade of the Sharks; while bony structures attached to it answer perhaps to the palatine, the maxilla, and the jugal.

The osseous Fishes (taking the Cod as our type) exhibit a cranium formed of successive segments. The hindmost of these consists of the basioccipital, the two exoccipitals, and the supraoccipital. The penultimate segment is not furnished with any inferior or basilar bone, but only with two alisphenoids, two parietals, and two postfrontals. The antepenultimate segment is very much more imperfect as regards osseous tissue, as there is none either below or at the sides; and the frontal above is the only bony element in it. The most anterior segment of all consists of a median and two lateral ethmoids, with the nasal above, and the vomer beneath. The posterior part of the side-wall of the skull is furnished with several bony elements, ossifications of the acoustic capsule. These are, the prootic, the epiotic, the opisthotic, and finally a bone which has been often described as the squamosal, but which is really a bone formed from cartilage, as was ascertained by Mr. Parker, who proposed for it the name pterotic. Finally, the parasphenoid underlies the skull, but is not so large as in the Sturgeon.

The descending arches are formed by premaxillæ and maxillæ; and there are orbital, suborbital, and supraorbital ossicles, some of which may possibly represent the lacrymal and jugal. The suspensorium is formed by the hyomandibular and symplectic bones; and the large hyoidean arch is furnished with branchiostegal rays (bones formed from membrane), some of which are always attached to the outside of the arch, while others are as constantly joined to it on its inner side. The opercular bones have been already noticed.

A skull of this kind may be taken as one result of development starting from the Lamprey; but a diverse result is reached by a different line of development, exhibited by another series of forms, passing from the Lamprey by the Chimæra. In the last named genus there are no true cranial bones whatever, but only granular ossifications. But another animal, the skull of which is formed on essentially the same type as that of the Chimæra, shows a step in advance parallel to that presented by the Sturgeon. The animal in question is the mud-fish *Lepidosiren*, which presents us with a single pair of true cranial cartilage-bones, the exoccipitals. This is the only instance, moreover, in which, when any true cartilage-bones are formed in the cranium, the auditory capsule remains entirely unossified. Various membrane-bones are formed on the surface of the skull, representing the parietals, frontals, possibly the palatine, and perhaps the quadrate.

In the Amphibia, the cranium is formed on substantially the same type as in the Chimera and Lepidosiren, and always a very large part of the primordial or cartilaginous cranium persists. The prootic is always ossified; but the alisphenoid and orbitosphenoid never appear as distinct cranial elements. In the Anoura, a singular bone (termed *os en ceinture* by Cuvier) is formed, like a dice-box with a median partition in its anterior half. It appears to represent the ethmoid, prefrontals, and orbitosphenoids, united. Nasal bones are formed, and perhaps a turbinal; and possibly the squamosal is represented. There is a cartilaginous suspensorium, a quadrate, a pterygoid, and a palatine, on each side. The hyoid is at first attached to the suspensorial cartilage, but ultimately is suspended behind, and independently of, the latter.

The Tadpole has the mandible formed of two pieces on each side; and the suspensorium and pterygo-palatine rod form a continuous arch, convex downwards, just as in the Lamprey. A ligament connects the rudimentary stapes with the upper part of the hinder border of the suspensorium, and thus indicates the true nature of that part, which thus seems evidently to consist of the adjacent parts of the mandibular and hyoidean arches, fused together. As the Tadpole developes into the Frog, three sets of changes take place in the skull. 1. The suspensorium rotates backwards; so that, instead of forming an acute angle with the long axis of the basis cranii, it forms a very obtuse one. 2. The hyoidean arch becomes shifted off from the suspensorium. 3. Extensive changes take place in the branchial apparatus, by which the essential structure of a Fish (in this respect) becomes changed into a hyoidean body and two pairs of cornua.

In the class Reptilia, we find two very distinct types of cranium. One is that presented by Lizards, Turtles, and Crocodiles; the other is the form presented by the skull of Serpents.

In the first of these there is a great interorbital septum, the basicranial axis of the skull being greatly compressed laterally at its anterior part, while the vertical extent of the cranial cavity is also there contracted; the lateral walls of the cranium are not thoroughly ossified; and the trabeculæ unite together immediately in front of the pituitary fossa.

In the second of these types, the cranium is destitute of the interorbital septum, the cranial cavity continuing of nearly the same depth throughout. The lateral walls of the cranium are thoroughly ossified by bones which form at once the roof and sides of the skull, and arch over its base. If these be cartilage-bones, then the roof of the skull is formed by extensions of the ali and orbito-sphenoids; but it is more probable that they are membrane-bones, and, if so, then the side-walls of the skull are formed by prolongations downwards of the parietal and frontal bones. The trabeculæ remain distinct from each other for a considerable distance in front of the pituitary fossa.

POSTSCRIPT TO THE ARTICLE "ON THE VALUE OF PERCHLORIDE OF IRON IN *POST PARTUM* HAÆMORRHAGE."

By HUGH NORRIS, L.R.C.P.Edin., South Petherton.

I OMITTED to mention in my former paper that, as a matter of precaution, I always made a point (on the second or third day after injection, according to the strength and condition of the patient) of well syringing out the vagina with a tepid dilution of Condy's fluid, in order to remove any small decomposing coagula that may be, and commonly are, retained therein, and which might, if not thus disposed of, give rise to more or less constitutional disturbance. This practice, I think, should never be neglected in cases where the perchloride has been used. It is, moreover, usually well borne, and productive of much comfort to the patient.

NOTES ON BOOKS.

The Pharmacopœias of Seventeen of the London Hospitals. By PETER SQUIRE, F.L.S. London: Churchill. 1869.—Mr. SQUIRE is a man who does not weary in well-doing. He is equal to any amount of pharmacopœial work; and he does it so very well, that he is constantly making reappearances in new editions. This most useful series of the formulæ most in use in the London hospitals is now remodelled after the new editions consequent on the publication of the *British Pharmacopœia.* Here is a bird's-eye view of the "household words" of the best London prescribers, regulated by the necessity for a regard to simplicity and economy—two excellent things in prescribing. If they be a little wanting in "elegance", these formulæ at least show what are the working tools with which, in this metropolis, our hospital officers combat the advances of disease. It is easy to understand that this little book is in great request for all who prescribe in hospital, dispensary, and poor-law practice, as well as by private practitioners. It is the most authoritative and least fantastic set of formulæ in existence. It embodies a good inspiration, carried out with faithful care.

Via Medica: a Treatise on the Laws and Customs of the Medical Profession in Relation especially to Principals and Assistants; with Suggestions and Advice to Students and Pupils on Preliminary Education. By J. BAXTER LANGLEY, M.R.C.S., F.L.S. Third Edition. London: Hardwicke.—This useful little book has attained to a well-merited success, as the rapid exhaustion of two large editions testifies. In the third edition now issued, the alterations made in the relation between principal and assistant by the Amended Master and Servants Act of 1867 are embodied, and the effects of the new Sale of Poisons Act are referred to. Mr. LANGLEY has also developed some parts referring to the microscope, and generally brought the whole up to the latest state of law and knowledge. This book has already become a sort of authority in appeal in differences arising between employers and assistants. It is likely to add to its other every-day uses the prevention of many quarrels and some litigation. Thus it bids fair to gain for the author a personal as well as a literary claim to thanks and regard from his professional readers.

Pure Wine, and How to Know it. By JAMES L. DENMAN. London: 1869.—Mr. DENMAN happens to have a strong interest in the diffusion of a kind of knowledge which we are most interested in acquiring, but slow to assimilate. It is hard to believe that port, sherry, Madeira, *et hoc genus omne*, are invariably falsified; yet Mr. Denman proves this, since they contain as much as 36 to 42 per cent. of spirit, of which a part has been added either to check fermentation and sweeten the must, or, after fermentation, to cover the added sugar and bring up the wine to the regulation standard; and Dr. Garrod, in the last volume of the *System of Medicine*, condemns *ex cathedrâ* this class of wines, and excommunicates them by name for gouty people. A pure sweet wine is of low alcoholic strength. A perfectly fermented wine is of high alcoholic strength, but then is, *ex necessitate*, dry, and not sweet, as all the sugar from the grape is converted into alcohol. Here is a formula by which average dinner wines fall condemned. The Greek wines answer the tests of purity. In flavour, they are delicate; and the price is very moderate—some of them very cheap indeed. They are growing in popularity, but unquestionably are worthy of increased attention.

A CHINESE "LORD CAMPBELL'S ACT".—A new enterprise originated a few years since in the city of Suchow, and has since been introduced into other places, which cannot but be regarded with peculiar interest. Its express object is "the suppression of immoral books". This enterprise has also gained the sanction and concurrence of the authorities, and has already done much towards checking the influence of this source of demoralisation. The people are not only requested, but required, to bring such books as have been prohibited to the headquarters of this society, where they receive nearly an equivalent for them in money. Not only books, but the stereotyped blocks from which they are printed, are thus collected at a great expense, and all are together, at stated times, committed to the flames. Several of the standard novels of China, which in a moral point of view will bear favourable comparison with some of the current popular literature of our own country, have fallen under the ban of this society, and cannot now be obtained without great trouble and expense. Instances have occurred in which booksellers, who have continued to sell immoral works in the face of these regulations, have become obnoxious to public authority, and incurred a great sacrifice of reputation and property.—Nevins's *China and the Chinese.*

We shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, MAY 1ST, 1869.

COUNTY CORONERS.

The Bill to amend the law relating to the office and appointment of county coroners, and for other purposes relating thereto (prepared and brought in by Mr. Goldney, Mr. Thomas Chambers, and Mr. Pease), enacts that, as often as any vacancy shall happen in the office of coroner for any county, riding, division, or district in England or Wales, the election to which is now by law in the freeholders, it shall be lawful for the Lord High Chancellor (or Her Majesty's Principal Secretary of State for the Home Department) to appoint a fit and proper person to the office. In case any coroner now in office or hereafter to be elected shall from age or infirmity become incapable of executing the duties of his office, it shall be lawful for the justices of the peace of a county, or for the Town Council of any municipal borough (as the case may be), upon the request of any coroner, to grant to such coroner an annuity, by way of superannuation allowance. A fixed salary is also to be adopted in lieu of the present mode of remuneration, to be estimated on the average of the past five years. It is obvious that, if the appointment be placed in the hands of the Lord Chancellor, the chances of medical men for such appointments will be almost, if not entirely, abolished; and we suggest to all our members, to our Parliamentary Committee, and to our Branches, that it is of the utmost importance that they should take measures to defend at once the highly important professional interests concerned. Unless the most early and energetic representations be made to members, the profession may easily and quickly be deprived of almost its only public emolument outside the routine of practice. The subject seems to us of pressing importance, and we call attention to it with earnestness. No time should be lost in dealing with this urgent and important matter.

OUR SYSTEM OF ARMY HOSPITALS.

NO. III.

It would be essential to the thorough carrying out of the plan for the medical treatment of sick soldiers by district surgeons, that there should be a complete re-arrangement of the relations between the military authorities and the Army Medical Department. The latter, instead of being, as at present, a subordinate appendage of the body militant—a sort of rudimentary process, the functions of which are so indefinite that even the most acute observer is unable to analyse or reduce them to system—should pass on to a state of more mature development, in which the puzzling incompatibility between apparent structure and supposed function shall cease to exist. That incompatibility is due entirely to the distinction between the *essential* and the *accidental* attributes of the duties and position of the army surgeon having been lost sight of. The former are *professional*—the prevention and cure of disease. The latter are *military*, their chief object being the maintenance of a discipline in which the medical officer acts a purely passive part, being himself amenable to it, even at the hands of those who are his juniors in years and in relative position in the service, without, according to the strict letter of present regulations, being in a position to exercise it, except indirectly and as it were by sufferance, over even the youngest drummer-boy in his regiment.

It has always been our opinion that it is much to be regretted that the *accidentals* of their position should have gained an undue preponderance in the minds of some of our brethren in the military service. Many instances have been brought to our notice of professional brotherhood having been forgotten or laid aside through military prejudices; but one typical case will suffice to illustrate our position. We have heard of the surgeon of a regiment declining to sanction the application of his assistant-surgeon for leave of absence because, forsooth, subaltern duties would devolve upon him during the absence of the assistant. Now professional duties temporarily performed by one medical man for another do not, in civil life, convey with them any feeling of degradation of loss of position; and we see no reason why they should be supposed to do so in military life.

We do not attempt to deny that, as in many other instances, so also in the Army Medical Department, *essential* may be considerably modified by *accidental* circumstances; and, when such modification is found to be unavoidable, so far will the *essential* have become merged in the *accidental* Logical accuracy, however, demands that *essentials* should have th preponderance in any attempt at systematic classification.

We are, therefore, of opinion that, the duties of the Army M dical Department being essentially professional, the position of its medical officers should be assimilated more to the civil than to the military branch of the public service. In expressing this opinion, we do not feel that we are at all lowering the social status of army surgeons; on the contrary, we think that we are likely to raise it. In former days, before the civil medical profession had attained even such a degree of culture and social position as it now enjoys—and we hope it may advance still further in these respects—it was found to be necessary to give to army surgeons a semblance of military rank, in order to procure for them, from officers and men, such an amount of outward respect as was in those times, in military circles, only accorded to actual military position. But, in these latter days, the tendency is rather, by enlistment for short periods, and by instruction in, or maintenance of, the trades of civil life, to assimilate the soldier to the citizen, in order that he may have before him the prospect of returning to civil life as an useful and to a great extent a self-supporting member of society. We therefore feel that, in advocating an opposite system of treatment for our brethren in military practice, we should be adhering to the mean and beggarly elements of bygone tradition, and actually putting before them a stumbling-block in their path towards social advancement.

We quite sympathise with the jealousy evinced by military officers at seeing rewards and distinctions which they consider—and, to our mind, have a right to consider—peculiarly their own, by prescriptive privileges, shared in or imitated by officers of the civil departments of the army. As a rule, the combatant officers of the British army were for many years of the aristocratic, or at least monied, ranks of society. They adopted the military life, not as a means of obtaining a professional livelihood, but from desire for occupation, or for the sake of the prospect of rank which it opened out before them. Their pay was so small that, to many of them, it was a matter of indifference whether they received it or not; but to all of them military insignia, and the social position accorded thereto, were objects of their highest ambition. Now it is no disparagement to the medical men who entered the army in former times to say that they, as well as the members of the profession in civil life, belonged, as a rule, to a class in which the adoption of a profession was decided upon more as a means of livelihood than as a pastime or a stepping-stone to peerages or military knighthoods. They were, in many instances, inferior to the combatant officers not only in social position, but in general culture; and the concession to them of the military rank of commissioned officers was, in the first instance, a very important step in advance.

This state of affairs has, however, passed away. Not only have the very marked distinctions which formerly existed between the combatant and the medical officer disappeared, but the latter has, as a rule, advanced to a level with, and, in many instances, beyond, the average specimen of the combatant officer, in culture and general education. Consequently, relative military rank, and the insignia and precedence pertaining thereto, being jealously divested, in the case of the medical officers, of all the authority which they confer upon combatants, have, in many instances, ceased with the former—particularly those of the "high" school—to possess any attractions; nay, more, to many they have become positively burdensome.

It is no easy matter, in the face of many opposing prejudices, to deise a mode of relief; but we have long been of opinion that the time is approaching when something must be done. At the risk even of being considered premature and revolutionary, we purpose, on a future occasion, briefly to sketch the outline of a plan—the main features of which are already apparent—for the complete remodelling of the Army Medical Department.

WATER-ANALYSIS.

The subject of the medical value of chemical analysis of water for sanitary purposes is assuming now an aspect of considerable importance. On the one hand, we have a chemical party represented by Dr. Letheby, whose conclusions support the interests of the existing water companies, and who publishes monthly reports on the composition and quality of the metropolitan water-supply. These reports set forth certain details which are supposed to afford the means of judging the chemical purity and sanitary excellence of the water. Excellent chemists, at the head of whom is Dr. Frankland, pronounce these results to be worthless for such purposes, and the results by which they are obtained totally untrustworthy. Dr. Frankland himself, for the Registrar, furnishes a chemical report on the London water-supply based on a new method of his invention, which is confessedly highly elaborate and very delicate. Dr. Letheby, however, on the one hand, and Mr. Wanklyn on the other, unite in declaring Dr. Frankland's method to be inaccurate, and his mode of stating the results to be fallacious. A great discussion is raging on the subject. It is one in which our profession is largely interested; and we propose, in a short series of papers by Dr. Paul, the author of the article on Water-Analysis in Watts's *Dictionary of Chemistry*, to review the facts, and put our readers in possession of the actual state of knowledge and opinion on this difficult and important sanitary subject.

The Leeds New Infirmary is now so nearly completed and furnished, that it is expected to be ready for the inspection of the public during Whitsun week, and to be opened on the 1st of June.

Professor Westphal has taken charge of the clinical wards for nervous and for mental diseases, at Berlin, formerly under the care of the late Professor Griesinger.

Mrs. Alsop has intimated her intention to build a Cottage Hospital at Leek, Staffordshire, as a lasting memorial of her late husband, Mr. James Alsop.

We understand that it is the intention of the Government to refer the question of the extension to the civil population of measures for the repression of contagious diseases, to a Select Committee of the House of Commons.

Dr. Anton Schneider of Berlin, author of a well-known treatise on Nematoid Worms, has accepted an invitation to succeed Dr. Leuckart as Professor of Zoology and Comparative Anatomy at Giessen.

An important special meeting of the Royal Medical and Chirurgical Society will be held on Monday next, to consider the plan prepared by the Subcommittee, and approved by the Council, as a basis for the amalgamation of the principal Medical Societies of the metropolis.

A laboratory for experimental physiology, said to surpass every institution of the kind in Europe, has been built and arranged in Leipsic, in accordance with a plan suggested by the physiologist Ludwig.

A meeting of the Parliamentary Committee of the British Medical Association will be held at 37, Soho Square, on Friday, May 14th, at 4 o'clock precisely. The business will include the consideration of the following Bills: Hospital Exemption Bill; County Coroners Bill; Contagious Diseases Act (1866) Amendment Bill; Metropolitan Poor Act (1867) Amendment Bill; Medical Officers' Superannuation (Ireland) Bill; Draft Medical Act Amendment Bill; and other business.

Few men in London are more widely known or better liked in the profession than Mr. T. M. Stone of the College of Surgeons, one of the most genial, zealous, and kind-hearted of officials. The announcement in the *Times* that he had been the subject of a street-outrage caused equal surprise and pain. The assault, however, though a brutal and unprovoked attack by street-ruffians aiming at robbery, has, fortunately, caused no serious mischief.

ST. LUKE'S HOSPITAL FOR LUNATICS.

Lord Shaftesbury, the Chairman, and the Hon. Mr. Fortescue, M.P., accompanied by four other Commissioners in Lunacy, have today (Thursday) visited St. Luke's Hospital. The Treasurer, Mr. Lefevre, has, we understand, instructed the gate-porter not to admit either of the late medical officers, Dr. Ellis and Dr. Stevens. Those who desire a complete inspection and visitation of the hospital might, on the contrary, have desired that these two medical officers, who have lived so long in the hospital, and are so intimately acquainted with the details of its administration, should have been specially invited to meet the Commissioners, rather than expressly excluded.

ADULTERATION OF FOOD, DRINK, AND DRUGS.

A Bill to amend the Adulteration Act of 1860, and to extend its provisions to drugs, has been prepared by Messrs. Dixon, Kinnaird, and Goldney. One of the chief features of amendment is, that the appointment of analysts by vestries, town councils, and other local authorities, shall be compulsory, instead of merely optional, as hitherto. The appointment and removal of such official analysts are to be subject to the approval of one of Her Majesty's Secretaries of State in Great Britain, and in Ireland to that of the Lord-Lieutenant. These analysts are to possess "competent medical, chemical, and microscopical knowledge"; their remuneration, by the local authorities, is to be compulsory, and not optional, but it is still proposed that it shall be "such as the local authorities may think fit." In respect to this point, and having regard to the qualifications required in the analysts, it would seem desirable that the remuneration which local boards "may think fit" should also be made subject to regulation and approval by a higher and more competent authority, if these offices are to be filled in such a manner as to afford any real service to the public in preventing adulteration; and this appears to be the more imperative, since the scale of fees proposed to be paid for the analyses and certificates, which purchasers are to have the right to demand from the official analyst, is extremely low, and, in fact, merely nominal, or from one to five shillings. The qualifications required in the analysts are, moreover, of very wide range; and, as it is very rare that they are to be found associated in one person, the fulfilment of the provisions of the Bill would almost necessarily involve the appointment of more than one analyst to each town, county, or district. A further provision of the new Bill is the appointment by the State authorities of commissioners, whose duty it will be to confer with and assist the local authorities in carrying out and enforcing the measures for preventing and punishing adulteration. That form of adulteration which is injurious to health seems to have been dwelt upon rather too exclusively in this Bill, as well as in the Act of 1860; and though adulteration "in fraud of Her Majesty's subjects" is comprised within the preamble of the Bill, there is rather too much tendency now-a-days to regard such a practice as venial, since it is merely an attack upon the pockets of the community, without being detrimental to health. No doubt much nonsense has at various times been talked and written about adulteration, and there is good reason to believe that the practice arises very much, as Mr. Bright says, from the great and inevitable competition of business, and also from the ignorance of the customer; but if that be the case, it would seem rather to be a strong argument for the necessity of legislative provisions than the reverse, for, with two such powerful causes, it may be inferred that adulteration in some form is even more general than is commonly supposed. Stringent measures for its suppression would, therefore, not only be a benefit to that portion of the community who are unable to take care of themselves, and protect either their pockets or their health from the attacks of the adulterator; but, to the honest trader, such measures, instead of making life not worth having, would also be a benefit, protecting him from the injury of spurious competition, at the same time that they tended to his interest by reforming the practice, if not the morals, of those who might otherwise be too willing to yield to the pressure of competition, or to take advantage of the ignorance of customers. These are advantages for the attainment of which respectable shopkeepers might be expected to endure some trifling inconvenience, without being driven to the alternative of a general exodus, according to the advice of Mr. Bright, to some other country, where things are carried on in a more acceptable manner.

THE GERMAN HOSPITAL, DALSTON.

The bazaar to be held in the beginning of June, in aid of the funds of the German Hospital, bids fair to turn out a brilliant success. In most of the principal towns throughout Germany, committees have been organised to collect suitable articles, and we believe they have already met with considerable support. The sum which the governors are sanguine of raising is £2,000, the debt at present on the building. If this amount is forthcoming, the committee have determined to open another ward containing twenty-five beds, making the total number in the hospital one hundred, to afford the accommodation which the increased necessities of the district demand. We can only wish all success to the undertaking.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH: PATHOLOGICAL AND CLINICAL SECTION.

At the last meeting of this Section, a letter was read from Dr. Heslop, the Chairman of the Section, presenting to the Branch a microscope and Bocket lamp. The microscope is in every way complete. It is a Collins's Harley binocular, with Ross's quarter-inch and other objectives; and is accompanied by a polariscope and Webster's achromatic condenser and graduating diaphragm. With the Bocket lamp is one of Fiddian's wrought-copper chimneys, which are not readily broken. Dr. Heslop has spared neither trouble nor expense to render his present in every way suited to the wants of the Branch; and, while the highly satisfactory working of the Pathological and Clinical Section during this its first year is in no slight degree owing to the labours of its first Chairman, it will be a matter of satisfaction to him to feel that he has enabled the work to be carried on with increased vigour and increased usefulness.

REPRESSION OF CONTAGIOUS DISEASES.

We are able to state that the operation of the Contagious Diseases Act has been very beneficial during the first quarter of the present year at Devonport and Plymouth. At no time has the weekly number of admissions to the military and naval hospitals exceeded three men per thousand of the garrison and seamen in the port, being in most cases only a little more than two per thousand. The average daily number under treatment has also been very small—less than thirteen men per thousand. This compares well with the ordinary average, in 1864, for the army at home; viz., 19.10 per thousand. The diminution is even greater than it appears, for it is now the custom to include all cases of contagious disorder, however slight, and even if they are only on the sick list one day. It is also very gratifying to learn that the number of women under observation has very greatly diminished; at least one-third of those who frequented the low beer-houses of Plymouth before the Act came into operation have left the town, while several of these disreputable houses have been closed by their proprietors, it being no longer profitable to keep them open.

THE ROYAL SOCIETY.

The selected candidates for admission to the Royal Society this year include John J. Begsby, M.D., distinguished as a geologist and palæontologist; W. W. Gull, M.D., distinguished as a physician and as a teacher of the medical sciences; St. George Mivart, Lecturer on Comparative Anatomy at St. Mary's Hospital; and J. Russell Reynolds, M.D., Professor of Clinical Medicine in University College.

VOTING BY PROXY.

At the annual meeting of the Carmarthenshire Infirmary, "moderately well attended," there was a good deal of sparring about the appointment of a physician. Towards the end, however, a gentleman cut the knot by announcing that he had thirty-seven proxies to do what he liked with, and should give them to a particular candidate. The time of the meeting would have been spared by an earlier announcement; but the beauties of voting by proxy would have been more strikingly illustrated.

SWEDENBORG ON THE FUNCTIONS OF THE SPLEEN.

In connexion with the recent lectures by Sir William Jenner on the Functions of the Spleen, we believe that the following extracts, analysing the description and theory of the functions of the spleen given by Swedenborg in his great work on the *Animal Kingdom*, will be read with considerable interest. We are indebted for them to Mr. Edward Bradley, Cheltenham.

"From the description of the structure of the spleen, it is evident that it pours out the whole of its arterial blood into its cellular compartments, and there works and reduces it; that the veins absorb a part of this blood by their numerous orifices, and that the lymphatics claim a part; and it also seems probable that the cellular compages itself throws out a part into the omentum. Thus the spleen has *all these excretory ducts*—viz., the great splenic vein, and a host of lymphatics.

"The uses of the spleen, as manifested by this structure, are, to draw off the impure blood from the trunk of the aorta, and so to break it up and prepare it that, in the first place, it may serve the liver for its purificatory office, and as a menstruum for refining the chyle; also, that it may serve the stomach as a similar menstruum. In the second place, that it may serve the omentum; and in the last, the kidneys; not to mention other numerous subaltern uses, subordinated to these primary and secondary uses, and which are commonly of wide diffusion and extensive ramification. But let us treat separately of each of these uses.

"*That the spleen draws off the impure blood from the trunk of the aorta.* This is proved by the position of the cæliac artery, close under the diaphragm, and between the thorax and abdomen; also by the nature of the blood which is carried upwards by the carotid arteries to the organs of the head and to the cerebrum; also of that which is carried down to the kidneys; and, lastly, of that which is carried down to the organs of generation and to the muscles of the lower region. This necessity, indeed, is enjoined by the very end itself, viz., that the blood, if impure, be prevented from defiling the members. In order that the aorta may not pour in impure blood, and in order that the purificatory viscera—the spleen, the pancreas, and the liver—may draw it off and invite a blood suitable to their offices, the cœliac artery comes off from the trunk, not obliquely, but at right angles; as also do the branches of the splenic artery in the interior of the spleen.

"*That the spleen discriminates or separates this blood.* This is effected first by means of the pancreas, which clears away the viscid and grosser matters of that blood, and pours them into, and sends them away by, the pancreatic duct; also by means of the omentum, which takes the fats of the blood. The spleen does the rest; it takes up the blood, now separated from the serum, left to itself, alone and companionless; this it again amends, extrudes from its vessels into its cells or loculi, there works it and removes all impediments, so as to leave no clots, pieces, or threads, but a free and unfettered blood, consisting of pure globules: the legitimate, however, mixed with the spurious, the soft with the hard, etc. The blood thus prepared is a menstruum for refining and impregnating the new chyle. This menstruum the spleen sends back by the great vein of the pancreas, which pours in a similar menstruum, and propels it to the porta hepatis; a part thereof also it insinuates, for a similar use, by the vasa brevia, into the stomach. In this way, *the spleen assists the liver, and assists the stomach.* The more vital and colourless blood, the lymph, the spleen dispenses in a different manner, bringing it to the surface through the pores in the capsule and in the coats of the vein, and transporting it, either by the lymphatic tissue or else the visible channels, to the omentum, and thereby to the receptaculum chyli. Thus, in its cells, and in its capillary vessels, and even in its glandular clusters, the spleen separates and prepares a menstruum for refining the chyle, not only in the liver, but also in the mesentery. It disposes and shares between the two, equally, according to their requirements.

"The blood which is thus separated and prepared by means of its structure, situation, connexion, *modus operandi*, and peculiar activity, the pancreas invites from the common stream; the spleen from the pancreas; the liver from both; the vena cava from the liver; the right side of the heart from the vena cava; the lungs from the right side of the heart; the left side of the heart from the lungs; and the whole animated system from the left side of the heart. So likewise by way of the lacteals: the tongue, palate, fauces, and œsophagus demand, absorb, and invite the food; the stomach invites it from them; the intestines from the stomach; the mesentery invites the purest food—*i. e.*, the chyle—from the intestines, and the lymph from the other members; the thoracic duct from the mesentery; the vena cava superior from the thoracic duct; and from this, again, the right side of the heart, the lungs, and the left side of the heart; and from the latter, the whole animated system. But the invitation is met by a corresponding incitation: hence there is an equation and perpetual circle of all things; and each has its task, power, place, and life allotted to it.

"There are, then, these *three viscera*—the *liver*, *pancreas*, and *spleen*, whose especial province it is *to purify the blood.* But the main duties devolve upon the liver. From their association in function, their succession of operations, their connexion with each other and with the aorta; and from the nature of each, and the power it possesses of demanding its tribute at will from the system,—we may now see clearly that, when the spleen is excised, destroyed, or diseased, the pancreas sustains a part of its office, the liver a part, the glands a part, and several members of both the abdomen and the thorax another part. Thus the office of one member is indeed distributed and extended; yet never without danger and loss, and disturbance of that state and order which the nature of the supreme mind that governs the body has conferred and established, as being in the highest degree perfect and harmonious with itself."

FREEDOM FROM CONSUMPTION IN THE HEBRIDES.

DR. M'NAB has opportunely produced a pamphlet on *Immunity from Consumption in the Hebrides.* Very recently, a controversy has been carried on in this JOURNAL between Dr. Mac Cormac and Dr. Leared about the cause of phthisis. Dr. Mac Cormac assumes to have proved that the exciting cause of the disease is invariably rebreathed air; while Dr. Leared adduced, in opposition, the case of Iceland, in which country people live in the worst ventilated houses possible, and are yet, on good authority, stated to enjoy a remarkable exemption from the disease. Dr. M'Nab writes, with the authority of one to whom the facts of the case are well known, that the Hebrides are also all but free from the scourge. He is borne out in this by the previous researches of Dr. Morgan, and by the statements made by Dr. Christison in the address delivered by him in 1863 as President of the Public Health Department of the Social Science Association. Dr. Buchanan has lately asserted that, even in this country, the prevalence of phthisis is notably affected by the nature of the soil upon which people dwell. It may yet turn out that the true etiology of the disease will be determined from a consideration of such local peculiarities. It is the opinion of Dr. M'Nab that the absence of pulmonary consumption in the Hebrides is ascribable to the great abundance of marine algæ. He thinks that a great evolution of oxygen occurs from this vegetation, which renders the atmosphere unusually oxygenated. Admitting this to be a fact, which we are by no means prepared to do, we cannot agree in the explanation given. The carbon theory of the production of phthisis must be first assumed, to make this view tenable; and the theory in question, as already hinted, we hold to be "not proven". We must nevertheless congratulate Dr. M'Nab on having produced an essay valuable for the facts which it has put before the profession.

RATING OF HOSPITALS.

MR. WHEELHOUSE'S Bill to exempt charities from rating came on for a second reading on Wednesday evening. It was opposed by Mr. Göschen from one side of the House, and the late Secretaries of the Treasury and Poor-law Board, Sir M. H. Beach and Mr. Sclater-Booth, on the ground that, as the inmates of hospitals were not derived from purely local sources, it was not fair that the locality should be deprived of the proper contribution to its funds by the building, which occupied rateable space within its limits. It received warm support from independent members, and its promoters are desirous of external aid from the medical profession. The debate was adjourned by lapse of time.

MEDICAL QUALIFICATIONS.

THE routine of the Moor Street Police Court (says the *Birmingham Gazette*) was relieved on Tuesday last by a prosecution of an exceptional character. The question of fact submitted to the stipendiary magistrate was, whether the defendant, who had for several years practised as a surgeon in this town, "had wilfully and falsely called himself what he was not." The addition of half a dozen capital letters to his name, the signing of certificates, the appearance of the word "Surgery" in front of his house, and of "Medical College, Pennsylvania," on the door-plate, were facts stated and admitted; but withal the defendant's attorney carried the magistrate with him in the opinion, on which the summons was dismissed, "that there had been no false and wilful assumption of an English qualification." This is just one of the many proofs of the public inefficiency of the Medical Act.

THE SUSSEX COUNTY HOSPITAL.

AT a Special Court of Governors held on Wednesday, for the purpose of electing a surgeon in room of Mr. H. Mills Blaker, deceased, Mr. Javers, Assistant-Surgeon, was elected Surgeon; and the vacancy so caused in the office of Assistant-Surgeon was filled by the election of Mr. N. P. Blaker. Dr. Taaffe took occasion to complain publicly of the rules of election, which, he said, were so unfair that the members of the medical profession generally in the town refrained from entering into a competition, which was, on the face of it, hopeless. Dr. Hall endorsed the observations of Dr. Taaffe; and, while admitting the merits of the officers now elected, considered that the rules gave no guarantee for the future. He complained that physician-accoucheurs were ineligible to appointment in the hospital; and, now that physician-accoucheurs were freely admitted to the fellowship of the College of Physicians, they ought not to be excluded from a county hospital.

SCOTLAND.

UNIVERSITY OF EDINBURGH: INSTALLATION OF CHANCELLOR.

THE Right Honourable John Inglis, Lord Justice-General of Scotland and President of the Court of Session, D.C.L., LL.D., was installed as Chancellor of the University, in the Music Hall, on April 12th. Principal Sir Alexander Grant, Bart., occupied the chair, and a large and brilliant assemblage was present. Professor Maclagan, Chairman of the Lord President's Committee, presented, and Principal Sir Alexander Grant formally installed, his Lordship as Chancellor. The Chancellor then conferred degrees on the graduates of the University in divinity, science, arts, and law. The honorary degrees of D.D. and LL.D. were conferred on several gentlemen; Drs. Acland and Lyon Playfair, C.B., M.P., being among those on whom the latter honour was bestowed. His Lordship then delivered a long, able, and practical address on Universities and University education.

THE LATE DR. ADAMS OF LANARK.

A HANDSOME monument has just been erected beside the grave of the late Dr. Adams, by means of a fund raised by a Committee of gentlemen appointed for the purpose. It consists of an elaborate wall-tablet in three massive panels, on the centre one of which is inscribed the following: "Erected to the memory of Alexander Maxwell Adams, M.D., L.R.C.S.E., F.F.P.&S.G., Provost of the Royal Burgh of Lanark, who died in office, at Lanark, on the 17th day of July, 1867, in the 54th year of his age. This monument is erected by a number of his friends, in admiration of his eminent talents as a physician, in recognition of his valuable public services for seven years as Provost of Lanark, and as a tribute of affectionate respect for the amiability of his character and the many virtues which adorned his private life."

THE NEW UNIVERSITY BUILDINGS, GLASGOW.

THE new buildings at Gilmore Hill have made, during the past fine winter, very rapid progress. The south or main front has reached its full height, including the two massive towers at each end, while the great central tower has been carried up to the same height. The north front is also drawing near completion, in which the library and museum will be located. The eastern elevation, comprising a series of class-rooms, is completely roofed, and the entire range from north to south will be ready for the reception of professors and students (if required) by the middle of October next. The great central hall has been commenced, and its eastern wall is rising above the level of the ground. The houses of the professors have also been commenced on the west side of the main buildings. There are at present about 1,100 men at work on the buildings, and the whole scene is one of interest and great activity.

IRELAND.

COUNTY CORONERS BILL.

IT would be very desirable that the Coroners Bill should apply to Ireland, as appointment by the Lord Chancellor, Chief Secretary, or perhaps by the Grand Jury, and payment by fixed salary, would be great amendments.

PURIFICATION OF GAS.

THE lime and the oxide of iron processes for purifying gas have lately been under consideration by the Dublin Corporation, the medical advisers of that body asserting that the former is very hurtful in the vicinity of the works, and a most eminent authority summoned by the Company contending that the iron method will not remove sulphur efficiently.

CONVALESCENT HOSPITALS.

PETITIONS to both Houses of Parliament have been extensively signed in favour of endowing convalescent homes in connexion with the Dublin hospitals which receive grants from Government, and of placing trained nurses throughout the county. We understand that the movement originated with Dr. Evory Kennedy, and that it is viewed with great favour by the Government.

DUBLIN SCIENTIFIC SOCIETIES.

THE affiliation of the Dublin Societies, such as the Natural History, Geological, Chemical, etc., has been under consideration at the Council of the Royal Irish Academy, and it is very likely to be carried out under terms most advantageous to the lesser bodies.

DEATH OF DR. SAMUEL CUSACK.

THE decease of Dr. S. Cusack at Maitland, New South Wales, on February 9th, is recorded. This most able surgeon served throughout the Crimean campaign; and in 1856, through the influence of his uncle, Dr. J. W. Cusack, was appointed Professor of Physiology and Surgeon at Steevens's Hospital, Dublin, the Medical College having been then established. In both of these positions, he displayed most remarkable ability and energy; but, his health failing, he determined to settle as a landed proprietor in New South Wales.

THE ROYAL SANITARY COMMISSION.

THE exclusion of Ireland from the new Commission is most regretable. Owing to the exertions of Dr. Acland, all parts of the United Kingdom were included in the first Commission; which has, however, been revoked without ever having met; and among the new Commissioners we do not find Professor Haughton or Sir Charles Lanyon, C.E., from whose ability and earnestness so much was expected. The acknowledged failure of the Death Registration Act, the overcrowding of graveyards, and the neglect of most towns to adopt the Public Health Act, surely require investigation and amendment. The sanitary regulations of Irish cities and towns are not controlled by any central authority, as the powers of the Poor-law Commissioners extend only to rural districts.

TRINITY COLLEGE: SIR P. DUN'S HOSPITAL.

THE application of the clinical teachers of Dublin for the alteration of the regulation which obliges students of the University to attend Sir P. Dun's Hospital, has been favourably received by the Board, as will appear from the following resolution:—"That the Board of Trinity College are prepared to recognise, for the degree of Bachelor of Medicine, the certificates of all hospitals in Dublin which shall prove to their satisfaction their willingness and ability to teach all the branches of medicine and surgery, as soon as Sir Patrick Dun's Hospital shall have completed its arrangements for securing the undivided attention of its entire medical staff." Such of the hospitals as do not admit of fever cases may not be recognised to the full extent. The changes may, however, not come into operation for some years, as the two medical officers alluded to in the latter part of the resolution have a right to retain their connexion with another hospital.

THE NAVAL MEDICAL SERVICE AND THE KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND.

WE are requested by the Registrar of this College, Dr. Little, to direct the attention of candidates for medical appointments in the Royal Navy to an important alteration that has been made in the regulations. In those issued by the Lords of the Admiralty, on May 7th, 1867 (Sect. 9), it was announced that "a favourable consideration will be given to those who have obtained the degree of M.D. from any University in the United Kingdom." The President and Fellows of the King and Queen's College of Physicians remonstrated against this announcement, as it implied that the qualification given in medicine by a College of Physicians was inferior to that given by *any University* in the United Kingdom; and as it confounded together all Universities—those requiring Degrees in Arts previous to graduation in medicine, and those not requiring Degrees in Arts. In addition to a written remonstrance, Sir Dominic Corrigan, Bart., and Professor A. Smith had an interview in June last with Lord Henry G. Lennox, then Secretary to the Admiralty; the result has been that the paragraph has been withdrawn from the recent Regulations of the Admiralty, issued on November 4th, 1868, which now place on a level all who pass the Examinations for the Navy, without regard to their place of education, or the Corporation from which they have obtained their qualification.

DUBLIN OBSTETRICAL SOCIETY.

We shall shortly publish a full abstract of Dr. Evory Kennedy's very able paper on Puerperal Fever. It occupied the greater part of two meetings of the Society, and so important were the matters it discussed, that it was resolved, on the motion of Dr. Beatty, to postpone the debate thereon till the next meeting, and to employ a special reporter to record the opinion of the Society at length. Dr. Kennedy lays down the hypothesis that most, if not all, contagious diseases owe their origin to organic poisons, which in genus, at all events, are identical. He thought they might be all composed of some polyatomic molecule belonging to the same homeric group; and the different species, such as the poison of typhus fever, erysipelas, gangrene, scarlatina, puerperal fever, would be the result of difference in the concomitant circumstances attending the development of these diseases from a poison which he named zymoticine. He adduced the well known frequency of puerperal fever during epidemics of these diseases in proof of the truth of this view. On this hypothesis, combined with the farther one that it required but one parturient woman to generate the poison which might be absorbed into her own system and produce puerperal fever in some of its forms, or might be conveyed to others, though not by her absorbed, Dr. Kennedy grounded the dogmatic statement that zymotic metria, as he terms puerperal fever, is almost entirely preventable by isolation of the parturient female. On this, supported by most elaborate statistics derived from the published registries of lying-in hospitals in Dublin, London, Liverpool, Paris, St. Petersburgh, and numerous other sources, Dr. Kennedy founded a most unqualified condemnation of all maternities or lying-in hospitals not established on the principle of setting apart a separate ward for each case. In fact, he openly charged the promoters of all large lying-in hospitals with the destruction of hundreds of helpless women in the hour of their most dire distress.

THE QUARTERLY EXAMINATIONS AT THE COLLEGE OF SURGEONS.

Of the fifty-eight candidates who presented themselves for the first examination in Anatomy, Physiology, and Materia Medica, only seven failed to acquit themselves to the satisfaction of the Court. The examination is partly by questions to be answered by the candidates in writing, and partly *vivâ voce.* Each candidate is under examination for two hours. During the first hour he is required to answer in writing three questions in anatomy and physiology and one in materia medica; during the second hour he is examined orally by four examiners (during a quarter of an hour by each), three of whom examine on anatomy and physiology; the fourth tests him on materia medica and chemistry. Since the introduction of this system of conducting the examination, it has lost much of the publicity it had formerly, when but one candidate was examined at a time, the entire Court being present. At that time the Fellows and Licentiates who were present could hear the entire examination, which was wholly *vivâ voce.* As the examination is now conducted, it is such a painful effort to listen, that most persons have abandoned the attempt. We trust that before long the written examination will be extended, as we believe it would then afford a fairer test of the acquirements of the candidates. During the *vivâ voce* examination, each candidate is accompanied by a member of the Council of the College of Surgeons, who receives from each examiner a numerical award of the candidate's merit. He also takes care that the candidate is not examined twice on the same subject. The total numerical award must amount to at least one-third of the entire number of marks in order to entitle the candidate to be allowed the examination; and total deficiency in any one subject cannot be compensated for by proficiency in other subjects. The second and final examination for the licence in surgery is conducted in a similar manner, and includes the actual performance of operations on the dead subject.

POOR-LAW MEDICAL OFFICERS' ASSOCIATION.

A Quarterly Meeting of the Poor-law Medical Officers' Association was held on Wednesday evening last, at the Freemasons' Tavern, Great Queen Street, Lincoln's Inn Fields; Dr. Rogers, President, in the Chair.

Among those present were Dr. Lyon Playfair, C.B., M.P.; Dr. Pinder (Camberwell); Rev. B. J. Watson, (Highgate); Drs. Welch and Richards (Bethnal Green); Mr. Vinall (South Hackney); Dr. Dudfield (Westminster); Dr. Dixon (Bermondsey); Messrs. Guazzaroni and Frost (Kensington); Mr. Hamilton; Drs. Richardson and Burchell (Whitechapel); Dr. King (Camberwell); Mr. Child (New Maldon); Dr. Griffiths; Dr. Nicholas; Mr. Sergeant; Dr. Tilbury Fox; Dr. Stallard; Mr. Wookey (Potter's Bar); Mr. Williams (Walworth); Mr. Morton (Holborn); Mr. Kelly; Dr. Thomas (Marylebone); Dr. George Slight; Mr. Eug. Goddard (Clerkenwell); Dr. Jones (Lewisham); Dr. Sandwell (Westminster); Mr. Mackinlay (Isleworth); Mr. Bruce; Mr. E. S. Roberts (Bristol); and Dr. Brett (Watford).

After letters of sympathy with the objects of the Association, from Sir Geo. Jenkinson, M.P. for North Wilts, from Mr. Torrens, M.P., from Mr. W. H. Smith, M.P. for Westminster, and others had been read,

The President delivered an address, in which he congratulated members upon their unanimity of feeling and opinion, and pointed out how their example had been followed by the Workhouse masters and the relief officers, who had each formed themselves into an Association, which he hoped would produce good results. The return moved for by Mr. Torrens, at his (the President's) request, showed how inefficiently the Metropolitan Poor Act of 1867 had been carried out; lavish expenditure having been indulged in in the construction of imbecile asylums and infirmaries on the one hand; while, on the other, the establishment of dispensaries had been entirely neglected until now that a reaction was taking place among the guardians and ratepayers, and the valuable labours of the Workhouse Infirmaries Association were endangered. Dr. Rogers complained that the return made on the motion of Dr. Lush did not give the actual remuneration paid to medical officers out of the total of £272,225, embraced in the column he headed medical relief. Mr. Göschen stated that the office was so overworked that they could not furnish what was wanted; but a promise has been made that the next and future reports of the Poor-law Board shall contain the information desired. An attempt had been made to prove that the medical officers' salaries had been improved by the addition of vaccination fees, but this could not be held to be the case generally, as in many places the fees went into the hands of men who had nothing whatever to do with poor relief. Moreover, the present tendency of the Privy Council was in favour of the concentration of several districts in the hands of one officer, so that in future vaccination must be altogether omitted from their calculations. Dr. Rogers admitted that there had been a constant rise in the amount entered under the column of "medical relief; but he shewed that the increase under this head did not nearly keep pace with the general increase; and the increase in question was due less to the amelioration of the condition of existing medical officers than to the extension of medical relief to whole districts and counties which had before been without. The working of the Medical Charities Act of 1852 in Ireland had been touched upon by the President at the last quarterly meeting; he now further developed what he then advanced. The essence of this Act is, efficient attendance on the sick poor at their homes and at the dispensaries; the provision of all medicine and appliances by the guardians; and the appointment of dispensers in all populous places. Since the Act came into operation, zymotic disease has been most materially diminished, small-pox has been nearly annihilated, sickness generally has very largely diminished, and the poor-rate has experienced a very marked relief. A comparison between the two countries shews that, while Ireland, out of a poor population of 4,500,000, expends £132,000 in medical relief, out of a total Poor-law expenditure of £795,331, England, with a wealthy population of 20,000,000, out of a total of £6,959,840, expends only £272,225 on medical relief. Dr. Rogers took the instances of Birmingham, Brighton, Bethnal Green, Camberwell, St. Luke's, East London, Whitechapel, and other parishes, and proved from their returns that, other things being equal, wherever you have a parish in which there was insufficient medical relief, that then in the fifteen years ending 1867, there was uniformly a great increase of in-door expenditure. The returns of the Poor-law Board showed that while the out-relief had only increased from £2,584,154 in 1852, to £3,487,753 in 1867, the cost of in-maintenance had risen from £619,623 to £1,428,721 in the same period. This successive increase of in-door maintenance was, he maintained, due most of all to insufficient medical relief, it having been abundantly proved that 72 per cent. of pauperism arises from sickness. Dr. Rogers, therefore, held that a most important step in the diminution of rates was the granting of adequate medical relief; had this been provided in time, he believed Mr. Gathorne Hardy's Act would hardly have been needed. He concluded by advocating the general adoption of a practice in use at Guildford, of keeping a record of the causes producing pauperism in each case; such a record would throw valuable light upon the much debated subject of pauperism.

The President moved the adoption of the Report of the Council, which stated that, in pursuance of a resolution passed at a General Meeting of the Association on January 29th, Dr. Dudfield, the Secretary, transmitted to the President of the Poor-law Board a copy of the Report of the Association, with the laws of the Association, and Mr. Griffin's pamphlets on the grievances and wishes of the Poor-law Medical Officers. Mr. Göschen had acknowledged the receipt of the communication; but, while sensible of the importance of the subject, was as yet unable to state his views on the questions involved. The Council had widely circulated the report of the last quarterly meeting among members of both Houses of Parliament, and Board of Guardians. Petitions for redress of grievances from the medical officers of about 130 unions have been presented by Mr. Torrens. The Council thanked Mr. Torrens and other members of Parliament for the interest which they have taken in the proceedings of the Association; and trusted that, when the political horizon is clearer, the President of the Poor-law Board will not long defer the hopes which they build on his sense of justice. The Council have prepared an appeal in favour of Dr. Brady's Bill to provide superannuation allowances for the Irish medical officers; and, at the second reading of the Bill in June, the appeal will be presented to the members of Parliament who have expressed sympathy with the objects of the Association. If the Bill become law, the boon must, sooner or later, be extended to the English medical officers; and the Council of the Irish Medical Association will in due time reciprocate the efforts now being made by their English brethren in favour of the Irish medical officers. The Council express satisfaction at the success of a memorial promoted by a few members of the Association with reference to the new duties imposed on workhouse medical officers; and trust that Mr. Göschen will either cancel the general order, or at least accord the assistance and remuneration prayed for by the memorialists. The Council have received a letter from Dr. Rumsey, commending the line of action taken by the President and the Association, and advising the Association to strive for the following objects. 1. That the Irish system of poor-law medical service shall be taken as the basis or model of any organic change in England. 2. That medicines and appliances shall be provided at the public expense, and dispensers appointed in places of sufficient population. 3. That the whole cost of such provision shall be borne by the local or union fund: and 4. That the whole (not half) of the salaries of the medical officers shall be defrayed out of national funds. The suggestions, 2, 3, 4, are among the objects for which the Association has striven from its formation. The Council express their satisfaction that the Poor-law Board have refused to sanction the reduction of the poor-law medical staff of Birmingham from eight to five, and have remitted the letter of the guardians to them for re-consideration.

Mr. Vinall (South Hackney) seconded the motion, and the report was passed unanimously.

Dr. Dixon (Bermondsey) pointed out that the report furnished to Mr. Torrens was not altogether to be depended upon, as in some cases the vaccination fees were included in the medical officers' salaries, and the number of vaccination cases appended were sometimes omitted, so as to make it appear that the medical officers received much more per case than they actually did. There were other errors of a like nature, but, fortunately, they did not invalidate their position. Dr. Dixon shewed the great anomalies and inequalities existing, by quoting, among other cases, that of Whitechapel, where the medical officer received 8¾d. per case for attendance and drugs, while at Poplar, the guardians, who supply the medicines, find the cost per case to be 8¾d. for drugs alone.

Dr. Dudfield shewed how successful had been the working of the dispensary system in Ireland, and the union of medical officer and vaccinator in one person. Small-pox had been stamped out almost entirely.

Mr. Eugene Goddard thought the favourable results of vaccination in Ireland were due to the fact that the vaccinator was also the registrar of births and deaths. He strongly advocated the establishment of dispensaries in the metropolis.

Dr. King also advocated their establishment.

Dr. Jones (Sydenham) was alone in his opposition to them. He thought them unnecessary in thinly-populated districts.

Dr. Pinder moved,—"That, in the opinion of this meeting, it is desirable that the clauses of the Metropolitan Poor Act (1867), relating to the establishment of dispensaries, should be put into general operation forthwith."

The resolution was seconded by Mr. Vinall, and carried.

Mr. Goddard moved,—"That the remuneration of the Poor-law medical officers is, in a great majority of cases, very inadequate, and that permanence of appointment is necessary in all cases to enable the medical officers to perform their duties with efficiency and independence."

Dr. Welch seconded the resolution, which was carried unanimously.

Certain bye-laws were amended, as proposed by the Council, and the meeting separated with a vote of thanks to the President, the officers, and the Council.

ASSOCIATION INTELLIGENCE.

GLOUCESTERSHIRE BRANCH.

The second general meeting of the above Branch will take place on Thursday, May 13th, at 4 P.M., in the Cheltenham General Hospital.

A dinner will be provided at the Queen's Hotel, at the cost of 4*s.* per head, at 6.30 P.M., for those members who wish to avail themselves of it.

Alfred Fleischmann,
Honorary Secretary.
Cheltenham, April 28th, 1869.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The thirty-first meeting of this Branch was held at the Pavilion Hotel, Folkestone, on March 17th, 1869; S. Eastes, Esq., in the Chair.

The Secretary read a paper, presented by Mr. Howard, on the Contagious Diseases Hospital at Shorncliffe. It was shown that great benefit was being derived from the operation of the Contagious Diseases Act; but, until it became general, much good was left undone.

Dr. Bowles read a case of Complete Suppression of Urine of seventeen days' duration, in which the intellectual faculties were quite unaffected until an hour before death. No *post mortem* examination could be obtained.

Mr. Reid related the case of a Shot-wound of the Orbit, penetrating the ethmoid and sphenoid cells, and entering the left cerebellum, causing death in sixteen hours. There was no wound in the right orbit where the shot entered; but the upper eyelid was darkened by bruise on the inner side, and there was a slight effusion of blood near the inner canthus.

Mr. Fagge related two cases of Postnasal Catarrh; and a case of Amputation, in which troublesome vomiting and acute pain and jactitation of the limb and body supervened; these symptoms were entirely subdued and kept in check by the hypodermic injection of morphia.

Sixteen members afterwards dined together.

SOUTH-EASTERN BRANCH: WEST KENT DISTRICT MEDICAL MEETINGS.

The fourth meeting of the twelfth session, 1868-9, was held at Dartford on April 20th; F. Spurrell, Esq., in the Chair.

New Members.—The following new members were elected (subject to the Rules): Frederick A. Tipple, Esq., Erith; Charles Edward Hoar, Esq., Maidstone.

Communications.—The following communications were read.

1. Case of Amputation of the Thumb for Compound Fracture of the Metacarpal Bone. By Richard Henry Hunter, Esq.
2. Case and Specimen of Perforation of the Duodenum. By William Hoar, Esq.
3. Remarks on the Injection of the Uterus by Perchloride of Iron. By Robert Barnes, M.D.
4. Case of Induction of Premature Labour: Unusual Symptoms: with Beneficial Treatment by Opium. By J. Armstrong, M.D.
5. Exhibition of a Novel Form of Day-book. By G. F. Hodgson, Esq.

Dinner.—The members and visitors dined at the Bull Hotel.

MEDICO-PARLIAMENTARY.

PARLIAMENTARY COMMITTEE OF THE BRITISH MEDICAL ASSOCIATION.

Medical Officers' Superannuation Bill.—The Metropolitan Poor Act Bill.—Chancery Act Amendment Bill.—Draft Medical Acts Amendment Bill.

A MEETING was held at 37, Soho Square, April 13th, 1869—C. F. J. LORD, Esq., in the chair.

DR. JOSEPH ROGERS reported that Dr. Brady had postponed the second reading of the Medical Officers' Superannuation (Ireland) Bill until June 23rd, 1869.

Letters were read from Lord G. Hamilton, Dr. Lee (Dublin), Dr. Jeffery Marston (Army Medical Department), and Rev. Dr. Haughton (Dublin).

The Metropolitan Poor Act (1869) Amendment Bill was read and considered.

Dr. J. ROGERS moved, Dr. RAMSAY seconded, and it was carried, "that Clause 6, which makes the appointment of the Dispensary Committee optional, be opposed." This alteration will render it necessary to insert in Clause 7, after "the said guardians", the words "or Dispensary Committee." In reference to Clause 9, on vaccination expenses, the honorary secretary was directed to seek the opinion of Dr. E. C. Seaton, the Vaccination Inspector of the Privy Council, as to the expediency of opposing it.

With respect to the Pharmacy Act Amendment Bill, Dr. STEWART reported that the Lord Advocate had undertaken to move this committee's amendments therein, which will affirm the rights of all British practitioners to immunity from the provisions of the Pharmacy Bill.

The consideration of the details of the Medical Officers' Superannuation Bill was deferred until the honorary secretary had communicated with Dr. Brady on the subject.

On the Draft Medical Acts Amendment Bill, the following letter from the Rev. Dr. Haughton was read, and ordered to be placed upon the minutes:—

"Trinity College, Dublin, 12th April, 1869.

"Dear Sir,—I shall feel obliged by your laying the following suggestions with respect to the Amendment Medical Act before the Subcommittee to-morrow.

"Sec. X. This section appears quite unnecessary, as it is a matter of no consequence whether the name of a non-practising medical man remain on the register or not.

"Sec. XI. I think we ought to oppose this section, as it would let in upon us a flood of German and American qualifications, of whose real value we could have no proper knowledge. The amendment to Sec. XI, proposed by the Medical Council, would, in my opinion, be at once rejected by the House of Commons, as giving too much power to the Council. It actually makes the Medical Council a branch of the Legislature.

Sec. XIII. This seems to me to be a very objectionable section, as it gives power, without the consent of Parliament, to multiply indefinitely the number of qualifications, which are already too numerous.

"I would propose for the consideration of the Subcommittee the following amendment of Sec. IV (Medical Act, 1858), which I think we could carry by hard work. Sec. IV, lines 24, 25, omit the words 'nominated by Her Majesty with the advice of her Privy Council'; substitute for them the words 'to be elected by the registered practitioners in whatever manner Her Majesty's Privy Council shall direct'; and line 25, for 'appointed', read 'elected.'

"I am, yours, sincerely, "SAMUEL HAUGHTON."

The several sections of the Bill were read and discussed *seriatim*. The Subcommittee agreed with Dr. Haughton that Sec. X, which provides for the erasure of the names of those who cease to practise, was unnecessary, if not objectionable, for such erasure would render the Register imperfect as a list of qualified practitioners.

It was moved by Dr. RAMSAY, seconded by Dr. HART VINEN, and carried, that Sec. XI and its amendments, as passed by the General Medical Council on June 5th, 1867, be opposed. It was the unanimous opinion of the Committee that the facilities for obtaining, *ad eundem*, degrees and diplomas in the English Universities and Medical Corporations were so great that little inconvenience would be entailed on foreign practitioners by expunging these clauses.

On the motion of Dr. GIBBON, seconded by Dr. RAMSAY, it was resolved that Sec. XII, for extending the list of medical qualifications, be opposed. On the motion of the same gentlemen, it was also agreed that Sec. XIV, which provides that the degree of Bachelor of Surgery shall be deemed to be a qualification in Schedule A of the Act, should be objected to.

The means for providing for the direct representation of the profession in the Council were fully considered. Three plans were proposed and discussed.

1. The election, by registered medical practitioners, to the six seats at present filled by the nomination of the Crown.
2. The disfranchisement of the University of Durham, of the Faculty of Physicians and Surgeons of Glasgow, and of the Apothecaries' Hall in Ireland.
3. The grouping of the Colleges of Physicians, Surgeons, and Apothecaries in the three kingdoms, reckoning the Faculty of Glasgow as one Apothecaries' Society, so as to form *three* instead of *six* constituencies.

It was proposed by Dr. STEWART, seconded by Dr. O'BRYEN, and carried, that the decision of this important question be remitted to the full Committee.

It was proposed by Dr. RAMSAY, and seconded by Mr. W. MARTIN, that Dr. Day-Goss be requested to join the Subcommittee.

OBITUARY.

WILLIAM SLYMAN, L.R.C.P.,

NEWTOWN, MONTGOMERYSHIRE.

THE death of this much esteemed member of the Association is recorded with expressions of affectionate eulogy in the local papers. Commencing his professional labours in 1828, he had for upwards of forty years held a prominent and honoured position in Newtown, aiding in all public improvements, welcomed in the homes of the great and of the poor, and winning the respect of his brethren and for his brethren. A life of usefulness and honour has been closed at the age of sixty-two. A public funeral was provided by resolutions of a general meeting, and was attended by many hundreds of all classes.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on April 27th; and, when eligible, will be admitted to the pass examination:—

Messrs. James Newstead, C. H. Hill, and D. P. James (Students of St. Bartholomew's Hospital); John Bishop, T. D. Nicholson, H. C. Martin, D. C. Nicholl, Alexander Macdougall, W. W. Morton, and H. A. Lidiard (Edinburgh School); Thomas Mayne, A. K. Longhurst, J. G. Kimell, F. W. Elliott, and P. B. Giles (University College Hospital); W. J. Williams, C. B. Plowright, Richard Williams, and E. T. Hughes (Glasgow School); R. S. Armstrong and E. J. Domville (Guy's); T. L. Lloyd and Montague Gillott (Birmingham School); Henry Reston (Manchester School); J. A. Freeman (King's College); W. J. Benham (Bristol School); E. A. Piggott (St. George's); Cyrus James (London); G. D. P. Thomas (St. Mary's); and A. M. Palmer (St. Thomas's).

Six candidates, having failed to acquit themselves to the satisfaction of the Court of Examiners, were referred to their anatomical and physiological studies for three months.

The following gentlemen passed on April 28th:—

Messrs. H. W. Webster, Thomas Carruthers and G. H. Pinder (Manchester School), J. A. W. Wardale, W. G. Watson, Russell, Steele, G. E. Pellereau, and Lewis Lewis (University College), J. G. Gordon, H. R. G. Hughes, and C. E. Underhill (Edinburgh), Reginald Bower, H. R. Bracey, F. H. Maberley, Alfred Whitehead, Walter Horton, L. H. Jones, and Ernest Birt (Birmingham School), W. K. Wesley, W. J. Newberry, A. M. Birt, and E. E. A. Batchelo (St. Bartholomew's), G. A. C. V. Smith and Henry Morris (St. Mary's), O. E. Owen and R. W. Williams (Glasgow School), R. R. Frost (Guy's), and Luke Peacan (Dublin School).

Five candidates failed to satisfy the Court, and were referred to their anatomical and physiological studies for three months.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 22nd, 1869.

Cox, William Alfred, Mitcham, Surrey
Mitchell, Joseph, Leicester
Prigg, Frederick, Bury St. Edmunds
Prosser, Richard Albert Shipman, Birmingham
Shaw, Ollive Sims, Stockport

At the same Court, the following passed the first examination.

Blyth, Alexander Wynter, King's College
Fitzgerald, Conrad, Bristol Infirmary
Wadsworth, Godfrey Bingley, University College

At the Preliminary Examination in Arts, held at the Hall of the

Society, on the 23rd and 24th of April, 1869, 40 candidates presented themselves; of whom 18 were rejected, and the following 22 passed, and received certificates of proficiency in general education; viz., in the First Class, in the order of merit.

William Ambrose Greet and Charles Hartley; Percy Gordon Young; Reginald K. Casley and John Walton Hamp; Walter Allsworth and Joseph Bourne Waterhouse; Joseph Balm Pike.

In the Second Class, in alphabetical order.

Francis A. Appleton, William Henry Bennett, John Paul Bevan, Graham Lowe Coombes, John Davies, Herbert Eskell, Ernest Lloyd Gardner, Benjamin W. Gathergood, Mansel Martinho Gonsalves, James John Hyde, Thomas R. Judson, Ernest Sexton Medcalf, Charles Edward Smales, and Charles Ward.

MEDICAL VACANCIES.

The following vacancies are declared:—

BALLYMENA UNION, co. Antrim—Medical Officer, Ahoghill Dispensary District (£80 per ann., and about £40 more for Registration and Vaccination Fees).
BANGOR AND BEAUMARIS UNION—Medical Officer for the Anglesey District No. 2 (£75 per annum).
BRISTOL ROYAL INFIRMARY—Dispenser (from £100 to £120 per annum).
CARLOW UNION—Medical Officer for the Borris Dispensary District (£100 per annum, and Registration and Vaccination Fees).
CASTLEBAR UNION, co. Mayo—Medical Officer for the North Division of the Castlebar Dispensary District (£90 per annum, and Registration and Vaccination Fees).
DALGETY, Fifeshire—Parochial Medical Officer.
DINGLE UNION—Apothecary for the Workhouse and Dingle Dispensary (£50 per annum).
DONIBRISTLE COLLIERY, Fifeshire—Surgeon.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.
FORDEL COLLIERY, Fifeshire—Surgeon.
GREAT YARMOUTH UNION—Medical Officer for the South District (£80 per annum).
KIRKMICHAEL, Banffshire—Medical Officer and Public Vaccinator (£45 per annum).
LEEDS GENERAL INFIRMARY—Four Assistant Resident Medical Officers; Dispenser (£50 per annum, with apartments, board, and washing).
LINCOLN COUNTY HOSPITAL—Physician.
LONDON FEVER HOSPITAL, Liverpool Road—Physician; Assistant to Resident Medical Officer (£160 per annum, residence, gas, coal, and attendance).
MANORHAMILTON UNION, co. Leitrim—Medical Officer for the Dromahair Dispensary District (£90 per annum, and Registration and Vaccination Fees).
MIDDLESEX HOSPITAL—Surgeon and Lecturer on Surgery.
NEWCASTLE-UPON-TYNE INFIRMARY—Four Assistant-Surgeons; Senior House-Surgeon; Junior House-Surgeon.
NEWPORT UNION, co. Mayo—Medical Officer and Registrar of Births, etc., for part of the Achill Dispensary District. (£80 per annum, and Registration and Vaccination Fees.)
NEW ROSS UNION, co. Wexford—Medical Officer for the St. Mullins Dispensary District (£70 per annum, and Registration and Vaccination Fees).
NORTH RIDING INFIRMARY, Middlesborough-on-Tees—House-Surgeon (£70 per annum, with board and apartments).
RETFORD GENERAL DISPENSARY—House-Surgeon and Apothecary (£100 per annum, with furnished rooms, gas, coal, and attendance).
ROYAL COLLEGE OF PHYSICIANS, Edinburgh—Lecturer on Mental Diseases under Sir A. Morison's Endowment.
ROYAL KENT DISPENSARY, Greenwich—Three Surgeons for Deptford; a House-Surgeon.
SLIGO UNION—Assistant Medical Officer to the Workhouse.
STAFFORD COUNTY LUNATIC ASYLUM—Assistant Medical Officer (£100 per annum, with board, residence, and washing).
SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Physician; House-Surgeon (£100 per annum, with board and residence).
WESTMINSTER HOSPITAL—Assistant-Surgeon and Lecturer on Anatomy.

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

Evans, T. M., Esq., appointed Visiting Surgeon to the Hull and Sculcoates Dispensary, and Lecturer on Forensic Medicine at the Hull School of Medicine.

Oakman, Joseph, Esq., appointed Medical Officer and Public Vaccinator to the St. Mary's District of the Wandsworth and Clapham Union.

*Sansom, A. Ernest, M.D., appointed Physician to the North Eastern Hospital for Children.

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The London College of Physicians are determined that the high character of their Licence shall be maintained. The recent examinations were of a searching nature, eminently calculated to test the practical qualifications of the candidates; and of six practitioners who underwent the ordeal, two, we are informed, failed to acquit themselves to the satisfaction of the Board.

BOOKS, etc., RECEIVED.

Proceedings of a Committee, appointed by the Council of the Society of Arts, to Report upon the Best Way of Dealing with the Thames Embankment. London: 1869.

The State of the Medical Profession in Great Britain and Ireland. By W. Dale. London and Dublin: 1869.

Outline of the Plan for the Proposed Supply of Water to London, from the Sources of the River Wye, in South Wales. By Hamilton H. Fulton, M. Inst. C. E. London: 1869.

The Second Annual Report of the Surrey County Lunatic Asylum at Brookwood.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Medical Society of London, 8 P.M. Casual Communications; Mr. John Lowe (Lynn), "On a Case of Encephaloid Tumour of the Kidney."—Entomological Society.—Epidemiological Society.

TUESDAY.—Pathological Society of London, 8 P.M.—Anthropological Society of London.

WEDNESDAY.—Obstetrical Society of London, 8 P.M. Dr. Saboia, "On a Case of Ovarian Disease treated by the Injection of Iodine"; Dr. Graily Hewitt, "On the Connection between Adhesions of the Uterus and Retained Placenta"; and other papers.

THURSDAY.—Harveian Society of London, 8 P.M. Dr. Cheadle, "On Exophthalmic Goître."—Linnæan Society.—Chemical Society.—Royal Society.

FRIDAY.—Western Medical and Surgical Society of London, 8 P.M. For the Narration of Cases. Dr. Budd Painter, "A Case of Purpura."

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the Journal, *to be addressed to the* Editor, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

We cannot undertake to return Manuscripts not used.

Correspondents not answered are requested to look to the Notices to Correspondents of the following week.

To Purchasers.—To insure attention, it is requested that all orders sent to the Office for extra copies of the Journal, be accompanied with stamps for the amount.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

An Old Meath Man touches on very delicate ground, and raises personal questions on which it is always desirable to avoid entering, unless rendered imperative by public interests. We will, however, take further advice on the subject.

Fœtid Odour from the Feet.

Dr. Stamford Felce (London) recommends for the case mentioned by Dr. O'Reilly a lotion of hyposulphite of soda, one ounce to a pint of water.

L.R.C.P. (Durham) recommends the local application of a solution of nitrate of silver, one drachm to one ounce, until the skin becomes hardened; daily ablution of the feet in cold water, and daily change of cotton socks; with the internal use of quinine in two-grain doses.

F. R. (Manchester) asks for references to: 1. Cases with progress, etc., of Exophthalmic Goître (besides those by Dr. J, O. Fletcher in vol. i of the British Medical Journal for 1863; 2. Cases of Diabetes Mellitus treated by Opium, Indian Hemp, etc.

Dr. Anderson's Hair-Dye.

Sir,—I shall feel much obliged if you, or some one of your readers, will be so good as to give me the exact formulæ for Dr. Anderson's lotions for dyeing the hair. I have tried a lotion of bichloride of mercury (two grains to the ounce), and another of hyposulphite of soda (one scruple to the ounce), with very little effect; and conclude, therefore, that they are not of the proper strength. I am, etc.,

Gloucester, April 1869. A Subscriber.

Dr. Barr Meadows's letter is of too personal a character. We cannot undertake to interfere in such a matter, or publish imputations which rest apparently on a mere guess.

The papers of Mr. West (Birmingham), Dr. Eustace Smith, Dr. Hjaltelin (Iceland), Mr. Hancock, Mr. Naylor, Dr. Mead (Newmarket), Dr. Haynes (Laverstock), Dr. Dyce Duckworth, Dr. Douglas Powell, Dr. Mackey (Birmingham), Dr. Swayne (Clifton), Mr. Martin (Cork), Dr. Wardell (Tunbridge Wells), etc., are marked for early insertion. We regret that from pressure on our space an unavoidable delay has occurred. To correspondents wishing to favour our members with clinical cases and short notes on remedies, admitting of condensation, we would especially recommend the columns for Clinical, Therapeutical, and Obstetric Memoranda. With the increasing popularity and circulation of the Journal, the accumulation of larger papers, and the consequent occurrence of vexatious delay, become constantly greater.

Dr. Ross (Newchurch).—The communication shall have due consideration.

Removal of Stains from Perchloride of Iron.

Sir,—In Dr. Norris's excellent article on the Value of Perchloride of Iron in *Post Partum* Hæmorrhage, published in the Journal of April 10th, he says:—"That, inasmuch as the perchloride ironmoulds everything it touches, I would recommend great caution in the handling of sheets, napkins, etc., which may become soiled during its use; for, although their value is as nothing in comparison with that of human life, yet a wholesale spoiling of bed or body linen would assuredly prove a serious matter in a poor man's house, and would, most probably, be deemed a source of considerable annoyance in the establishment of his more wealthy neighbour." Now, although it may be well known to most practitioners, it may be useful to remind some of the value of oxalic acid in the treatment of such soiled linen; and although, as Dr. Norris justly intimates, no practitioner would for a second weigh the chance of a life against the value of linen, still, when all is well over, it may be a satisfaction to him to be able to give a careful housewife the useful hint that all the apparent damage may be rectified with a pennyworth of oxalic acid. A case in point recently came under my observation, when, from the waist downwards, a valuable night-dress was one yellow stain of iron-mould resulting from a free use of the perchloride of iron. It was restored to its owner entirely undamaged and free from stain, after having been steeped in a solution of oxalic acid (a penny-worth to a gallon of warm water) for half an hour, then rinsed in three or four clean waters, and sent to the wash as usual. Of course, too free an use of the acid would cause more damage than the iron; but, with ordinary care, it may be safely used. Although my practice does not occasion the soiling of patients' linen, it often does that of my own property—to wit, napkins: and it was my experience of the beneficial effects of oxalic acid in their regard, that induced me to advise its use in the above case. I am, etc.,

Charles James Fox, M.R.C.S., L.D.S.

27, Mortimer Street, Cavendish Square, April 1869.

Mr. Holmes (Slough) will be glad to know that the paragraph, though post dated, was inserted for an important local reason, and is likely to be of great service. His suggestions will be received with great pleasure.

White Lead Manufacture.

Sir,—Referring to the report of your Commissioners on "The Preventable Diseases of the Industrial Classes," and to their only too truthful account of the sufferings of the men and women engaged in white lead manufacture, I am happy to be able to inform you that a company is being formed to work a patent entered by Mr. Major, Veterinary Surgeon, Swallow Street, Piccadilly, Colonel Wm. Wright, and myself, by which white lead will be manufactured by a perfectly innocuous and inoffensive process,

I should be happy to afford any of your readers the fullest information respecting it. I am, etc., G. Hugh Jones.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, April 21st; The Lincoln Journal, April 20th; The Western Daily Press, April 20th; The New York Medical Gazette, April 10th; The Welshman, April 16th; The Buxton Advertiser, April 24th; The Kidderminster Times, April 24th; The Sheffield and Rotherham Independent, April 16th; The Leamington Advertiser, April 22nd; The Liverpool Mercury, April 20th; The Brighton Examiner, April 27th; The Brighton Herald, April 24th; The Bacup and Rosendale News, April 24th; The Indian Medical Gazette, March 15th; The Derbyshire Advertiser, April 23rd; The Yorkshire Post, April 22nd; The Birmingham Daily Gazette, April 22nd; The Liverpool Porcupine, April 24th; The New York Medical Record, April 15th; The Newtown and Welshpool Express, April 20th.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. J. Hughes Bennett, Edinburgh; Dr. Rutherford, Edinburgh; Dr. Campbell Black, Glasgow; Dr. Thursfield, Leamington; Dr. Leonard Sedgwick, London; Dr. T. Dickson, London; Dr. J. D. Heaton, Leeds; Dr. Blanc, Brussels; Mr. J. Bridger, Cottenham; Mr. C. Holmes, Slough: Mr. H. Terry, jun., Northampton; Dr. G. Irvine, Dover; Mr. T. Flower, Chester; Mr. T. H. Graham, Lamberhurst; Dr. E. Symes Thompson, London; Mr. Berkeley Hill, London; Sir William Jenner, Bart., London; Dr. T. O. Dudfield, London; Mr. J. Sampson Gamgee, Birmingham; Mr. Squire, London; Mr. Sargeant, London; G. H. S., Carlisle; Messrs. Macmillan, London; Dr. Gervis, London; P. R., Manchester; Dr. J. Ross, Manchester; Mr. G. H. Jones, London; Mr. A. Kisch, London; Mr. J. Brendon Curgenven, London; Dr. Vesey, Rostrevor; Mr. T. M. Evans, Hull; Mr. J. de Courcy Young, Weobley; Mr. J. Kemp, Canterbury.

LETTERS, etc. (with enclosures) from:—

Surgeon-Major C. R. Francis, Calcutta; Dr. Leared, London; Dr. Winn, London; Mr. Callender, London; Mr. Fairlie Clarke, London; Mr Field, London; Mr. C. Jordison, Malpas; Sir James Y. Simpson, Bart., Edinburgh; Dr. Charlton Bastian, London; The Honorary Secretary of the Western Medical and Surgical Society of London; Dr. J. Little, Dublin; Dr. Frederick J. Brown, Rochester; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Mr. F. J. Gant, London; Mr. T. Annandale, Edinburgh; Dr. H. Kennedy, Dublin; Mr. Hugh Norris, South Petherton; Mr. D. Rice, Southam; M.D.Edin.; Mr. J. Martin, Cork; Dr. E. Waters, Chester; Dr. Pavy, London; Dr. R. Barnes, London; Dr. Paul, London; Dr Bowles, Folkestone; Dr. Barr Meadows, London; Mr. T. H. Bartleet, Birmingham; Mr. J. W. Barnes, London; Mr. J. Oakman, London; Mr. A. Fleischmann, Cheltenham; Mr. E. Hall, Newtown; The Honorary Secretary of the Obstetrical Society of London; Mr. Garland, Yeovil; The Honorary Secretary of the Harveian Society of London; Dr. A. E. Sansom, London; An Old Meath Man; Dr. C. Kelly, London.

Results of Meteorological Observations, for the week ending Saturday, April 24th, 1869.

Names of Stations and Observers.	Barometer. Reduced to 32 deg. F. & mean sea lev.		Mean Temperature.			Mean degree of Humidity (sat. -100)	Self-Registering Thermometers.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	Wind.										Rain.	
																Number of days it blew in certain directions.									Mean Force 0-12.		
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.		Number of days it fell.	Amount in inches.
Bath Dr. Barter, F.M.S.	30.041	0.233	54.2	49.9	45.7	73	64.4	33.9	30.8	60.6	43.3	106.0	..	6	5.0	..	0.3	..	0.8	0.3	2.6	..	0.4	2.6	3.7	3	0.28
Bournemouth Dr. Compton, F.M.S.	30.097	0.290	51.3	48.4	45.4	81	62.0	35.0	27.0	56.5	42.9	133.0	30.3	3.4	4.7	2	..	..	..	0.3	1.7	3	..	..	1.9	3	0.32
Dublin Dr. J. W. Moore.	30.008	0.482	51.7	48.5	45.3	79	59.1	42.4	16.7	56.0	45.5	..	35.5	6	..	0.5	..	..	1	1.4	2.7	1.4	..	..	1.7	4	0.32
Kew Dr. Treutler, F.L.S., etc.	30.069	0.355	52.3	49.6	46.9	82	64.0	33.8	30.2	58.2	43.2	126.5	28.1	6	5.4	0.3	0.7	..	..	..	2.7	0.3	1.7	1.3	2.2	3	0.57
Llandudno Drs. Nicol and Dalton.	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*	*
Malvern Messrs. W. and J. Burrow.	30.038	0.360	52.5	47.6	42.6	69	63.6	35.1	28.5	59.2	42.0	108.0	32.0	5.1	5.0	0.6	..	..	..	0.3	2.3	2	0.6	1.0	1	3	0.71
Scarborough Dr. C. Fox, M.R.C.P., etc.	29.996	0.405	51.8	47.8	43.8	75	64.2	36.0	28.2	56.1	43.2	..	..	5.0	3.1	1	0.3	0.3	0.3	1.3	1	1.3	0.7	0.7	3.4	3	0.51
Sidmouth Dr. Mackenzie, F.M.S.	30.087	0.400	51.7	45.0	38.2	66	59.9	40.2	19.7	57.1	43.5	..	..	3.0	5.2	3	..	..	..	1	1	2	..	..	1	3	0.28
Worthing W. J. Harris, Esq., M.R.C.S.E.	30.061	0.346	50.8	48.4	45.9	84	63.5	36.1	27.4	55.8	44.5	..	28.5	5.8	5.5	1.7	..	0.3	0.7	0.3	2	0.7	0.3	1	2.6	3	0.21

* Not received.

REMARKS.—Atmospheric pressure has during the week been higher than that of last week, and, on the whole, steady; the greatest range, which occurred in Dublin, being less than half an inch. Temperatures have been lower at all stations, and the range has been generally less, except at Bournemouth, Sidmouth, and Worthing, where it has been slightly greater. The highest temperature of the week was registered at Bath, and the lowest at Malvern, while the greatest range occurred at Bath, and the least in Dublin. The degree of humidity has been generally greater, except at Scarborough and Sidmouth, where there was a slight decrease. Winds have been generally very light, and chiefly S.W., though winds from the northerly quarter have been felt at all stations, and to this may be attributed the general diminution in temperature. The amount of clouds has varied little from that of last week, on an average it has been slightly less. There has been a slight increase in the quantity of ozone. Rain fell at all stations on three days, and in considerable quantity: the greatest amount was collected at Malvern. On the 18th, at 2 p.m., a shower of hail fell at Scarborough; a solar and a lunar halo (corona?) were observed in Dublin. On the 21st the cuckoo was seen or heard at Bath and Worthing, and a lunar halo was observed in Dublin. On the 22nd a solar halo (corona?) was seen at Bournemouth, and a solar corona at Kew; also a lunar halo in Dublin. Swallows were first seen at Kew. On the 23rd thunder was heard at Kew. On the 24th the cuckoo was first heard at Kew, and swifts were first seen at Bath. The general health is reported as good.

Plants first observed in flower at Kew.—Betula alba; cardamine pratensis; arum maculatum; endymion nutans; fagus sylvatica; ilex aquifolium; saxifraga granulata; ranunculus acris; orchis mascula; orchis moris; ribes grossularia; fraxinus excelsior; and viola sylvatica. In Dublin—syringa (lilac), laburnum, and cratægus oxyacantha (hawthorn) are reported in flower.

N.B.—Observers would confer a great favour by working out the hygrometric elements with greater accuracy, as the revising and correcting of them often requires more time than can well be afforded, so that the general value of the tables is impaired.

Kew, April 28th, 1869. W. J. Treutler.

THE DIRECT REPRESENTATION

OF THE

MEDICAL PROFESSION IN THE GENERAL COUNCIL OF MEDICAL EDUCATION.

The following documents have been issued by the Committee of Council and by the Committee appointed at the meeting of the British Medical Association in Oxford in 1868, to obtain direct representation of the registered medical practitioners in the General Medical Council.

To Members of the Legislature and the General Public.

THE accompanying Address was intended mainly for distribution among the members of the medical profession, who are necessarily acquainted with the character of the Medical Council. The following explanation of the origin and constitution of that body, and of the result of its working, has been drawn up for the information of members of the Legislature and the general public.

The General Council of Medical Education was established by the Medical Act, which was passed in the year 1858. That Act was, to a great extent, the result of the long-continued and successful labours of the British Medical Association, aided by the medical press and the support of various members of the Legislature.

The General Council of Medical Education consists of twenty-four members; viz., a President, seventeen chosen by the Universities and Medical Corporations of the United Kingdom, and six nominated by the Crown.

Nearly three-fourths of the Council are chosen by the very Colleges and Bodies which it is the duty of the Council to superintend, and to report upon to the Privy Council in case of defects in the course of study or examination; and it is certain that their presence in so large a proportion tends to perpetuate the evils of multiple examinations, numerous Examining Boards, and undue competition for candidates. This argument applies with equal force whether those members be chosen, as at present, by the governing bodies of the Corporations, or, as some desire, by the whole of their members.

At present the President, and the six members nominated by the Crown, form the only counterpoise in the Council to the seventeen members chosen by the Corporations and Bodies which are under the supervision of the Council.

The whole of the ordinary funds of the Council are derived from fees paid by the Registered Medical Practitioners of the United Kingdom.

The Registered Medical Practitioners of the United Kingdom, although they thus supply the whole of the direct revenue of the Council, have no voice whatever in the appointment of the members of the Council.

The General Council have now been engaged for ten years in directing medical education, and they have undoubtedly effected some improvements. Notwithstanding these, however, many grave defects are still uncorrected.

Of these defects, three are specially to be noticed:—

First. The defective previous education of the medical student:

Second. The character of the course of study and the examinations, which are not sufficiently practical: and

Third. The number of examinations and Examining Boards.

1. The Medical Council have very properly made it a rule that every one shall have passed a preliminary examination, or have taken a Degree in Arts, before he can become a recognised medical student.

Unfortunately this preliminary examination is, in many instances, a very imperfect test of the candidate's general knowledge. Thus the College of Surgeons is satisfied with an examination, intrusted by them to the College of Preceptors, which is much less strict than the matriculation examination of the University of London.

The result of this imperfect previous training is thus described by Mr. W. E. Forster, in his recent speech on moving the second reading of the Bill on Secondary Education. "I will now trouble the House with one or two answers which were given in the course of the long inquiry of the Commission. We examined among others, Dr. Gull, who was asked, 'What in your opinion is the state of previous education which at present, generally speaking, the candidates for the medical profession obtain?' The answer was, 'I should say that it is still in a very defective condition. There is no thoroughness in the teaching. I should say that the men are defective in common writing and spelling. Of course there are numerous exceptions, but it is still a common thing. There seems to be no training of the faculties of men for acquiring knowledge at all.' And Mr. Paget, in answer to a question which was put, said, 'I should say that the condition of knowledge in young men coming up for examination in regard to scientific subjects is highly unsatisfactory.'"

2. At present, some of the Examining Boards take a candidate for a Degree in Medicine or a Licence to Practise to the bedside of the patient, and require him to examine and describe the case and give an account of the nature of the malady and its proper treatment. Other Boards, however, do not practise this test, but content themselves with written and oral examinations. The Medical Council have not stepped in to regulate their method of examination, and to require that it shall be clinical or carried on at the bedside of the patient.

The result is that the medical student, whose course of study is necessarily ruled by the character of the examinations, instead, in many instances, of being carefully trained at the bedside of the patients in the hospital, merely "walks the wards", and listlessly saunters past the patients, without making himself really acquainted with their cases.

He, in fact, devotes himself to a verbal as opposed to a practical study of disease, and trusts too much to books, lectures, and the grinder.

If the examinations were, of necessity, conducted at the bedside, or clinical, the baneful system of cramming must die out, and the method and course of study must become essentially practical or clinical.

3. The number of examining boards in the United Kingdom, included in Schedule A, and capable of conferring Medical Degrees and Licences, amounts to nineteen. It follows that the student, in order to obtain the "double qualification" in Medicine and in Surgery, is at present frequently preparing for two and occasionally for three examinations at the same time. The studies for one examination clash, to some extent, with those for another, and under this influence, and that of the want of a practical character in many of the examinations, the student, towards the end of his career, when he ought to be making himself more and more familiar with disease, at the bedside, frequently deserts the wards to be "crammed by the grinder."

It is extensively felt by the profession that these great evils, which weigh immediately upon the public good, can only be remedied by a direct resort to the Legislature.

The proposed remedies are threefold.

1. The first remedy is the strengthening of the hands of the General Council, so as to enable them to prescribe the standard of studies and examinations with greater independence, and to regulate the examining boards with greater authority.

2. The second remedy is, that the Colleges or Corporations shall be required to unite to form one Examining Board, which shall conduct the Minimum Examination for Licences to practise Medicine and Surgery, so that instead of several examinations there shall be but one.

3. The third remedy, which embraces the others, is the immediate object of this movement, the Direct Representation of the Medical Profession in the General Council of Medical Education.

The various Colleges and Bodies enumerated in Schedule A have been entrusted by the Legislature with the choice of the Members of the Council, not to protect their own interests, but with a view to the public good.

It is believed that, by the preponderance in the Council of the members so chosen, the public good is to some extent interfered with through the natural bias of those members to study, often unconsciously, the interests of the Licensing Bodies by whom they were chosen.

The six nominees of the Crown are not sufficient, either in number, or in the character of the influences that they derive from the Crown, which is in its nature negative, to control the seventeen members chosen by the Corporations and Universities. What can they do among so many?

If to the Crown nominees were, however, added in the proportion of one in four of the total number, members directly chosen, by means of voting papers, by the Registered Medical Practitioners of the United Kingdom, it is believed that a valuable counterpoise would be afforded to the members chosen by the Corporations.

The value of such Representation of the Profession in forming a component part of the Medical Council may be thus briefly stated.

Those representatives would have no interest to serve except that of improving the education and raising the character of their own profession, and so directly promoting the public good.

They would be supported and impelled forward by a large body of men who would not willingly see the continuance of those evils that they so justly desire to have remedied.

They would convey important and immediate information from the body of the profession to those members of the Council chosen by the Corporations or nominated by the Crown.

As a final argument in favour of the Direct Representation of the Medical Profession in the General Council, which must tell home to the members of a Representative Legislature, the Registered Medical Practitioners of the United Kingdom provide the whole of the ordinary funds of the Medical Council; they have surely, therefore, a constitutional right to a voice in the deliberations of the Council.

It is the reverse of desirable that the Corporations should cease to send members to the Medical Council. The high reputation of such members and their intimate acquaintance with medical studies and examinations, will always render their presence in the Medical Council not only valuable but necessary.

What is desired is, that those members shall be present, not in preponderating, but in justly proportionate numbers, so that they shall form one half of the Council, and that they shall be equally balanced by the combined numbers of the nominees of the Crown and the Direct Representatives of the Medical Profession.

FRANCIS SIBSON, *President of the Council of the British Medical Association.*

EDWARD WATERS, *Chairman and Convener of the Committee.*

T. WATKIN WILLIAMS, *Secretary.*

April 1869.

To the Members of the British Medical Association and Profession.

Proposed Amendment of the Constitution of the General Medical Council.—The Committee of the Council of the British Medical Association earnestly press upon the attention of the Association and the profession the following address, which has been drawn up by the Committee appointed at the last meeting at Oxford, to obtain direct representation of the profession in the General Medical Council; and they call upon the members of the Association and the profession generally to bring their united efforts to bear upon the attainment of this important object.

The claims of the profession to be directly represented in the General Medical Council have been already put forth. They may be briefly stated as follows.

Profession as a Body at present wholly unrepresented.—At present, the profession as a body is wholly unrepresented in the General Medical Council. The Government has representatives in the Council, but the profession has no voice whatever in their election. The Universities, the Medical Corporations, and Licensing Bodies have their respective interests carefully watched over by able delegates.

Expenses of present Council come out of a Fund raised from the Profession, and not from the Bodies represented.—The Medical Corporations, which are mainly supported by the profession, and the Government, contribute nothing to the expenses of the Medical Council. These expenses are entirely defrayed by the registration fees exacted from the medical practitioners of the United Kingdom, who, notwithstanding, have no direct voice in the body which they thus support.

But the Committee turn from the consideration of the just claims of the registered practitioners of medicine to be represented in the Medical Council, to the value of such representation to medical education, and to the welfare of the public and the profession.

Ten years have elapsed since the passing of the Medical Act, which was called into existence by the strenuous efforts of the Association; and yet some of the most serious of the anomalies and evils that led to the passing of the Act remain unaltered and unredressed.

Preliminary Education of Medical Students insufficient—The universal enforcement of a preliminary examination in Arts is due to the Medical Council; but this result has been slow in attainment, and the minimum demanded is below the legitimate requirements of a liberal profession.

Standard of Professional Examinations variable and defective.—The standard of professional examination of the various Licensing Bodies varies widely in different localities, and is known to be in some instances extremely defective. This is proved by the frequent rejection of licensed practitioners by the Government Examining Boards for the Army and Navy, and by the many instances in which candidates rejected by one Examining Board are known to succeed in obtaining the licence of some other Board of less stringent requirements.

The great number and direct competition of the Examining Boards of Great Britain and Ireland, as well as the diverse and imperfectly reliable character of the examinations which they impose upon candidates for the licence, is still a source of discredit to the profession and of injury to the public interests. So long as the Council is mainly composed of special representatives of every one of those Examining Boards, there is little probability of this great evil being remedied.

Practical, as well as Theoretical, Examinatiou demanded.—Some of the Examinations in Medicine and Surgery are still conducted only by written and *vivâ voce* questions and answers; the practical and only secure test afforded by examinations in the wards of a hospital being almost or altogether neglected.

The Council have entirely failed to deal satisfactorily with that part of professional education corresponding to the old training by apprenticeship. This subject, which is one of general professional importance, remains in a state of confusion and perplexity.

Unqualified persons practise under Assumed Titles.—The efforts of the Council, carried on for years, to obtain an Amended Medical Act, for the purpose of making effective that clause of the Act which aims at protecting the public by preventing unqualified persons from assuming medical titles, have failed to command the due attention and effective assistance of the Government and the interposition of the Legislature. In this respect, Great Britain is behind at least one of the colonies.

How is it that the Council, after ten years of assiduous labour, have not succeeded in remedying these serious and self-evident evils?

The Counil has endeavoured to improve medical education, to discourage irregular practice, and to strengthen and raise the position of the profession and protect the interests of the public; but these efforts have been comparatively fruitless.

What, then, are the causes that have so largely neutralised the efforts of the Council? They are mainly these:

1. The defective composition of the Council as a representative body;
2. The want of external support; and
3. Want of power.

1. *Present Defective Composition of the General Medical Council.*— The composition of the Council in itself neutralises many of the best efforts of the body. Ten Universities and nine Licensing Bodies are represented by seventeen members; while, in addition to these, the Government nominates six. Thus three-fourths of the members are sent from those very bodies that control medical education, and that are, or ought to be, in their turn controlled by the Medical Council. Disinterested as are the individual members of the Council, high as is their general purpose, they yet do unconsciously neutralise each other's aims by their conflicting interests, and by the natural reserve and delicacy with which, as themselves representing Corporations, they exercise control over each other. Admirable as are the Government nominees in their individual capacity, yet some of them are so connected with the bodies already fully represented, that they may not unnaturally incline in a greater or less degree to their interests. Granting, however, that they have every desire to support the interests of the public and the profession even when at issue with those of the Corporations, they are too few in number to control the decisions of the Council, and have behind them too small a force supporting them in their action and impelling them to exertion.

2. *Absence of Interest on the Part of the Profession generally in the Proceedings of the Council.*—The profession, as a body, take comparatively little interest in the proceedings of the Council as at present constituted; and the quickening powers of public opinion and support are, therefore, lost to them.

3. *Want of Power in the Council to control the Licensing Bodies.*—It is not needful to speak here of the importance—indeed, necessity—of the possession of increased power and more clearly defined authority by the Council; for it is self-evident that, without such power and definite authority, the Council cannot sufficiently control the Licensing Bodies, or prevent disqualified or unqualified persons from assuming professional titles and practising under delusive pretences, to the great injury of the public, and to the discredit of the profession to which they falsely pretend to belong.

Remedy.—The remedy for the state of things just described is to be found in a new and amended Act, which, besides increasing and defining the powers of the Council, shall include, as its most important provision, the direct representation of the profession in the Council.

Proposed Amended Constitution of the General Medical Council.—If representatives of the profession are added to the Council in the proportion of one-fourth of the total number of members, the present proportion of Government nominees being likewise preserved, many of the existing clogs to the efficient action of the Council, due in considerable part to the balancing of the various interests, will be removed. The legitimate influence of the great Educating and Licensing Bodies will still be maintained; but force, unity of direction, and definite purpose, will replace the existing inadequacy of the action of the Council.

On these grounds, the Committee of Council urge upon the members of the Association to impress upon the candidates for Parliament and the members of the Legislature and the Government, that, in order to secure the interests of the public and the welfare of the profession, any future Bill for the amendment of the Medical Act ought to include a clause for the DIRECT REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

FRANCIS SIBSON, *President of the Council of the British Medical Association.*

EDWARD WATERS, *Chairman and Convener of the Committee.*

T. WATKIN WILLIAMS, *Secretary.*

October 1868.

*** *The following Petition has been adopted for presentation to the House of Commons. With the necessary alterations in the preamble and first paragraph, it is suggested for general use. It must be* written *on one side only; and some of the Signatures must be on the same Paper as the Petition.*

To the Honourable the Commons of the United Kingdom of Great Britain and Ireland in Parliament Assembled.

THE humble petition of the President of the Council of the British Medical Association, and of the Committee appointed by the British Medical Association to obtain direct representation of the registered members of the medical profession of the United Kingdom in the General Medical Council,

SHEWETH,—

That your petitioners are, the President of the Council of the British Medical Association, which Association embraces upwards of four thousand members of the medical profession of the United Kingdom; and the said Committee, appointed at the last general meeting of the Association, held at Oxford, in August 1868.

That as at present constituted, the General Council of Medical Education and Registration, constituted by the Act passed in the year 1858, to Regulate the Qualifications of Practitioners in Medicine and Surgery, comprises representatives of all the Universities, Medical Corporations, and Licensing Bodies of the United Kingdom, in the proportion of nearly three-fourths, and also Government nominees, appointed by Her Majesty with the advice of her Privy Council, in the proportion of one-fourth of the total number of members.

That the expenses of the said General Medical Council are entirely defrayed by the registration fees, exacted from the medical practitioners of the United Kingdom.

That the medical practitioners, as a body, have notwithstanding no direct voice in the Medical Council which they thus support.

That owing to the medical practitioners having no direct representatives in the Council, the profession evinces but little interest in its proceedings, a disadvantage which has been admitted in the debates of the Council.

That the Council, as at present constituted, has, amongst other matters, failed to deal satisfactorily with the question of Medical Education, and that the public still suffers from the inadequate education of many of those to whom licenses to practise are accorded, as proved by the not unfrequent rejection of Licensed Practitioners by the Examining Boards for admission into the medical service of the army and navy.

That the introduction of representatives elected by the profession would supply to the Council a knowledge of the needs of the public and of the profession in respect to Medical Education, Sanitary Measures, Medical Jurisprudence, and Poor-law Medical Relief.

That the difficulty in the election of direct representatives by the medical profession which existed at the time of the passing of the Medical Act, has been removed by the system of registration enforced by that Act.

That the election of direct representatives by the registered members of the profession can now be readily effected for each of the three divisions of the kingdom by means of voting papers.

Your petitioners therefore pray that, in any Medical Acts Amendment Bill, a provision may be introduced to modify the composition of the said General Medical Council by the addition of members, in the proportion of one-fourth of the said Council, to be elected by the direct votes of the Registered Members of the Profession in the United Kingdom; and that provision may also be made for increasing the powers of the newly formed Council.

And your petitioners will ever pray, etc.

REPORT OF THE EDINBURGH COMMITTEE ON THE ACTION OF MERCURY, PODOPHYLLINE, AND TARAXACUM, ON THE BILIARY SECRETION.

By JOHN HUGHES BENNETT, M.D., F.R.S.E.,
CONVENER AND REPORTER.

PART II.

THE number of this JOURNAL for July, 1868, contains the first part of this report, which was altogether historical. The concluding part, containing the researches of the Committee, is now given. With a view of completing the subject, additional investigations have been made as to the action of podophylline and of taraxacum on the liver. The whole inquiry occupied two years, and, so far as the Committee believe, is quite exhaustive, and leaves nothing to be desired.

DESCRIPTION OF THE MODE OF OPERATING FOR BILIARY FISTULÆ, AND OF COLLECTING THE BILE, PRACTISED BY THE COMMITTEE.

All the operations were performed by Dr. W. Rutherford, who ultimately succeeded in overcoming the great difficulties which presented themselves. The collection of the bile for a period of at least twenty-four hours at a time was considered incumbent, to insure accuracy and to avoid error. The proceeding caused much trouble, and was attended with frequent failures; it was considered necessary, however, in order to avoid the obvious fallacies into which all previous experimenters, with the exception of Dr. Scott, had fallen. In now giving a detailed description of the method followed, the Committee are of opinion that they will save future experimenters much of that trouble and mortification which, from want of experience, they themselves encountered. It will be regarded as more valuable, in consequence of the modifications which have been introduced having led to a far greater amount of success than has attended the efforts of other physiologists.

1. *Operation for establishing Biliary Fistulæ.*

1. Place the animal under the influence of chloroform, taking care to administer it slowly with an abundant admixture of air.

2. Open the peritoneal cavity by an incision extending from the xiphoid cartilage to the umbilicus. Before opening the peritoneum, all bleeding should be stopped.

3. Make an incision through a non-vascular part of the omentum, to the same extent as the external wound.

4. Find the gall-bladder, and seize the most prominent part of its fundus with artery-forceps. See if the fundus can be brought to the linea alba without subjecting it to any tension. If it can, proceed with the operation. If it cannot, judging from the experience of the Committee, it is better to abandon the operation altogether, as the dragging of the gall-bladder will almost certainly give rise to peritonitis, or such irritation as will prevent adhesion of the fundus to the cut edges of the linea alba.

5. Find the common bile-duct; draw the duodenum gently downwards and towards the left side of the animal, and the liver upwards and to the right, so as to stretch the duct.

6. With a blunt-pointed bistoury make an incision about one-eighth of an inch in length along the duct about its middle; gently isolate it with the point of an aneurism-needle, pass the aneurism-needle with a double strong silk ligature round the duct, and tie it in two places, at a sufficient distance from each other to allow of the duct being *simply divided* between them. After division of the duct cut the ligatures close.

7. Observe at what part of the linea alba the fundus can be most easily retained. Pass a curved needle with a silk ligature through the skin, linea alba, and gall-bladder on each side of the fundus, so as to stitch the gall-bladder to the linea alba, and retain it there.

8. Make a slit by means of a sharp-pointed bistoury in the most prominent part of the fundus, and allow the bile to flow out, taking care to hold a sponge at the side of the opening to prevent, as much as possible, the entrance of bile into the peritoneal cavity. With the same view, the animal should be turned on its side before the opening is made in the gall-bladder. This opening should be just large enough to admit easily a piece of India-rubber tubing about two lines in diameter.

9. Introduce a portion of India-rubber tubing of the above calibre into the aperture in the gall-bladder, put a silk suture through it, and fasten it to the ligatures holding the fundus to the linea alba, in order that the tube may be kept from coming out.

10. Close the wound in the abdomen by interrupted sutures, placed deeply in the linea alba, and then connect the edges of the skin in the same way. The skin should not be closed completely around the tube, but should be left open for an inch or so, in order that blood may be prevented from accumulating.

11. The projecting extremity of the tube should be cut within a quarter of an inch from the abdominal wall, in order that, when the dog lies on its face, there may be less danger of closing the tube by its being bent upon itself.

12. The tube should be removed at the end of forty-eight hours or so, for then adhesions will, in most cases, have taken place between the gall-bladder and linea alba, which the continued pressure of the tube would only tend to break up. The dogs operated upon by the Committee were never kept muzzled after the operation, and no dog ever interfered with the elastic tube.

13. The operation should always be performed when the stomach is empty; for, if distended, it is a most serious impediment to the operator. Very soft sponges, perfectly freed from all sandy particles, should be used, and the greatest care should be taken to prevent hairs from getting inside the peritoneum.

14. In male dogs the urine is apt to be discharged into the wound during the operation, and against this the operator must carefully be on his guard.

15. Great care should be taken to prevent bleeding into the peritoneal cavity. Any accumulation of blood inside the abdomen gives rise almost certainly to peritonitis. In all cases a little bile escaped into the peritoneum, but it seemed to produce no injurious effect.

16. The ligatures around the common bile-duct usually become encysted. The wound almost always heals by first intention; this union is very rarely permanent in the cutaneous wound, however; commonly pus is formed between the skin and the wound in the linea alba. When such is the case, sutures must be removed from the cutaneous wound to give free exit to the purulent matter. No lotions or other dressings are necessary for the wound. The bile as it flows over it forms an excellent dressing, under which healthy granulation proceeds, in most cases with rapidity.

17. For two days after the operation the animal should be fed on milk, given in small quantities at a time, so that the abdomen may not be distended.

The above mode of performing the operation differs from those described by other operators in two particulars. 1. In the mode of fixing the fundus of the gall-bladder to the abdominal wall. Bernard recommends a clamp to fix the fundus to the edges of the wound, and act as a cannula also. 2. In the non-removal of any portion of the common bile-duct. Other operators recommend that two ligatures be applied to the common duct, one close to the duodenum, the other close to the junction of the cyst with the hepatic duct, and that the intervening portion should be excised. The object is to prevent as much as possible the re-establishment of the duct, a contingency which appears to have been very liable to occur in the experience of other observers. The shock produced by cleaning and removing the whole duct is very great, owing to the extensive injury of the sympathetic nerves; and the danger from hæmorrhage is most serious.

Since the removal of any portion of the common bile-duct has been abandoned, the success attending the operations of the Committee has been unprecedented. In only two out of the thirty-three dogs operated on, has the common bile-duct become reestablished; in one of these nearly the whole duct had been excised, in the other the duct had simply been divided between the two ligatures.

The experience of the Committee has shown that young dogs are not suitable for the operation; *full-grown strong* good-tempered dogs of any breed should alone be selected. Had the Committee been aware of this precaution, their success as regards the number of useful fistulæ might have been greater even than it has been.

2. *Method of Collecting the Bile.*

The collection of the bile may be begun usually within a fortnight after the operation; as soon, indeed, as the fistula can bear the daily pressure of a silver cannula. Before its insertion into the fistula, it is well to wait until the whole of the wound except the fistulous opening is completely healed. During the healing process, the fistula must be kept patent by the daily passage of a glass rod, which serves admirably the purpose of a bougie; for, notwithstanding the flow of the bile, the canal has a great tendency to close.

The great difficulty which the Committee have had to overcome, has been the daily collection of bile for a period of twenty-four hours. The following apparatus, devised by Drs. Rutherford and Gamgee, has been found to accomplish the end perfectly.

The cannula used was that of Scott (Beale's *Archives*, vol. i. p. 210), with the cup removed, and the holes in the tube filled up. The Committee found that in the very first case in which they used Scott's cannula, the cup failed to fit the skin accurately, and soon produced ulceration by its pressure. They have found that there is no need for providing for an escape of bile along the side of the cannula, provided a *perfectly free* exit be allowed *through* it. The cannula was retained in the fistula by elastic bands attached to it, and passed round the body of the dog. These bands were fastened to each other by hooks and eyes, which permitted their easy removal and adjustment. Scott collected the bile in a bottle. It appeared to the Committee that an elastic bag tied on the free end of the cannula would be less apt to be damaged by the movements of the animal. They found, however, that a much more satisfactory method is to collect the bile flowing from the cannula by means of a large sponge. In this way *no resistance* was offered to the flow of bile through the cannula, such as is apt to occur when the bag is used, by its flowing over the free end of the tube. This acted by a valve, which resisted the feeble pressure with which the bile flowed through the fistula. The sponge was placed in a tin-box, fixed round an oval opening on the abdominal aspect of a thick gutta-percha shield, which extended from the fore legs to a little behind the umbilicus. The shield was made to fit accurately the body, so that it might have no tendency to turn round when the animal lay down. It embraced three-fourths of the circumference of the body, and the one side of it was connected with the other over the animal's back by means of leather straps with buckles. Between the back and these, a soft leather saddle was placed to prevent ulceration by their pressure. With the same view a flat bag filled with air was placed between the shield and the sternum, and a piece of thick-walled India-rubber tubing, an inch or so in diameter, was placed between the skin and the posterior part of the shield. To this the bag and tube were both immoveably fixed.

The shield tends to slip backwards, owing to the pyramidal shape of the body of the animal. To prevent this, a leather collar must be placed loosely round the neck, and the anterior edge of the shield fixed to it by thick twine or leather straps with buckles. If the dog be a male, means must be taken to prevent the urine from reaching the sponge. This is effectually done by a sheet of thin India-rubber, laced round the posterior part of the shield and body in front of the penis, so as to prevent the access of a single drop of urine. The whole apparatus was removed, washed, and reapplied, once in the twenty-four hours. The sponge was then weighed and placed in the shield dry. At the end of the period it was removed and weighed again, to ascertain the amount of bile. Two sponges are necessary for observations on a single dog, each sponge used on alternate days. They must be cleaned, after the collection of bile, with great care. It was found best to wash them in diluted hydrochloric acid, in order that they might be thoroughly disinfected, for putrid matter soon produces decomposition of the bile. The shield should be firmly secured on the animal to prevent its being moved. The Committee in only one instance found it necessary to muzzle a dog while it wore the apparatus.

The dogs were kept in large cages, the lower half of the sides and entire floor of which consisted of sheet zinc. The floor sloped to a central hole, through which the urine was collected. The dogs were mostly taken out to the open air for a few hours daily.

OBSERVATIONS TO DETERMINE HOW FAR DOGS ARE SUBJECT TO THE ACTION OF MERCURY.

The Committee had not proceeded far with their experiments, before it became evident that a preliminary investigation was necessary, in order to determine how far dogs are capable of being influenced by mercurials. Although in veterinary and other works it is admitted that this animal may be salivated, although Overbeck states that by means of frictions with mercurial ointment he succeeded in producing marked salivation with spongy gums in three dogs out of five (*Mercur und Syphilis*, Berlin, 1861, pp. 110-114), and Murray in his experiments with large doses of calomel also produced salivation in one dog (*Transactions of Med. and Phys. Society of Bombay*, 1841, p. 11) the Committee were of opinion that further careful observations should be made on this point.

Accordingly, great pains were taken by Dr. Gamgee to produce salivation in two dogs, by means of inunction of mercurial ointment, during the winter and spring of 1867. The hair of the animal was shaved from the back, and daily frictions made with the hand on the naked skin with strong mercurial ointment. In one dog a drachm of the ointment was rubbed in daily for twenty-eight days, and in another for eight days. No marked symptoms were produced, nor was their health impaired. In the first of these dogs a most elaborate series of observations on the urine was made to determine whether that secretion was in any way influenced. These consisted of careful analyses before and after the inunction, but with a negative result.

The frictions occasioned so much trouble and loss of time, and appeared to be attended with so little result, that it was resolved to adopt the more commodious method of subcutaneously injecting a solution of corrosive sublimate. This investigation was undertaken by Dr. W. Rutherford, who carried it to a successful termination.

[A Table is here given, showing the daily progress of the experiment in each of the six dogs operated on. The following is a summary.

1. Dog A; retriever, 12 months old, weight $30\frac{1}{2}$ lbs.; animal in excellent health; fæces light brown, semi-solid. Corrosive sublimate was given during 18 days; the dose being $\frac{1}{20}$th of a grain on the first day, gradually increased up to $1\frac{6}{10}$ths grain on the 14th, 15th, 16th, and 17th days. On the latter two days, 20 and 30 minims of tincture of opium were administered; and on the 18th day, $\frac{8}{10}$ths of a grain of corrosive sublimate were given. Nasal discharge set in on the 15th day, and diarrhœa on the 16th; and both increased. Salivation was first noticed on the 18th day; and on the next day the animal was found dead, with a copious stream of fluid, evidently from the mouth, on the floor of the cage. The weight of the dog, when dead, was 22 lbs.

2. Dog B; collie, 5 months old, weight $18\frac{1}{4}$ lbs.; animal in excellent health; fæces solid, brown. Corrosive sublimate was given during 8 days, in doses increasing from $\frac{1}{10}$th to $\frac{8}{10}$ths of a grain. On the 9th day, $\frac{1}{4}$ grain of muriate of morphia was given; on the 10th and 11th, 30 minims of tincture of opium on each day; on the 12th, no medicine was given; and on the 13th day the dog was found dead. There was decided salivation on the 11th day, less on the 12th. A slight nasal discharge appeared on the 10th day, and had become very abundant and muco-purulent on the 12th. Diarrhœa set in on the 9th day, was very profuse on the 10th and 11th, but had nearly ceased on the 12th. The dog, when dead, weighed $14\frac{1}{4}$ lbs.

3. Dog C; Skye terrier, 15 months old, weight $24\frac{1}{2}$ lbs.; animal in excellent health; fæces solid, light brown. During 7 days, corrosive sublimate was given, in doses increasing from $\frac{3}{10}$ths grain to $1\frac{6}{10}$ths grain. On the 7th day, 30 minims of tincture of opium were also given; on the 8th day, the dog had no medicine; on the 9th, $\frac{8}{10}$ths grain of corrosive sublimate were administered. Profuse salivation, with slight nasal discharge, was observed on the 8th and 9th days; and on the 10th the dog was found lying with a stream of saliva flowing from the mouth, and ulceration of the gums, tongue, and lips. It died in the afternoon, with slight convulsions. Weight $21\frac{1}{4}$ lbs.

4. Dog D; young retriever, 6 months old, weight $11\frac{1}{4}$ lbs.; animal rather weak; fæces clay-coloured. $1\frac{3}{5}$th grains of corrosive sublimate was given in two doses, with an interval of twenty hours. Twenty hours after the first dose of $\frac{4}{5}$ths grain, a nasal discharge of mucus was observed. Two hours after the second dose, the dog was in a state of constant tremor, and staggered in attempting to walk. Liquid clay-coloured fæces, mixed with blood, were passed. The nasal discharge was increased. There was no apparent salivation, nor fœtor of breath. The dog was found dead 36 hours after the first dose; weight 11 lbs.

5. Dog E; bulldog, 2 years old, weight $38\frac{3}{4}$ lbs.; animal in excellent health; fæces clay-coloured. During 13 days, corrosive sublimate was given, in doses increasing from $\frac{2}{5}$ths grain to $4\frac{1}{2}$ grains daily; and on the 14th day no mercury was given. The appetite first became impaired on the 13th day. On the 14th, there was a slight nasal discharge; profuse salivation; no purging; fæces clay-coloured, free from blood. The animal died during the night of the 15th day; it weighed $31\frac{1}{2}$ lbs.

6. Dog F; collie, 18 months old, weight 37 lbs.; animal in excellent health; fæces semi-solid, clay-coloured. Corrosive sublimate was given during 7 days, in doses increasing from $\frac{2}{5}$ths grain to 6 grains in a day. The appetite was first noticed to be much impaired on the 6th day; on the 7th day, the fæces were slate-coloured and semi-solid; this character they retained, but on the ninth day they contained some [redacted] On the 8th day (no mercury), there were slight nasal discharge; fœtid breath; salivation; and ulceration of the skin where the injections were made. On the 9th day, the nasal discharge and salivation were more decided; the dog vomited everything it took. It died during the night. The weight was 30 lbs.]

Of the six dogs experimented on, three had, and three had not biliary fistulæ established. This selection was made with a view to ascertain whether or not the existence of a biliary fistula affected the action of the mercurial. Of the six dogs, five were salivated by the drug; of these three (A, B, and C) were small dogs without fistulæ, while two (E and F) were large strong dogs with fistulæ.

In dogs A and B the action of the drug upon the salivary glands was inferred from the occurrence of unusual wetness of the mouth merely; while in dogs C, E, and F a stream of saliva was observed flowing from the mouth.

In the three dogs without fistulæ—aged 5 (B), 12 (A), and 15 (C) months respectively—all of them small animals, decided salivation followed the administration of $4\frac{1}{4}$ grains of corrosive sublimate, extending over a period of eight days, to the dog aged 5 months; of $12\frac{1}{5}$ grains, extending over a period of eighteen days, to the dog 12 months old; and of $7\frac{1}{5}$ grains, extending over a period of nine days, to the dog 15 months old.

In two large strong dogs (E and F) with biliary fistulæ, much larger quantities of the drug were required to produce well-marked salivation: $19\frac{1}{10}$ grains, extending over a period of seven days, to dog F, aged 18 months; and $19\frac{1}{2}$ grains, extending over a period of thirteen days, to dog E, aged 24 months. The dog which was not salivated (D) was a retriever six months old, which was poisoned by $1\frac{3}{5}$ grain of corrosive sublimate, given in two doses during twenty hours.

In all the six dogs, a discharge of mucus from the nostrils was observed during the administration of the drug; in some cases it preceded, in others it was coincident with decided salivation. In dog D the nasal discharge was decided, although salivation was not observed.

It can hardly fail to strike any one that the doses required to produce salivation in these dogs were much larger than those usually required in the case of man. The dose required in the dog is, however, perhaps not nearly so large as the Table (as analysed above) would make it appear; for it must be remembered that a dog cannot, like a man, tell us when it feels unusual moisture in the mouth. When, therefore, we have noted salivation as having been produced, it has only been when the salivation had become very marked, giving rise to unusual wetness of the mouth, or to a stream of saliva flowing from it.

In all the dogs, excepting dog D, the appetite became much impaired, and the breath remarkably fœtid. In dogs A, C, and E the mucous membrane of the mouth became ulcerated. Mere sponginess of the gums was never observed.

All the dogs, with the exception of dog D, became much emaciated. During the very decided action of the drug, blood appeared in the fæces of all the dogs, excepting dog E. Profuse diarrhœa was produced in all the dogs without biliary fistulæ; it was slight in the little dog D, while it was entirely absent in the other two dogs with fistulæ, although these, like all the other dogs, were killed by corrosive sublimate. During the administration of the drug, the fæces in dog A changed from a light to dark brown, brownish yellow, and greenish brown; in dog B they changed from brown to greenish brown, greenish yellow, and slate brown; while in dog C they hardly underwent any change in colour. In dogs D and E there was no change in the colour, while in dog F they changed from a clay to a slate colour: this dog, like the two previous ones, had a biliary fistula.

Appearances found on Dissection.

In all the dogs the mucous membrane of the stomach was found healthy. In all there were numerous bright red vascular patches found on the mucous membrane of the small intestine, extending from the pylorus to the ileo-colic valve. In dog B there were patches of lymph on the inner surface of the mucous membrane of the ileum. In dogs C and F this redness was most marked in the duodenum, but the orifice of the common bile-duct was not redder than the other portions of the duodenum. In all the dogs, except B, the mucous membrane of the large intestine was streaked with bright red lines running longitudinally throughout its entire length. In all the dogs, except D, there was unusual vascularity of the pancreas, but in none was there any abnormal appearance of the salivary glands. In no case did the liver present any unusual appearance.

These facts show that on the dog mercury has the same action as it exerts on man.

RESULTS OF THE EXPERIMENTS MADE ON DOGS WITH BILIARY FISTULÆ TO DETERMINE THE ACTION OF MERCURY AS A CHOLAGOGUE.

During the two years over which the Committee's inquiries extended, forty-one dogs were subjected to the operation for establishing a biliary fistula. Of these, four died during its performance from the effects of chloroform. In four others the operation was not proceeded with after opening the peritoneum, in consequence of the impossibility of bringing the fundus of the gall-bladder into contact with the abdominal wall. The operation was completed in thirty-three cases; but from various causes, which the Committee consider it unnecessary to detail minutely, satisfactory observations could only be carried on in nine dogs. These have been numbered consecutively from one to nine, but it has been thought better to arrange the numerous observations made upon them according to the preparation of mercury employed.*

Observations with Pilula Hydrargyri.

The first dog (No. 1) in which a biliary fistula was successfully established by the Committee was a healthy retriever about eighteen months old, weighing 18.5 *kilogrammes,** for which we are indebted to Mr. Nunneley of Leeds. The operation was performed on the 29th of May, 1867. The wound in the abdominal wall healed rapidly. Shortly after the operation, the fæces became clay-coloured. The general health of the animal was excellent when, on June 10th, the apparatus for collecting the bile was applied, and the observations were commenced.

The observations were undertaken with a view to ascertain the average amount of bile secreted daily before the administration of mercury to the animal. It was thought necessary to collect the bile for six consecutive days before calculating its average daily amount; for the secretion was very inconstant. Thus on June 15th the quantity secreted (75.7 *grammes* fluid bile) was only about a half of what it was upon the 11th (150.4 *grammes*).

[The observations commenced on June 11th, and ended on June 19th]. Three days (the 13th, 14th, and 16th) have been omitted, owing to a portion of the bile having been lost. This resulted from the slipping of the apparatus. Despite every care in its adjustment, it was sometimes so shifted by the movements of the animal that the cannula was dragged out of the fistula, and the bile consequently lost.

The average daily amount of bile secreted during the six days was 119.76 *grammes* of fluid bile, 7.622 *grammes* of bile-solids, and 1.259 *gramme* of bile-salts†. The daily amount of food consumed during the whole period was uniform; [being milk, 567 *grammes;* bread, 170.1 *grammes;* meat, 283.5 *grammes*]. This was due to the fact that, for some days previous to the commencement of the bile-collections, the dog was offered an excess of food; the amount consumed was estimated, and this amount was given on subsequent days and always entirely eaten by the animal.

The amount of fluid bile, bile-solids, and salts secreted has been estimated with regard to each *kilogramme*-weight of the animal, and each 100 *grammes* of dry food consumed by it. [The amounts in relation to each *kilogramme* of the animal were, in *grammes:* fluid-bile—maximum, 8.12; minimum, 4.09; average, 6.47: bile-solids—maximum, 0.478; minimum, 0.313; average, 0.412: bile-salts—maximum, 0.066; minimum, 0.045; average, 0.068. For each 100 *grammes* of dry food the quantities were, fluid bile—maximum, 65.5; minimum, 32.9; average, 52.18: bile-solids—maximum, 3.85; minimum, 2.52; average, 3.32: bile-salts—maximum, 0.53; minimum, 0.36; average, 0.548. The amount of dry food consumed during the six days amounted to 22.5 *grammes*, or 12.3 *grammes* for each *kilogramme* of dog.] The experience of the Committee has shown that there is no relation between the amount of bile secreted and the weight of the animal; nor is the relation between the amount of food consumed and the quantity of bile secreted a very close one; yet, in some cases, it seems to be such as to render necessary its being taken into account when the influence of any agent upon the biliary secretion is under consideration. During all the observations on this animal, however, the same amount of food was taken daily; therefore any variation in the biliary secretion cannot be ascribed to variation in the diet, so that the relation between the secretion of bile and amount of food may in this case for the present be disregarded.

On the 19th June it was found necessary to discontinue the observations, as the pressure of the apparatus had caused ulceration of the skin over the sternum, and the fistula had assumed a very irritable appearance. The wound having healed, and the fistula become more healthy, the observations were resumed on the 29th June, and continued for other six consecutive days. This second series of observations was again directed to ascertain the normal secretion of bile, in the hope that the secretion would become more constant; this expectation, however, was not realised; the variation in the daily quantity of bile was indeed even greater. Owing to the experience gained in this experiment, all subsequent observations directed to ascertain the normal secretion of bile previously to the administration of a drug were seldom prolonged beyond four or five days.

The average amount of fluid bile secreted daily during this series of observations (131.31 *grammes*) was slightly above the average amount secreted during the preceding series; but there was a great diminution in the bile-solids. The average quantity during the first series was 7.62 *grammes*, during the second series only 4.71 *grammes*. This was entirely due to a falling off in the amount of the organic constituents of the bile; for, during the second series, the inorganic solids (*bile-salts*) were somewhat greater in amount (1.343 *grammes*) than they were during the first series of observations. [The maximum, minimum, and average quantities (in *grammes*), in proportion to each *kilogramme* of dog, were: fluid bile, 11.01, 4.85, and 7.82; bile-solids, 0.392, 0.177, and 0.28; bile-salts, 0.119, 0.049, and 0.079. For each 100 *grammes* of dry food they were: fluid bile, 80.6, 35.5, and 57.21 *grammes;* bile-solids, 2.87, 1.29, and 2.05; bile-salts, 0.87, 0.35, and 0.58. The total amount of dry food consumed was 229.5 *grammes*, or 13.6 *grammes* for each *kilogramme* of the animal.] The animal had lost weight to the extent of 1.7 *kilogramme*, but was nevertheless in excellent health generally, although the irritable state of the fistula rendered necessary an interruption of the observations until the 8th July.

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* The daily results of each series of observations are recorded in tables, giving (1) the date; (2) the weight of the dog; (3) the amount of food—water, bread, milk, and meat; (4) the quantity of fluid bile, bile-solids, and bile-salts, secreted in twenty-four hours; (5 and 6) the amount of fluid bile, bile-solids, and bile-salts, secreted in proportion to each *kilogramme* of the animal and to each 100 *grammes* of dry food. In columns 5 and 6, the estimates are made on the days when the maximum and minimum quantities of bile were secreted; and the average quantities given at the foot of these columns are estimated from the average quantities of columns 2, 3, and 4.

* As the metrical system of weights is used in all the tables with regard to everything except the doses of drugs, it may be of service to remind the English reader that—1 *gramme*=15.434 grains; 28.34 *grammes*=1 ounce; 1 *kilogramme*=2.2 pounds.

† By the term bile-*salts* is meant the *inorganic* solids of the bile left after its incineration.

As it seemed impossible to obtain a better standard of comparison than that here afforded, it was resolved to commence the administration of mercury. Five grains of pilula hydrargyri were given as one dose daily during eight days; the pill was always given twenty-four hours previously to the collection of the bile.

On July 11th, the apparatus having shifted, the bile escaped. On the other seven days, however, the collections were perfect. [The weight of the dog was now 15 *kilogrammes*. The daily quantity of food was the same as in the preceding two series of observations; the total amount of dry food in nine days being 229.5 *grammes* or 15.27 to each *kilogramme* of dog. The maxima, minima, and averages were: in proportion to each *kilogramme* of the animal, fluid bile, 13.6, 4.46, and 8.50 *grammes;* bile-solids, 0.39, 0.19, and 0.344 *grammes*; bile-salts, 0.152, 0.042, and 0.09; for each 100 *grammes* of dry food, fluid bile, 88.8, 29.19, and 5.56; bile-solids, 3.52, 1.246, and 2.24; bile-salts, 0.99, 0.31, and 0.601.] The administration of the drug was accompanied by slight diminution (3.71 *grammes*) in the average quantity of fluid bile secreted daily, and a slight augmentation (0.45 *gramme*) in the average quantity of bile-solids. This slight increase in the bile-solids cannot be regarded as a proof of the power of blue pill to increase the biliary secretion, when the extreme variations of the secretion in this case are taken into account. In favour of the idea it may, indeed, be alleged that, on July 14th, more fluid and solid bile (204 *grammes* and 8 *grammes*) was secreted under the influence of blue pill than had been secreted on any day without it; but, as a counterpart to this, it can be said that on July 17th the amount of fluid and solid bile (67 *grammes* and 2.86 *grammes*) was less than it had been on any previous day. On the whole, therefore, it may be concluded that in this case there was no evidence that the administration of blue pill affected the biliary secretion. The above-mentioned doses of blue pill did not purge the animal.

On July 17th the observations were interrupted on account of renewed ulceration over the sternum by the pressure of the apparatus. At that date the animal was in excellent health The observations were resumed after an interval of six days.

Pilula hydrargyri was again given. Extraordinary variations occurred in the amount of bile obtained during its administration, and the quantities appear to show that the secretion of bile was diminished;* but they are in truth rendered valueless by the circumstance that a considerable quantity of bile was separated by the kidneys, owing, most probably, to its free exit by the fistula having been interfered with. The animal was never purged until July 30th, when it twice passed a considerable quantity of liquid fæces. Although it did not lose weight to any notable extent, its strength diminished. In order that the dog might rally, the observations were suspended, and a more liberal diet allowed. It grew gradually weaker, however, and died on the 5th of August. On dissection a layer of recent lymph was found over the whole surface of the peritoneum. The cause of the peritonitis was not evident.

Observations with Calomel.

The second dog (No. 2), with a biliary fistula, was a full-grown half-bred collie, weighing 15.6 *kilogrammes*. The operation was performed on the 5th of September, 1867. The wound healed perfectly, and collection of the bile was begun on the 20th of September. The general health of the animal was, however, indifferent; its appetite was uncertain, and its general strength feeble. When the apparatus was applied, the animal appeared to be much distressed by its weight, and by the constriction of the thorax and abdomen, which its proper application rendered necessary. After the operation the fæces became clay-coloured.

During seven days, from September 21st to 27th inclusive, observations were made with a view to determine the normal secretion of bile.

In this case, as well as in several others, the amount of bile collected was greater on the first than on other days—a rule, however, by no means invariable. The occurrence was probably due to the cannula having permitted a freer exit to the bile than the fistulous opening which the contraction of the recti abdominis always tended to close. At first, therefore, after the introduction of the cannula, a large quantity of bile pent up in the ducts may have escaped, or the larger quantity may have been due to increased biliary secretion.

The average quantity of bile secreted daily by dog 2 during the seven days was, of fluid bile 82.46 *grammes*, of bile-solids 5.31 *grammes*, of bile-salts 1.042 *gramme*. During the whole period the animal took a very variable quantity of food; on two days the amount was not accurately recorded; the average quantity of dry food consumed daily could not therefore be estimated. The biliary secretion was, when compared with the amount of food, extremely variable [varying from 230.0 *grammes* of fluid-bile, 12.9 of bile-solids, and 2.51 of bile-salts, on the first day, to 73.9 *grammes* of fluid bile, 5.60 of bile-solids, and 1.18 of bile-salts, on the fifth day.] The general health of the animal had not materially suffered by the continued application of the apparatus, although it at first occasioned much distress.

It was now decided to observe the effects of calomel. During six days, calomel was given internally in varying doses. [The amounts were: 1st day, 3 doses of 2 grains = 6 grains; 2nd day, 1 dose of 2 grains; 3rd day, 3 doses of 2 grains = 6 grains; 4th day, 4 doses of 2 grains = 8 grains; 5th day, 6 doses of 2 grains = 12 grains; 6th day, 2 doses of 2 grains = 4 grains.] The effect of the medicine upon the general health of the animal was very decided; it grew daily weaker and thinner, it lost its appetite, had attacks of vomiting on October 2nd and 3rd (5th and 6th days), and died on October 5th, apparently from inanition. Purgation, fœtor of the breath, or ulceration of the gums, were never produced by the drug, nor was there any evidence of salivation.

On October 2nd the bile was lost; and on the 3rd, two days before the death of the animal, and when it took no food, only 2.2 *grammes* of bile were secreted. An average has been taken from the first four days during which the animal took food. The average quantity of fluid bile secreted during these four days was 60.02 *grammes*. The average quantities of bile-solids and salts have not been estimated seeing that they were not ascertained on September 29th (second day). Under the action of the calomel, less bile was secreted than there was previously to its administration; but as the amount of calomel given had seriously, indeed fatally, injured the health of the animal, it was determined to try in the next case the effect of minute and frequently repeated doses.

Dog 3 was a young healthy retriever, weighing 12.9 *kilogrammes*. The operation for biliary fistula was performed on the 13th of October, 1867. A few hours afterwards the dog pulled the India-rubber tube out of the fistula, and the external opening of the fistula closed, so that on October 15th the fistulous opening had to be reestablished by an incision. The wound in the abdominal was healed satisfactorily, the fæces were clay-coloured, and the animal was in excellent health when the collection of bile was begun, October 26th, 1867. It was decided to observe the effects of very small doses of calomel ($\frac{1}{12}$th of a grain) frequently repeated. The bile was collected on four successive days previous to, and on four consecutive days during the administration of the drug, without any break between the two series.

During the four days previous to the administration of the calomel, the animal secreted daily on an average 70.62 *grammes* of fluid bile, 3.792 *grammes* of bile-solids, and 0.83 *gramme* of bile-salts. The health of the animal during these days was excellent.

On October 30th seven pills, each containing $\frac{1}{12}$th of a grain of calomel, were given with an hour's interval between each. On October 31st seven pills, on November 1st fourteen pills, and on November 2nd six pills were administered in the same way.

The effect on the general health was very marked. Soon after the administration of the drug was begun the appetite failed, and the animal took no food of any kind during three of the four days. The strength became rapidly exhausted, and the animal died on November 3rd, apparently from inanition. No salivation, fœtid breath, ulceration of gums, or purgation was produced by the medicine.

The average of the second series of observations shews that, during the four days on which the calomel was given, the secretion of bile was not influenced. It was almost exactly the same in the second as during the first period [fluid bile 70.32 *grammes*, bile-solids 3.732

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* The table shews that the quantities of fluid bile on the seven days comprised in this series were, in *grammes*, 231.9. 56.7, 95.0, 49.1, 38.2, 175.0, and 69.3; of bile-solids, 7.55, 1.61, 2.86, 1.73, 1.41, 4.88, 2.64. No estimate of bile-salts could be given for the 1st, 2nd, and 4th days; but the quantities ranged from 0.443 *gramme* on the 5th day to 1.66 on the 6th.

grammes, bile-salts 0.89 *gramme*]; thus distinctly showing that the calomel cannot be said to have affected it at all. [For each *kilogramme* weight of the dog, the average quantities were: before calomel was given, fluid bile 5.47, bile-solids 0.293, bile-salts 0.064: after calomel was given, fluid bile 5.76, bile-solids 0.305, bile-salts 0.072.] It is also to be observed that, although during the second four days the animal took food only once, the amount of bile secreted was on an average very nearly the same as during the first four days when it ate well. This might at first sight be considered as supporting the notion that mercury increases the biliary secretion. But were it true that in the present case the mercury had kept up the secretion notwithstanding the diminution in the food, then certainly it ought to increase the secretion when a due supply of food is taken; for it cannot be held that the influence of food is anything but highly favourable to the secretion. The results of the next experiment show that such is not the case.

Dog 4 was a healthy collie, about eighteen months old, weighing 19 *kilogrammes*. The operation for biliary fistula was performed on the 19th of October, 1867. The wound in the abdominal wall healed slowly. As the fistulous opening was very irritable, the cannula was not introduced. Instead of the cannula and India-rubber bag previously employed, a sponge was used to collect the bile; it was secured in a tin box below the fistulous opening. The fæces became clay-coloured soon after the fistula was established. The general health of the animal was excellent when the observations were begun.

The bile was collected for five consecutive days previously to the administration of mercury, in order to ascertain the average amount secreted daily. This was: of fluid bile 67.1 *grammes*, of bile-solids 3.592 *grammes*, of bile-salts 0.842 *gramme*. [The amounts for each *kilogramme* of dog were, fluid bile, 3.53 *grammes*; bile-solids, 0.146; bile-salts, 0.044; for each 100 *grammes* of dry food, fluid bile, 40.13; bile-solids, 2.148; bile-salts, 0.503]. At the end of this period the dog was in excellent health.

On November 8th, the administration of mercury was begun. During the twenty-four hours previous to the collection of the bile on that day, ten pills, each containing one-twelfth of a grain of calomel, were given, one pill at a time, at intervals of an hour. On the next day twelve such pills were given. On November 10th ten grains of pilula hydrargyri were administered in one dose. On the 11th and 12th no mercury was given. On the 13th the ten grains of pilula hydrargyri were repeated. On the 14th, nine calomel pills were given as above; and on the last day of the observations the mercury was withheld.

During the five days on which calomel or blue pill was administered, the mean amount of bile secreted was diminished to 35,46 *grammes*, or nearly one half of what it was in the period preceding the administration of the mercury; although nearly as much food was consumed during as before the administration of the drug. [The mean amount of bile-solids was 1.812 *grammes*, of bile-salts 0.436 *grammes*. The average amounts for each *kilogramme* of dog were, fluid bile, 1.93 *grammes*; bile-solids, 0.099; bile-salts, 0.023; for each 100 *grammes* of dry food, fluid bile, 24.18 *grammes*; bile-solids, 1.23; bile-salts, 0.29]. Moreover, during the second period, the average amount of bile secreted was, on the whole, greater on the days when no mercury was given than on the other days. No purgation or any other signs of specific action were produced by the mercury; but shortly after its first administration the strength of the animal began to decline. Sores, produced by the pressure of the apparatus, formed upon the back, in consequence of which the observations were interrupted on November 15th. The appetite failed, and the animal became so much emaciated that it was killed on the 28th of November.

It is evident that in this case the mercury diminished the biliary secretion; and it is remarkable that it did so without impairing the appetite, and without producing purgation.

In the foregoing experiments, purgation had never been produced by the mercurials while the bile was being collected; it seemed, therefore, desirable to ascertain the effect of purgative doses upon the biliary secretion. This was done in the following experiment.

Dog 5 was a strong collie, twelve months old, weighing 16.7 *kilogrammes*. The operation for biliary fistula was performed on the 2nd of June, 1868. The fistula became satisfactorily established, but on June 28th the dog escaped. It was re-obtained on the 11th of July. The fistulous opening had closed, the dog was jaundiced, the conjunctiva and skin yellow, and the urine loaded with bile. As the fæces were, however, clay-coloured, an attempt was made to open the fundus of the gall-bladder. This was found distended with a thick, gelatinous, colourless fluid like white of egg. About ten ounces of this fluid at once flowed from the opening. It was not in the least tinged with bile. The glairy fluid continued to drop from the opening for several hours, after which the bile began to flow, and continued to do so.

In ten days every symptom of jaundice had disappeared, the fæces were clay-coloured, and the wound was sufficiently healed to permit of observations being begun.

The bile was collected perfectly on six days [July 22nd to 28th inclusive, except the 27th] in order to ascertain the normal secretion. The average daily quantity during this period was 357.4 *grammes* of fluid bile, 13.11 *grammes* of bile-solids, and 3.12 *grammes* of bile-salts. [The average amounts for each *kilogramme* of dog were, fluid bile, 21.8 *grammes*; bile-solids, 0.801; bile-salts, 0.190; for each 100 *grammes* of dry food, fluid bile, 92.9 *grammes*; bile-solids, 3.49; bile-salts, 0.811]. During the first four days the dog was in excellent health. On July 26th it was seized with a smart attack of diarrhœa; on that day both the fluid and solid portions of the bile were diminished. The diarrhœa did not recur after the 26th. On the 27th the collection of bile was rejected, owing to urine having mingled with it. On the 28th it had risen to a little above the average quantity.

Twenty-four hours previously to the collection of the bile on the 29th, ten grains of blue pill were administered. During the succeeding three days ten grains of calomel were given daily in one dose, on each occasion twenty-four hours previously to the bile collection. The dose of blue pill and the first dose of calomel produced slight purgation, while decided purgation followed the administration of the last two doses. There was a marked diminution in the biliary secretion during this period; the average daily amount being: of fluid bile 272.67 *grammes*, of bile-solids 7.78 *grammes*, of bile-salts 2.06 *grammes*. [The mean quantities were, for each *kilogramme* of the dog, fluid bile, 17.4 *grammes*; bile-solids, 0.496; bile-salts, 0.131; for each 100 *grammes* of dry food, fluid bile, 89.2 *grammes*; bile-solids, 2.54; bile-salts, 0.674]. It will be seen that the diminution was quite as marked in the solid as in the fluid bile. The high amount (390.2 *grammes*) which the fluid bile attained when ten grains of blue pill were given might be supposed to indicate an increase in the secretion. The variations in the solid constituents of the bile are, however, those which are of paramount importance in the present inquiry; and the diminution of these on the same day (to 9.59 *grammes* bile-solids and 2.77 bile-salts) is unmistakable.

The bile was finally collected for two days, August 2nd and 3rd, on which no mercury was given. There was no purgation on those days, and the amount of bile secreted suddenly increased. Though the amount was not nearly so great as before mercury was given, it was nevertheless much above the last two days during its administration. [viz. on August 3, fluid bile, 2.43 *grammes*; bile-solids, 7.59; bile-salts, 2.43].

Previously to the exhibition of mercury the fæces were of a clay-colour, mixed with slate-colour patches. During and on the two days after the mercury was given, they were more uniformly slate-coloured. During the whole experiment the health of the animal was excellent; neither the diarrhœa nor the mercurial purgation seemed to affect it.

This series of observations is most conclusive as to the influence of purgative doses of calomel upon the biliary secretion. Under their influence there was a steady diminution in the secretion, and the moment the administration of the drug was suspended, the secretion underwent an increase. It is important to observe that in this case purgation, whether spontaneous as on the 26th, or as the result of mercurials, diminished the secretion of bile. Other observations will be given which show that, when induced by other drugs, it likewise diminishes the biliary secretion.

The amount of bile secreted by this dog was very large, greater in proportion to the weight of the animal than in any other case. At first we were inclined to suppose that this might be due to the animal's being fed upon *liver*; but in the case of dog 6, to be described presently, the amount secreted per *kilogramme* of dog was nearly as great, although the animal ate no liver; and the amount per 100 *grammes* of dry food was very much greater.

In the foregoing experiment the ten-grain dose of blue pill given on July 29th, although it diminished the bile-solids, increased the fluid-bile. It was important to ascertain whether or not the same result would be obtained on another trial. In another dog (No. 7) ten grains of blue pill were given on one day, and fifteen grains on the day following. Slight purgation was produced by the first dose, decided purgation by the second. On the day preceding the administration of the mercury, the amount of fluid bile was 173.9 *grammes*, of bile-solids 9.35 *grammes*. The bile was lost on the day that the first dose of blue pill was given, but on the next day it had fallen to 119.9 *grammes*, and the bile-solids to 7.5 *grammes*. On both days the animal consumed about the same quantity of food. Hence the observation recorded in the case of dog 5 on the 29th of July cannot be held as indicating the power of blue pill to increase the fluid portion of the bile; while this observation on dog 7 only confirms the result in the case of dog 5, viz., that a purgative dose of blue pill diminishes the amount of bile-solids secreted.

Results of the preceding observations on the Cholagogue Action of Pilula Hydrargyri and Calomel.

1. Pilula hydrargyri, when given in doses which did not produce purgation, caused no increase of the biliary secretion.
2. Pilula hydrargyri, when given in doses which produce purgation, diminished the biliary secretion.
3. Calomel, given in doses of one-twelfth of a grain, from six to fourteen times a day, and in doses of two grains from two to six times a day, did not produce purgation or increase the biliary secretion.
4. Calomel, when given in doses which produced purgation, diminished the biliary secretion.

Observations with Corrosive Sublimate.

Dog 6 (already referred to as dog D), a retriever, 6 months old, weighing 5.1 *kilogrammes*, was operated on for biliary fistula, February 26th, 1868. The recovery was in this case speedy and perfect. Soon after the operation, the fæces became clay-coloured. The health of the animal was excellent, and was not appreciably injured by the operation or by the effects of the fistula.

During the three days previous to the administration of the mercury, the secretion of fluid and solid bile was remarkably constant, notwithstanding great variation in the amount of food taken. The mean quantities were: of fluid bile 105.4 *grammes*, of bile-solids 4.144 *grammes*, of bile-salts 0·948 *gramme*. The constancy in the secretion rendered the case a very valuable one for observing whether or not it was affected by the drug. On the fourth day two doses of four-fifths of a grain of corrosive sublimate were injected under the skin. The first dose was given at 1 P.M. on the 11th, immediately after the collection of bile had been made on that day. The second dose was given at 9 A.M. on the 12th; and the last collection of bile was made at 1 P.M. on the same day. The amount of fluid bile on this the fourth day was 78 *grammes*, of bile-solids 3.178 *grammes*, of bile-salts 0.717 *gramme*. Twenty hours after the first dose of the drug was given, a slight discharge of mucus from the nostrils was observed, and a patch of semi-solid clay-coloured fæces mingled with a few drops of blood was found upon the floor. Two hours following the administration of the second dose, the animal was observed to be exceedingly weak; and it was in a state of constant tremor, and staggered on attempting to walk. At 1 P.M. on the 12th, four hours after the second dose of mercury was given, the last collection of bile was made; at that time the nasal discharge had become more marked. There was no apparent salivation, nor was the breath fœtid. The animal was last seen alive at 5.30 P.M. on the 12th, eight and a half hours after the second dose had been given. At that time there was no apparent change in its condition, further than that it could no longer stand, unless supported, It died during the following night. In the morning (13th) a patch of liquid fæces of a clay-colour was found upon the floor. Ten *grammes* of bile were found in the bag attached to the cannula. The result of this experiment was briefly this: 1$\frac{3}{5}$ grains of corrosive sublimate, given in the course of 24 hours to a dog 6 months old, caused purgation with liquid bloody fæces, nasal discharge, diminution of the biliary secretion, general tremor, and finally death. On dissection, the stomach contained a portion of undigested food.

As the animal had been poisoned by the drug, it was determined to observe the effects of smaller and gradually increasing doses. It was thought that, if the drug can increase the biliary secretion, we, by beginning with a very small dose and gradually increasing its strength, would certainly hit upon the amount necessary to do so ere poisonous symptoms set in; moreover, we should observe the effects of the repeated administration of small doses.

Dog 7 was a strong full-grown retriever, weighing 27.4 *kilogrammes*, for which we were indebted to Dr. Kelburne King, of Hull. The operation for biliary fistula was performed on the 24th of April, 1868. The healing of the wound around the fistula was so slow that observations could not be begun before the 29th of May.

During five days previous to the administration of corrosive sublimate, the amount of food consumed was constant: [water, 846 *grammes;* milk, 564 *grammes;* bread, 225.6 *grammes;* tripe, 1353.5 *grammes*]. On May 31st the bile was lost, owing to the apparatus having slipped. The average quantity secreted during the remaining four days was of fluid bile 127.15 *grammes*, of bile solids 6.43 *grammes*, of bile-salts 1.03 *gramme*. The observations were interrupted on account of repairs needed in the apparatus. When resumed on the 5th of June, the dog was in excellent health.

During three days, one-sixth of a grain of corrosive sublimate was injected under the skin once a day. During the next six days the same quantity was injected twice a day; and on the tenth day (June 16th), the dose was increased to one-third of a grain at the second injection.

During these ten days, the biliary secretion underwent marked variations; the average daily quantity was 113.8 *grammes* of fluid bile, 5.972 *grammes* of bile-solids, and 0.99 *gramme* of bile-salts. These figures show that there was a slight diminution in the biliary secretion during this period. At the same time, however, the amount of food consumed had undergone a considerable decrease, but the health of the animal had not suffered, and its weight remained almost exactly the same. On June 17th, the increased dose of one-third of a grain *twice* a day was given. Although these doses produced no purgation, fœtid breath, or salivation, yet the dull eye and general drooping uneasy aspect of the animal shewed that the general health was decidedly impaired. [The fluid bile fell from 115.7 *grammes* on the 16th to 32.7 *grammes* on the 17th; and the bile-solids from 7.39 to 2.62 *grammes*.] The amount of food consumed, however, had been but slightly diminished; but more food was consumed on the 17th than on the 11th, 13th, and 15th. On all these days at least thrice as much fluid bile, and about twice as much bile-solids had been secreted. On June 18th, only one-third of a grain was given; and after the collection of bile on that day the observations were suspended, on account of the very marked impairment of the general health occasioned by the mercury. The dog looked miserable and lifeless; there was no salivation, fœtid breath, nasal discharge, nor purgation. The quantity of bile secreted on the 18th, though above that of the previous day, was nevertheless very low. The consumption of food had greatly diminished; and it should be noticed that, on the 18th, the biliary secretion, instead of undergoing a still further diminution, consequent on decreased consumption of food, was, in fact, augmented. This, in our opinion, could only be attributed to the influence of a smaller dose of the drug. [The average proportions to each *kilogramme* of dog from June 6th to 16th were, fluid bile, 4.414 *grammes;* bile-solids, 0.217; bile-salts, 0.036; on June 18th, fluid bile, 1.97; bile-solids, 0.10; bile-salts, 0.014. To each 100 *grammes* of dry food the proportions were, from June 6th to 16th, fluid bile, 37.4 *grammes;* bile-solids, 1.44; bile-salts, 0.239; on June 18th, fluid bile, 73.6 *grammes;* bile-solids, 3.01; bile-salts, 0.56. The mean daily amount of dry food from June 6th to 16th inclusive was 414.11 *grammes;* on the 18th, it was reduced to 73.9 *grammes*].

The collection of the bile was in this case quite perfect on every day, with one exception (May 31). The observations distinctly show that corrosive sublimate, given in small gradually increasing doses, did not augment the biliary secretion. On the contrary, they point out that, so long as the general health remained good, the amount of bile was not changed, but, as soon as the animal became weak, diminution of the secretion at once took place.

Dog 8 was a strong mongrel collie, about five years old, weighing 19.3 *kilogrammes*. The operation for biliary fistula was performed on the 2d of June, 1868. The recovery was rapid, and observations, with a view to determine the normal secretion of bile, were commenced June 17th.

The bile was perfectly collected for eight days. On one day (20th) the apparatus was not applied. When the observations were commenced, the animal was in perfect health; the fæces were quite white and semisolid. On the 21st it had a slight attack of diarrhœa, which had, however, disappeared on the following day. With this exception, the health of the animal was exceedingly good during the whole period, and, instead of a loss, there was a slight gain in weight. A diminution of the biliary secretion, which occurred on the 21st, cannot be ascribed to the diarrhœa, seeing that on the next day, when it had ceased, a still greater decrease took place. The average daily amount of bile during the above period was, of fluid bile 180.2 *grammes*, of bile-solids 5.96 *grammes*, of bile-salts 1.07 *gramme*. [The average daily amount of dry food from June 18th to June 25th, was 181.3 *grammes;* on the 26th, 389.06 *grammes* were given. For each *kilogramme* of dog were secreted an average of fluid bile, 9.24 *grammes;* bile-solids, 0.305; bile-salts, 0.054. The proportions to each 100 *grammes* of dry food were, fluid bile, 51.84; bile-solids, 1.714; bile-salts, 0.307 *grammes*]. The dog's appetite was remarkably good. It was decided that corrosive sublimate should now be given in small and gradually increasing doses, as in the previous case.

During the first eight days, one-sixth of a grain of corrosive sublimate was given twice a day. On July 5th and 6th, three-sixths of a grain were given in the day. On July 7th and 8th, the dose was one-third of a grain twice a day. Until July 8th, the animal continued in good health; then its appetite began to fail.

The average amount of bile secreted daily during the twelve days from June 27th to July 8th inclusive, was, of fluid bile 150.19 *grammes*, of bile-solids 3.374 *grammes*, and of bile-salts 1.135 *gramme*. During this period the amount of fluid bile was one-sixth less than during the premercurial period; but the diminution of the bile-solids was still more marked, the average quantity not being much more than a half of what was secreted during the premercurial period. This diminution was entirely due to a decrease in the organic solids of the bile; the amount of the *inorganic* solids was slightly increased. [The proportion to each *kilogramme* of dog were, fluid bile, 7.62 *grammes;* bile-solids, 0.171 *grammes;* bile-salts, 0.057 *grammes:* to each 100 *grammes* of dry food, fluid bile, 49.2; bile-solids, 1.105; bile-salts, 0.372.]

On July 9th, two-thirds of a grain were given, as on the previous two days. The falling off in the appetite now became more marked, and the animal looked ill. There was a great failure in the biliary secretion; fluid and solid bile were reduced to about a half of what they had been on the previous day. One-third of a grain was given upon the following day (10th). This was the last dose. Symptoms of seriously deteriorated health were very apparent some hours after it was given. The animal refused almost all food; it looked very languid; its breath was fœtid; there was slight salivation; and on the mucous membrane, inside the upper lip, there was an incipient ulcer, which experience regarding the effects of mercurials on the mouths of other dogs enabled us to recognise as mercurial. The fæces, which, previously to the administration of the mercury, had been white, were, during the greater period of administration, sometimes white, at other times grey; and, during the two last days, of a slate-colour. There never was purgation. Latterly the animal became rapidly emaciated. Up to the 6th it maintained its weight well, but during the last four days it lost 3.49 *kilogrammes.* The amount of bile secreted on the 10th was still further diminished, the fluid bile being little more than a ninth of the average quantity secreted during the twelve days from June 27th to July 8th inclusive; while the bile-solids were little more than a thirtieth of the average quantity secreted during the same period.

In the case of dog 8, six grains, in that of dog 7, four grains, of corrosive sublimate were required to bring about the same result as regards the biliary secretion. This was apparently due to the fact that dog 8 was an older and a stronger dog. But, although the biliary secretion held out longer against the drug in this animal, the constitutional symptoms were more marked. Thus salivation, fœtid breath, and ulceration of the gums were present, while these were wanting in dog 7. This fact adds greatly to the value of the observations on dog 8; for it shows that, when mercury is given to an extent sufficient to increase the function of the salivary glands, it diminishes the biliary function of the liver.

The impression produced by the drug upon the health of dog 8 was deep and lasting. Although its administration, and the collection of bile, were stopped on July 10th, the emaciation of the animal continued to increase rapidly. The appetite was very poor on the 14th; there was coffee-ground vomiting; blood was passed in the fæces, and there was a decided muco-purulent discharge from the left nostril. The ulcer in the mouth became larger. The animal, which previous to the administration of the mercury had been so strong and vigorous, grew so weak that it could hardly walk, and it was killed July 25th. On dissection, six hours after death, nothing abnormal was found. The hepatic cells seemed healthy. The intestine, pancreas, and salivary glands were not unduly vascular.

Results of the preceding Observations on the Cholagogue Action of Corrosive Sublimate.—These two series of observations on dogs 7 and 8 so closely resembled each other, and were so perfectly carried out, that there was no possibility of fallacy. They show—

1. That corrosive sublimate, when given in small doses, gradually increased in strength, does not augment the biliary secretion, but that it diminishes it the moment the dose reaches a strength sufficient to deteriorate the general health.
2. That corrosive sublimate given in the above method may diminish the biliary secretion, while it does or does not produce an evident action on the salivary glands and mouth, and without producing purgation.
3. Case 6 shews that the biliary secretion is likewise diminished when this drug is given in a dose sufficient to produce purgation.

The next subject which engaged our attention was the mode in which the mercury caused a diminution of the biliary secretion in dogs 7 and 8.

The experiment on dog 8 seemed strongly to point to the diminished consumption of food as the cause of the diminished biliary secretion. With a view to throw further light on this matter, we performed the following experiment.

Influence of Partial Starvation on the Biliary Secretion.—For the following experiment, dog 7 was used, which had thoroughly recovered its health and strength. During the first two days the amount of bile-fluid and solids secreted was very nearly the same. The amount of dry food consumed was also nearly alike [560.9 *grammes*].

On July 28th, bread, milk, and water were withheld. It was intended to give the usual allowance of tripe; but, as it could not be obtained, liver was given instead. [The amount of dry food was 104.2 *grammes.*] On this day the amount of fluid bile fell to 104.8 *grammes,* as compared with 140 *grammes* on the two previous days, but the bile-solids rose to about a half more than they had previously been. This was almost wholly due to increase of the organic constituents of the bile. The bile-salts were scarcely at all increased. On July 29th, 543 *grammes* of water were given without any dry food. The quantity of fluid bile secreted was only 41.6 *grammes,* less than a third of the quantity on the days previous to starvation. The amount of bile-solids was 2.77 *grammes,* rather more than a half of the quantity secreted during the first period; while the inorganic constituent of the bile fell to 0.40 *gramme,* less than a half of the amount during the first period. On the 30th of July it was intended that the animal should return to the diet of July 27th; but the tripe was accidentally withheld. The amount of fluid bile rose on that day to 85.7 *grammes,* of bile-solids to 5.11 *grammes,* and of bile-salts to 0.87 *gramme.* Although the dry food consumed on this day was hardly one-fifth of what it was on July 26th, the amount of bile-solids and salts was almost the same. On July 31st the partial starvation was discontinued; the animal consumed the same amount of dry food as on July 26th, with nearly a fourth more water. The fluid-bile on that day reached a quantity of 33.1 *grammes* above what it was on the 26th, when the same quantity of food was given, while the amount of bile-solids and salts was nearly doubled. It is difficult to account for this marked increase in the biliary secretion when the full diet was again given. During the whole experiment the animal was in excellent health, and lost only 0.9 *kilogramme* in weight.

The preceding observations are sufficient to shew that the biliary secretion is greatly influenced by the great amount of food consumed, and it permits the inference that diminution in the biliary secretion, observed in the case of dog 8 under the influence of corrosive sublimate, may have been due to impaired appetite. The same explanation cannot apply to the diminution in biliary secretion observed in the case of dog 7 on June 17; for on that day the animal took more food than it had done on many previous days on which it had secreted a larger amount of bile.

On the whole, therefore, the legitimate conclusion seems to be that mercury, when administered so as to impair the general nutrition, lessens the biliary secretion. This may result without impairment of the appetite; but, when there is a diminished consumption of food, the failure in the biliary secretion is all the more marked.

Conclusions regarding the Cholagogue Action of Mercury.

The foregoing observations seem to us clearly to shew that blue pill, calomel, and corrosive sublimate, when given to dogs in either small, gradually augmented, or in large doses, do not increase the biliary secretion; they do not even influence it so long as neither purgation nor impairment of health are produced, but they diminish it as soon as they produce either or both. It may be urged that, although we have proved this regarding dogs, it does not follow that on man these drugs will have the same action. It must be admitted that some animals are altogether insensible to remedies which produce powerful effects on others; that different doses are often requisite to occasion similar results; and that there may be peculiarities so very decided as to render it impossible to infer what will be the action of a remedy on one animal from its influence upon another. But have we any reason to conclude that in the present instance there exists such difference in the action of mercury as to prevent any inference being drawn from the dog regarding man? All the facts with which we are acquainted show that it is legitimate to infer that the action of mercury ought to be regarded as similar in both cases. We have demonstrated that, as regards its action upon the salivary glands, mouth, intestine, appetite, and general nutrition, the influence of mercury is the same. We therefore infer that it is in the highest degree probable that its action on the hepatic secretion will also be the same. The only difference that there seems to be between the dog and man as regards the action of mercury, consists in the fact that in the dog larger doses are generally required to produce the same effects as those observed in man. But even here it may be argued that more marked results are required to satisfy the observer, and hence the greater dose necessary. These circumstances, therefore, cannot be held as affecting the conclusion at which we have arrived.

We have not deemed it worth our while to experiment upon any other animal, for we are unable to see how such experiments could materially strengthen our position. Even though we had shewn that mercury, when given to a rabbit, cat, pig, donkey, or horse, diminishes the biliary secretion, it might still be said that this does not apply to man. But there are several special reasons which render experiments on these animals either impracticable or less reliable than those on the dog. Bidder and Schmidt failed to establish biliary fistulæ in cats; we therefore thought it not worth our while to spend money and time in making the attempt. Horses and donkeys are too unwieldy for the purpose, and have no gall-bladders, a peculiarity which in all probability would render it impossible to establish biliary fistulæ in them. In pigs, the hepatic secretion differs from that of man, inasmuch as it contains hyocholic acid, and, according to Strecker, no sulphur. It might, therefore, not unfairly be objected to any inferences from experiments on pigs, that, inasmuch as the porcine differs from the human hepatic secretion, it could not be held as altogether probable that mercury would influence both in the same way. Everything seems to show that the animals used by the Committee are those best suited for the observations they have made. In addition to the therapeutical facts previously mentioned, which, after all, are the most important, there are these, that the qualitative composition of canine is the same as that of human bile, and that the dog, like man, can be fed on a flesh, vegetable, or mixed diet. In this respect dogs are superior to most other animals, even to the Quadrumana, which, though in conformation most resembling man, are vegetable feeders. So far, therefore, as direct experiment and exact observations are capable of determining the influence of mercury upon the biliary secretion, the Committee have no doubt that the dog is superior to the animals above mentioned.

But it may be supposed that mercurials possess some specific power of exciting the biliary secretion by acting on the orifice of the common bile-duct, and so stimulating the secretion through the nerves which connect it with the liver, just as pyrethrum and vinegar stimulate the salivary glands when they are applied to the orifices of the salivary ducts. It might also be objected that, inasmuch as in our experiments the common bile-duct had been divided, the nerves alluded to might have been so injured that stimulation of the orifice of the common bile-duct could no longer excite the secretion. It remains to be shewn, however, that mercurials do specially excite the orifice of the bile-duct. It is not probable, at any rate, that their influence on the biliary secretion was, in the cases of dogs 6, 7, and 8, prevented by division of hepatic nerves. In these experiments the common bile-duct was simply divided with as little injury to neighbouring parts as possible (in previous experiments a portion of the bile-duct was removed), and these animals did not suffer in the least from the shock after the operation; so that nervous injury could not have been extensive. Moreover, in the case of dog 7, the parts around the common bile-duct were dissected after death, and the nerves proceeding from the solar plexus to the liver were found at some distance from the duct, and had apparently suffered no injury at the place where it had been divided. The Committee, therefore, do not attach any value to this objection.

But some may say that, although we have proved that mercury diminishes the biliary secretion in dogs, and that in man its action will in all probability be the same, yet our experiments have been performed on animals in a state of health; and that, had they been made on dogs with diseases such as those in which mercury has been *supposed* to increase the hepatic secretion, it would possibly, in the case of such dogs, have been increased. With such an hypothesis we need not seriously occupy ourselves until the objectors *prove* that, in any case whatever, mercury can increase the biliary secretion in man.

We have been unable to discover any facts brought to light in this or any other age which prove that mercury stimulates the biliary secretion. So far as we can make out, the notion that it does so originates in some vague statement made by Paracelsus,* or the authors of his time, as to the good effects of mercury in what he has called "icteritia." But we repeat, not only do we not know how such a notion has arisen, but we are ignorant how to make direct observations on the subject in man. We have already stated that such observations are, in the present state of physiological chemistry, impossible. We do not deny the possibility of mercury being useful in some diseases of the liver. We simply say that the notion of its doing good by increasing the biliary secretion is untenable.

OBSERVATIONS ON PODOPHYLLINE AND TARAXACUM AS CHOLAGOGUES.

Before concluding the observations on dogs with biliary fistulæ, the Committee thought it would be important to try the effect of two other drugs which have been supposed to exercise a cholagogue influence on the liver; viz., podophylline and taraxacum.

Observations with Podophylline.

Dog 9 was a retriever, about three years old, weighing 26.6 *kilogrammes*, and the operation for biliary fistulæ was performed upon July 24th, 1868. The recovery was rapid. Shortly after the operation, the fæces were clay-coloured.

On August 7th and 8th, the bile was collected to ascertain the normal secretion, previously to the exhibition of the drug. On the 9th, 2 grains of Resina Podophylli (prepared by Messrs. Gardner and Ainslie, druggists, Edinburgh) were given. This amount did not produce purgation. The bile was collected twenty-four hours after the dose was given: the fluid bile had risen from 285.8 to 304.2 *grammes*, but the solid bile had fallen from 14.5 to 12.9 *grammes*. On the 10th, no medicine was given. On that day, the fluid bile fell somewhat [to 287 *grammes*], while the solid bile rose to 13.31 *grammes*. On the 11th, 4 grains of podophylline were given. Decided purgation followed. A marked diminution in the fluid and the solid bile was the result. The fluid bile fell from 287 to 203.2 *grammes*, the bile-solids from 13.31 to 10.85 *grammes*. On the 12th, no medicine was given: the fluid bile rose to 238.2 *grammes*, while, strange to say, the bile-solids fell to 6.62 *grammes*. On the 13th, 6 grains of podophylline were given. Decided purgation followed. The fluid bile fell to 151.2, the bile-solids to 4, *grammes*. On the 14th, no medicine was given; and, notwithstanding the purgation, the dog was in excellent health. The fluid bile now rose to 238.4, the bile-solids to 12.87 *grammes*.

In this case, podophylline, when it produced purgation, diminished the biliary secretion. This decrease cannot be accounted for by diminution in the amount of food taken. Certainly such an explanation might be advanced to account for the fall in the quantity secreted on the [11th when 207 *grammes* of food were consumed] but it cannot possibly apply to the great fall upon the 13th [when the animal had 104 *grammes*].

Little attention need be paid to the increase in the fluid bile on the 9th, when 2 grains of podophylline were given without purgation resulting; for it was only 18.4 *grammes*, whereas on the 8th there had been a rise of 12.8 *grammes* over the quantity of the previous day, without any drug having been given. Moreover, on the 9th the bile-solids fell to a decided extent.

The next series of observations was made on dog 7, after he had regained his health.

The bile was collected for five days previously to the administration of podophylline. On one of these (August 8th), the dog had a smart attack of dysentery. On that day, the solid and fluid bile was much below what it was on any other day of the period—another evidence of the lowering influence of purgation upon the biliary secretion. [The fluid bile fell from 246.95 to 148.3 *grammes*, and the bile-solids from 13.91 to 9.33 *grammes*.]

On August 15th, 8 grains of podophylline were given. It produced profuse purgation, and so weakened the animal that it staggered when it walked. The bile was collected twenty-four hours after the dose was given. Both fluid and solid bile had undergone a great diminution. [The fluid bile had fallen from 256.8 to 156.1 *grammes;* the bile-solids from 12.48 to 9.88 *grammes*.] It is curious to observe that the purgation produced by the podophylline, although it was accompanied by a diminished consumption of food, did not lessen either the fluid or solid portions of the bile to the extent effected by the attack of dysentery, although the latter was accompanied by comparatively slight depression of the general health and appetite. Throughout these observations, the fæces were of a slate-colour. The observations were discontinued, owing to the weakness of the animal.

The next series of observations was made on dog 5, after it had regained its health.

The bile was collected for two days, August 23rd and 24th, to ascertain the normal secretion. On August 25th and 26th, 6 grains of Resina Podophylli were given. Both doses occasioned decided purgation. The effect on the biliary secretion was unequivocal. On the day preceding that on which the first dose was given, the fluid bile was 220.9 *grammes*, the bile-solids 10.42 *grammes*. On the following day, the fluid bile was 154.5 *grammes*, the bile-solids 4.20 *grammes*. After the second dose, the fluid bile was 150 *grammes*, the bile-solids 1.95 *gramme*. The next day (27th), no medicine was given, and the fluid bile rose to 297 *grammes*, and the bile-solids to 11.99 *grammes:* most conclusively showing that doses of podophylline which produce purgation diminish the fluid and solid constituents of the bile.

Observations with Extract of Taraxacum.

After dog 5 had had a day's rest from the action of podophylline, 60 grains of solid extract of taraxacum were given twenty-four hours previously to the collection of bile on August 28th. On that day, the fluid bile rose to the extent of 99 *grammes*, but the bile-solids fell to the extent of 1.78 *gramme*. Next day, the same dose was repeated. The fluid bile fell to the extent of 56 *grammes*, the bile-solids to the extent of 0.85 *gramme*. Neither dose produced any effect upon the bowels. After this, no more medicine was given. The bile was unfortunately lost on August 30th and 31st, owing to slipping of the apparatus. On the following three days, the amount of fluid bile fluctuated greatly. On September 2nd, it was 355.5 *grammes*—a larger quantity than that secreted during the twenty-four hours after the second dose of the taraxacum was given. On that day also (September 2nd), the amount of bile-solids secreted was greater than on either of the days on which taraxacum was given. It is, therefore, evident that the taraxacum did not increase the solid constituents of the bile; and it is extremely probable that the large amount of fluid bile secreted after the first dose was due to other causes. On September 2nd, when no taraxacum was given, the bile rose to the extent of 38.5 *grammes* over the amount on the previous day; and on September 3rd it fell to the extent of 57.5 *grammes*, without any assignable cause. On the whole, therefore, it seems that taraxacum exercised no influence upon the biliary secretion. On September 3rd, the observations were discontinued, as the margins of the fistula had become much ulcerated. [The daily amount of food consumed by the animal from August 22nd to September 3rd was the same; being 566 *grammes* of water, 563 of milk, 225.6 of bread, and 906.8 of spleen.]

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* Paracelsus (Aur. Phil. Theoph.), *Opera Medico-Chemica*, 3 tom., 4to. Francof., 1603-1605.—*De Icteritiis*, vol. i, p. 329.

Taraxacum was also given in dog 7, which had recovered his health. After the bile had collected for two days, 60 grains of solid extract of taraxacum were given. Twenty-four hours afterwards (August 28th), the fluid bile rose to the extent of 38 *grammes* [from 176 to 214 *grammes*] while the bile-solids fell to the extent of 1.59 *gramme* [from 10.52 to 8.93 *grammes*]. Next day (28th), 120 grains were given; and the fluid bile fell to the extent of 26 *grammes*, while the bile-solids rose to the extent of 0.71 *gramme*, as compared with the previous day. These doses had no effect upon the bowels. After this, the bile was collected for five consecutive days, on which no medicine was given; on one of these days (September 1st), the bile was lost, owing to slipping of the apparatus. On September 2nd, the fluid bile reached a figure very nearly as high as it had attained during the administration of taraxacum, and the bile-solids were higher than they had ever been on any of the previous days. On September 4th, the apparatus was left off, owing to ulceration of the skin. On September 7th, it was re-applied, and the bile was collected on the four subsequent days. A large quantity of bile [251.1 *grammes* fluid bile and 12.17 *grammes* of bile-solids] was collected on September 8th; this was most probably due to the escape of the bile pent up in the bile-ducts, owing to the cannula not having been used during the previous four days. Twenty-four hours previously to the collection on the 10th, 120 *grammes* of solid extract of taraxacum were given. On that day the fluid bile rose to the extent of 11.2 *grammes* [169.4 to 180.6 *grammes*]; and the bile-solids to the extent of 0.23 *gramme* 8.61 to 8.84 *grammes*. Next day, 240 grains were given; and the fluid bile fell to the extent of 21.6 *grammes*, while the bile-solids rose to the extent of 0.38 *gramme*. These doses produced no effect upon the bowels. The fæces were always solid. The dog was in most excellent health when these observations were discontinued. [It had increased in weight from 29.4 *grammes* to 31 *grammes*. The daily amount of food was uniform: viz., water, 846 *grammes;* milk, 564 *grammes;* bread, 225.6 *grammes;* and tripe, 1353.6 *grammes;* except on August 31st, when no tripe was given, and on September 2nd, when 652 *grammes* of water only were given to the animal.]

The observations recorded in this case show even more conclusively than those in the preceding that taraxacum did not influence the biliary secretion in any way whatever.

Results of the Observations on Podophylline and Taraxacum.

1. Doses of podophylline, varying from 2 to 8 grains, when given to dogs, diminished the solid constituents of the bile, whether they produced purgation or not.
2. Doses which produced purgation lessened both the fluid and solid constituents.
3. During an attack of dysentery, both the fluid and solid constituents of the bile were greatly lowered.
4. Doses of the solid extract of taraxacum, varying from 60 to 240 grains, affected neither the biliary secretion, the bowels, nor the general health of the animal.

INFLUENCE OF PURGATION UPON THE BILIARY SECRETION.

The observations of the Committee conclusively show that purgation produced by a variety of causes diminished both the fluid and solid constituents of the biliary secretion. Spontaneous diarrhœa, dysentery, purgation produced by pilula hydrargyri, by calomel, by corrosive sublimate, and by podophylline, always diminished the solid constituents of the bile, and, with one exception, the fluid portion of the bile also. That purgation diminishes the biliary function of the liver, is one of the most important facts established by the Committee. It is, however, nothing more than what might have been expected, seeing that purgation drains the portal blood, from which the bile is almost entirely formed.

RELATION OF BILIARY SECRETION TO CONSUMPTION OF FOOD.

The observations of the Committee show that the relation between the biliary secretion and the amount of food consumed is by no means such a close one as Bidder, Schmidt, Arnold, and others, have supposed. On looking at the collections of bile in the healthy animal previous to the administration of drugs, it will frequently be seen that, while eating the same food, and without there being any apparent disturbing cause, such as diarrhœa, etc., the amount of bile was nearly a half and even four-fifths less than on previous and subsequent days. Further, it was frequently observed that, although the amount of food consumed varied greatly, the secretion of bile was remarkably constant. In the observations on dog No. 6, during three days of perfect health, the animal secreted very nearly a constant amount of bile-fluid and bile-solids, although the amount of food varied greatly. Thus, on the first day it took 73.7 *grammes* of dry food, on the second day it took 14.16, and on the third day 62.37 *grammes*. On these days, the amount of bile secreted per 100 *grammes* was, on the first day 5.64 *grammes*, on the second day 30.4 *grammes*, and on the third day 6.9 *grammes*. The observations recorded in Table XVI show, however, that the biliary secretion was, in dog 7, greatly influenced by the amount of dry food. It will there be seen that the amount of bile secreted was greatly diminished by starvation. It therefore appears that the biliary secretion is in some cases greatly influenced by the amount of food taken, while in other cases it is not influenced at all.

RELATION BETWEEN BILIARY SECRETION AND WEIGHT OF ANIMAL.

The close relation supposed to exist between the amount of the biliary secretion and the size or weight of the animal has not been supported by the observations of the Committee. The amount of bile secreted for every *kilogramme* weight of dog varied greatly in different cases.

NO. OF DOG.	FLUID BILE.	BILE-SOLIDS.
1	6.47 *grammes.*	0.412 *grammes.*
1	7.82 ,,	0.28 ,,
2	5.27 ,,	0.34 ,,
3	5.76 ,,	0.293 ,,
4	3.53 ,,	0.146 ,,
5	21.8 ,,	0.801 ,,
6	20.66 ,,	0.818 ,,
7	4.64 ,,	0.23 ,,
8	9.24 ,,	0.35 ,,
9	10.2 ,,	0.58 ,,

The foregoing table gives the *per kilogramme* biliary secretion only when the dogs were healthy, and not subjected to the action of drugs. The table shows how fallacious are the calculations which have been made regarding the human biliary secretion, from observations upon dogs, by Bidder and Schmidt. We at one time thought that the large secretion in the case of dog 5 might be due to the fact that it ate liver, instead of muscle like dog 9. It secreted nearly as much bile, however, when, instead of liver, it ate spleen. Moreover, such an explanation could not be offered in the case of dog 6, which secreted nearly as much bile *per kilogramme* as dog 5. This dog was fed on a diet the same as that given to dogs 1, 2, 3, and 4; so that no peculiarity in the nature of the diet can be alleged as the cause of the large secretion in the case of dog 6. Nor can the quantity of food it took have been the cause; for the animal secreted more bile per 100 *grammes* of dry food than any other dog under the observation of the Committee. Seeing, then, that in the case of dog 6 neither the food nor the size of the animal can at all account for the amount of bile secreted, we must look for the cause elsewhere. One member of the Committee suggested that perhaps the amount of bile secreted may have a closer relation to the size of the liver than to the size of the animal. Unfortunately, this idea did not occur until after dog 6 was killed, so that its liver was not weighed. But there is this much to be said, that dog 6 was a young dog (six months old); and we know that in young animals the liver is larger in proportion to the rest of the body than it is in more advanced age. To ascertain whether or not there be anything in this idea would require observations to be made on dogs of various sizes and ages. The biliary secretion, amount and nature of food, and weight of the animal, would require to be observed for three or four days; the animal ought then to be immediately killed, and its liver weighed, and calculations based on such data. It is, however, improbable that the size of the liver determines the amount of the biliary secretion. The great variation which we frequently observed in the secretion from day to day in the same animal is opposed to such an idea.

Effect of the Loss of Bile upon the Health of the Animal.

Although an animal may live in perfect health for a considerable time without any bile passing into its alimentary canal, it would appear from the observations of all who have experimented on the subject, that, even when a fistula has been established without accident, the health sooner or later begins to suffer. Emaciation comes on, and death results from inanition. Much depends on the strength of the animals, which, when vigorous, usually preserve their health.

Dog 7 (the retriever sent us by Dr. Kelburne King of Hull) had the operation for biliary fistula performed on April 24th, 1868. Notwithstanding the wearing of apparatus for collecting the bile during a period of nearly two months, partial poisoning with corrosive sublimate, purgation with podophylline, and dosing with taraxacum, the animal was on the 11th of September, 1868, when our observations terminated, as strong as it was before the fistula was made; and, so far from exhibiting any signs of emaciation, it had gained nearly 4 *kilogrammes* (8.8 pounds) in weight during the five months it lived, without a drop of bile passing into the intestines. Such a case favours the view of Blondlot and Arnold, as to the inutility of the bile for the purposes of digestion. It is in itself quite sufficient to show that the entrance of bile into the alimentary canal is not essential for the health of the animal, and supports the idea that the bile is a secretion destined to be little more than a mere excretion.

Effect of Muscular Movements upon the Flow of the Bile.

It was frequently observed that, when the dogs were taken out of their cages, in which their movements were much circumscribed, and allowed to run about, during the first half-hour or so of their increased movement the amount of bile discharged by the fistula was greatly augmented. This was, in all probability, due to the bile being more rapidly expelled from the hepatic ducts by the pressure upon the liver of the contracting abdominal muscles, which must, when in action, compress the liver like a sponge, and so expel its contained fluid. This fact is valuable in serving to show that exercise may have an important influence upon the liver. It further points out, however, how utterly fallacious must the results have been, had we endeavoured to estimate the daily secretion of bile from collections made during a few minutes at a time, such as were made by Bidder and Schmidt; regarding which, however, we have previously expressed our opinion.

It is unnecessary to dwell upon the importance of the results at which the Committee have taken so much pains to arrive. If the refutation of a wide-spread error be as important as the establishment of a new truth, the practical advantage of demonstrating that mercury is not a cholagogue cannot be too highly estimated. Although, in recent times, the administration of mercurials for hepatic diseases has greatly diminished, their employment is still very general, and in India almost universal. Recent cases demonstrate that long-continued salivation and great loss of health have been produced in the attempt to remove old abscesses or other chronic diseases of this organ, and there are few of its lesions in which it is still not thought advisable to try small or full doses of the drug.

On this subject it is unnecessary to dwell at present. The real question is, whether the evidence is satisfactory, or whether further researches are necessary. On this and many other topics connected with therapeutics, what we require are not unfounded assumptions and vague speculations, but positive knowledge, based on unquestionable data. These we have furnished, and consider them amply sufficient to demonstrate the fallacy of the opinion every where prevalent as to the cholagogue action of mercury.

It would be vain attempting to convey an adequate idea of the great labour, wearisome repetition of observations, numerous disappointments, and loathsome manipulations, which have tested the zeal, endurance, and courage of Drs. Rutherford and Gamgee, on whom the entire labour of the experiments devolved. The difficulties and expense have been greatly increased by the want of a proper locality for carrying on such investigations, and by the necessity of combating the well-meaning, but we humbly think mistaken notions of those who maintain that physiologists are not justified in experimenting on animals even with the objects of determining more accurately the use of poisonous drugs, and preserving the life of man. A very different doctrine might have been expected to exist in a great University like that of Edinburgh, but its Senatus, led astray by the reasoning, we regret to say, of an influential member of the medical faculty, unquestionably, by its resolutions, greatly added to the toil and annoyance of the Committee's proceedings. On the other hand, our warmest thanks are due to Mr. Nunneley of Leeds, to Dr. Kelburne King of Hull, and Dr. Andrew Buchanan of Glasgow, for their kind assistance in forwarding animals to us.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

Lecture XI.

In his eleventh lecture, Professor Huxley began by calling attention to the main points in the cranial structure of Reptiles and Birds, illustrating the former by the skull of the Crocodile. In these classes we have the four occipital elements—the basioccipital, the two exoccipitals, and the supraoccipital. The penultimate cranial segment exhibits the basisphenoid, the alisphenoid, and the parietals. The segment in front of this is much less perfect in bony development, as it consists of but the presphenoid and the frontal, or of the latter only. The prootic is constantly ossified, and the opisthotic remains a distinct bone (the occipital externe of Cuvier) in Chelonians, but in them only amongst Sauropsida.

The bones of the face of Lizards consist of small premaxillæ in front, and immediately behind them, in the middle line, the vomer; while behind them, on each side, are the maxillæ. The palatine bones bound posteriorly the openings, which are termed the "posterior nares," but which, in reality, answer to the median part of the nasal passages of Mammals. Behind the palatines are the pterygoids, while, external to them, is placed, on each side, an os transversum.

In Chelonians, all the cranial and facial bones are firmly united to each other by sutures, but the os transversum is wanting. The Turtles have a supplementary cranial arch formed by such an extension of the several bones that the temporal fossa is completely roofed over, the skull having thus, as it were, a double wall.

In the Crocodiles, the maxillary and palatine bones develope plates in such a way that the posterior nasal openings are thrown far back, as in Mammals; and, indeed, not these bones only, but the pterygoids also.

The Eustachian tubes are singularly complicated, and are brought down to the base of the skull. Air-cavities are formed in the cranium, and are connected with the tympanic cavity, and penetrate the os articulare, reaching the latter by the fibrous tube before noticed, passing to the last-named bone from the os quadratum. It is very surprising to see these air-cavities in the skull of the Crocodile, where they are found even in individuals not yet hatched. They are remarkable anticipations of what we meet with in Birds.

The Ophidian skull has not only the os quadratum very moveable, but even also the squamosal which supports it, and which is united to the skull by ligament only in the adult, though in the embryo it is more in its normal condition. The hyoidean arch nearly aborts altogether, a mere rudiment of it being left in the adult in the shape of a small arch of cartilage in front and on each side of the glottis. In the poisonous snakes, the pterygo-palatine osseous rod is so connected with the small poison-fang bearing maxilla that, by the opening of the mouth, and consequent thrusting forwards of the distal end of the quadrate, the fang becomes erected. This fang, as is well known, is traversed by a canal formed by the bending round of the tooth, and having nothing to do with the pulp-cavity.

Snakes have the different bones of the face so mobile and loosely articulated, that the jaws and gape can be immensely dilated; and the process of swallowing may more accurately be spoken of as the drawing of the swallower over the body of his victim.

In Birds, the premaxilla is enormously produced, while the maxilla is reduced to a slender rudiment, though it does not abort. The latter is continued on to the quadrate by a small quadrato-jugal bone; and in some Birds—notably in the Parrots—this structure, together with a great flexibility of the root of the upper jaw, elevates the latter when the mouth is opened, somewhat as has been mentioned in speaking of poisonous serpents.

As regards Mammals, the Professor called attention to the great size of the Malleus, and the rudimentary state of the Incus in the Echidna—conditions according well with its other Sauropsidan affinities, on the system of interpretation before advocated respecting these small ear bones. The remarkable peculiarities of the Cetacean skull—which seems at first so very abnormal—were then explained by Professor Huxley by means of the black-board, an outline of the human skull, in profile, being first made, and then modified till the essential Cetacean structure was displayed, and the exact relations of its component parts to those of Man demonstrated; the foramen magnum being made to look backwards, the frontal and occipital made to meet (the parietal being driven down on each side), the jaws being enormously produced, and the maxillary bone made to overlie the greater part of the frontal of the same side.

Finally, the leading modifications presented by the proportions of the cerebral cavity, as we pass from the Thylacine to Man, were pointed out—the gradual depression of the occipital region behind, and the ethmoidal region in front, the elevation of the cranial vault, and the increasing proportion borne by the cerebral length to the basicranial axis.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

BEDSIDE ANALYSIS OF URINE.

By Edward Martin, Esq., Weston-super-Mare.

That a rough and ready analysis of the urine at the bedside, more especially with regard to the presence of albumen, is often essential to diagnosis, none will deny; but that any arrangement of apparatus for the purpose remains long in a state pleasant for use, few will assert. The elements difficult of management are two—the nitric acid and the spirit-lamp; both being apt to become productive of mischief when inverted, which they often unavoidably must be in the accidents of carriage.

It has occurred to me that this double difficulty may be overcome, and the urinary test-case preserved in perfect order, by the following alterations.

For the acid, instead of the usual stoppered bottle, I would substitute closed capillary tubes, similar to those in use for vaccine lymph, each containing, say, one minim of pure acid, a dozen or more of which would easily be kept in a half-ounce phial. At the time of use, one of these, snapped across, and placed in the test-tube with the specimen for boiling, would supply the reagent.

For the spirit-lamp, a small wide-mouthed bottle of alcohol, and a bit of sponge fixed to a metal rod, fitting into some part of the case in an upright position, would suffice. The sponge, dipped in the spirit, and lighted, would give quite enough flame for boiling the urine; and the tendency of a lamp with a wick when inverted, to let the spirit run through into the cup, no longer exist.

CASE OF EXCISION OF THE CALCANEUM.

By Alex. Ogston, M.D., Aberdeen.

M. L., aged 13, of a scrofulous habit of body, and subject to various manifestations of this tendency, suffered from an attack of chronic tympanitis, the cause of which was not apparent, during February, March, and April 1867. From this she recovered, but came again under treatment in May 1867, for caries of the calcaneum, said to have already existed for a considerable time. There was a fistulous opening on the outer side of the heel, emitting a small amount of purulent discharge, and leading down to roughened bone, the roughened surface having an apparent breadth of three-fourths of an inch, and being circular and depressed. From the tenderness of the calcaneum on pressure, she could not put the heel to the ground, and consequently used crutches. Ten months later, no improvement appearing under tonic treatment and rest, and the discharge increasing in quantity, operative interference was decided on; and an incision was made across the discharging sinus, and parallel to the outer edge of the sole of the foot, the girl being under chloroform. This wound revealing the existence of a chronic ulcer of the calcaneum, with depressed bottom and hard surface, the incision was continued backwards to the centre of the tendo Achillis, and anteriorly to the middle of the cuboid bone, and was met by a second incision, running downwards from near the cuboid end of the first to more than half way across the sole of the foot in the situation of the instep. The incisions were deepened till the bone was exposed, and the dissection continued along its surfaces, until—the astragalo-calcanean and calcaneo-cuboid articulations being also divided—the calcaneum was entirely removed. No vessel required to be secured, and no tendons were cut, except the tendo Achillis at its insertion into the back part of the calcaneum.

Eight months after the operation (in October 1868), the wounds having entirely healed, she was able to walk with the aid of a high-heeled boot. When shewn to the Aberdeen Medico-Chirurgical Society, in March 1869, the heel was half an inch shorter than on the opposite side, and she was able to walk almost any distance, and with a barely perceptible limp.

PROGRESS OF MEDICAL SCIENCE.

THERAPEUTICS.

Treatment and Pathology of Hooping-Cough.—Professor Oppolzer, in the *Wiener Medizinische Presse*, No. 36, 1869, states that, in the treatment of hooping-cough, he prefers before other narcotics the powdered belladonna-root. This is administered to patients from one to two years of age, in doses of five *milligrammes*, gradually increased to one *centigramme*. The powder is given twice in the day, in the morning and evening. For adults and intelligent children, Oppolzer prescribes a solution of bicarbonate of soda, to be taken in small quantities whenever an attack of coughing is threatened. Emetics are not given until the third stage of hooping-cough, when the respiration is impeded by great accumulation of mucus in the bronchi. In this last stage, astringents, particularly tannin, are administered. The patient should be isolated, and kept in a warm room with a constant temperature. Change of locality frequently brings about a great and permanent amelioration in the frequency and intensity of the paroxysms. Oppolzer holds that hooping-cough is due to the action of a contagium carried in the sputum and exhalations of patients similarly affected. This view is supported by the fact that, among adults, females are more frequently attacked than males; and weakly, strumous, and phthisical children are more disposed to the malady than those who are strong and healthy. In accordance with this view, Oppolzer recommends isolation of patients suffering from hooping-cough.

Internal Administration of Carbolic Acid for Diseases of the Skin.—Dr. Moriz Kohn of Vienna reports favourably of the practice, carried out by himself and Professor Hebra, of administering carbolic acid internally in cases of severe and obstinate cutaneous affections. The only evil effect observed after the administration of large doses of the acid was a slight irritation of the kidneys, indicated by the presence of albumen in the urine; which, however, did not increase in intensity with a continuance of the agent in large doses. The action of carbolic acid upon the skin was marked first by a cessation of hyperæmia, and afterwards by an alleviation of itching. Twenty-seven cases of psoriasis were thus treated successfully; the congestion was first removed, and then the scales of epidermis. The other cutaneous affections for which carbolic acid was given internally with good results were, idiopathic pityriasis rubra, prurigo, and pruritus cutaneus. The itching sensations in the last mentioned disease were quickly removed. When administered in twenty-four cases of syphilide, it entirely failed. The acid was generally administered in the form of pills, each containing one grain, with powdered liquorice. From six to nine of these pills were administered daily at first, the number being afterwards increased gradually to twenty or more. The remedy was rarely administered in solution, in consequence of its bad taste.—*Wochenblatt der k. k. Gesellschaft der Aerzte*, No. 8, 1869.

CHEMISTRY.

Estimation of Urea.—Several errors are introduced in the estimation of urea when the nitrate of mercury used is prepared by acting upon the metal with nitric acid; the acidity of the titrated solution is variable, and the whole of the compound is not in the condition of mercuric nitrate. M. Byasson makes use of the following modification of Liebig's method. Exactly thirty-six *grammes* of red oxide of mercury are weighed, and dissolved in fifty *grammes* of ordinary nitric acid, diluted with half its weight of water; the solution is gently evaporated until acid vapours appear, and made up with distilled water to the volume of one *litre*, at about 15 deg. C. If the dilution with water should cause a slight turbidity, a few drops of acid will render the solution clear. In this way a solution is obtained in which all the mercury is present as mercuric nitrate, and as little acid as possible. A test solution of urea is prepared by dissolving twenty *grammes* of crystallised urea in one litre of distilled water; one c.c. of the mercurial solution already made should correspond to .005 *gramme* of urea. During the process, M. Byassson makes use of a solution of twenty-five *grammes* of potash in one *litre*, from time to time, to partly neutralise the acid set free: the urea solution must never be rendered alkaline. The potash solution indicates the completion of the reaction, by forming a yellow precipitate on the surface. M. Byasson's results with this process agree remarkably well.—*Chemical News.*

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, MAY 8TH, 1869.

REPORT OF THE EDINBURGH COMMITTEE ON THE ACTION OF MERCURY AS A CHOLAGOGUE.

A BELIEF in the cholagogue action of mercury on the liver is almost universal among medical men and among the public at large. In every work on Materia Medica, it is assumed as a settled fact that mercury increases the biliary secretion; and every lecturer on therapeutics inculcates it as a well-established truth. For centuries, the treatment of diseases of the liver, especially in our Indian possessions, has had for its chief feature the various methods of administering mercury. Even at the present day, although the abuse of this drug has been decried, its employment is still thought necessary in some form or other of hepatic disease. We shall not enter upon the discussion of its merits or demerits—the wonderful cures which it has effected, according to some; or the injured health and shattered constitutions which it has produced, according to others.

There can be no doubt that the answer to the question, whether mercury did or did not increase the biliary secretion, had become one of paramount importance; but the inquiry involved labour and difficulties which few were prepared to encounter. We are proud to say that a Committee of members of the British Medical Association at length undertook the task; and their Report, which we this day publish, has definitely determined that mercury, in whatever manner, dose, or form it may be administered, has not the slightest influence in increasing the flow of bile from the liver.

"If," says the Reporter, "the refutation of a wide-spread error be as important as the establishment of a new truth, the practical advantage of demonstrating that mercury is not a cholagogue cannot be too highly estimated." We agree with the remark, however, made by Mr. Flower, as President of the Physiological Section of the British Association last year at Norwich, where the Report was read; viz., that this is understating the value of the result. The refutation of a wide-spread error of this kind is much more important than the establishment of a new truth, inasmuch as the injury inflicted by the universal assumption of a false rule of medical practice produces injury which it is impossible to estimate. Whatever opinion, therefore, be held as to the value of mercurials in hepatic diseases, no one can doubt that, looking at their powerful effects on the human frame for good or for evil, the conclusions involved in the Report, if correct, constitute an immense gain for medical knowledge.

The steps of the inquiry, and the results brought out, are shortly as follows.

1. The amount of bile in the fæcal evacuations bears no relation to the quantity secreted by the liver. Purgatives certainly increase the amount of unchanged bile in the stools; but this is because they augment the rapidity of its passage through the intestinal canal, and thereby prevent its absorption and decomposition. The idea that inspection of the fæces can inform us how much bile is formed, is, therefore, erroneous. The only method of determining this point is by making fistulous openings into the gall-bladders of animals, tying the common ducts, and measuring the quantity produced.

2. The history of what was previously known as to the amount of bile secreted in dogs, without and with mercury, was undertaken by Dr. James Rogers, a gentleman who had long practised medicine at St. Petersburgh. He has an intimate knowledge of continental languages, and has made therapeutics a special study. He shows that, since the days of Haller, there is no well-observed fact which indicates that mercury acts as a cholagogue.

3. All the operations were performed by Dr. W. Rutherford, who gives a minute account of the best mode of producing biliary fistulæ, and the manner of collecting the bile. It was not without many failures and repeated disappointments that the experience was acquired which at length enabled the Committee to arrive at greater success in a larger number of cases than has characterised any previous investigation of a similar character.

4. A special investigation was next undertaken and carried through by Dr. Rutherford, to ascertain whether the dog was capable of being influenced by mercury in the same way that man is. It would have been obviously useless to have entered upon so laborious an inquiry with this animal, unless that point had been satisfactorily ascertained. It is conclusively shown that the dog is affected by mercury exactly in the same way as man; that he presents the same symptoms when affected by the drug; and that, when poisoned by it, the same *post mortem* appearances are produced. A complete refutation is subsequently given to the opinions of those who imagine that observations on dogs can tell us nothing of the influence of mercurial preparations on the human subject.

5. Thus instructed, the Committee succeeded in making the most accurate observations as to the amount of bile secreted before and after the administration of mercury to dogs, employing all kinds of preparations of that drug, various doses, large and small, and introducing it internally and externally.* Permanent biliary fistulæ were established in nine dogs, and the amount of bile secreted, before and after mercury was given, carefully noted daily. During the two years over which the investigation extended, not only were the quantities of bile collected compared with the weight of the animal and the amount and nature of its food, but they were in every case analysed, and the proportion of liquid, solid, and inorganic matters ascertained. The whole series of observations present us with the most valuable collection of facts now on record with regard to the functions of the liver. In addition to demonstrating that mercury is not a cholagogue, the Report points out the influence of purgation on the biliary secretion, its

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* The Committee have drawn up a numerous series of tables, which, on account of the expense of printing them, we do not reproduce. We have, however, incorporated their main facts with the text, denoting the additions by brackets. They will be found in the *Transactions* of the British Association for the Advancement of Science, and also in the Report published as a separate pamphlet. They show the large amount and great accuracy of the work accomplished, and may easily be referred to by special workers in this field.

relation to consumption of food, to the weight and to the health of the animal, and in what way it is influenced by muscular movements.

6. With a view of exhausting all that had been alleged concerning the influence of drugs on the liver, the Committee investigated, in the same careful way, the action of podophylline and taraxacum; and clearly show that these drugs have not, any more than mercury, the slightest influence as cholagogues.

A well-merited tribute is paid by Dr. Hughes Bennett, the Reporter, to the zeal, endurance, and courage of Drs. Rutherford and Gamgee, on whom the labour of performing the experiments and drawing up the tables devolved. Doubtless, the occasional advice and criticisms of Dr. Christison, Dr. Maclagan, and Dr. Fraser were also advantageous. To Dr. Hughes Bennett, however, are we indebted for the original conception and constant surveillance which led to the completion of the work. We are informed that, without his energy, determination, and influence, this laborious inquiry would scarcely have been carried to a successful termination, such were the disappointments, disgust at the kind of work, and frequent failures, and so great was the opposition on the part of some members of the University to the performance of the experiments. The compiling and writing the Report was in itself a great labour.

The thanks of the profession are due to Dr. Bennett and his coadjutors for their labours. The demonstration which they have effected, of the fallacy of the commonly received idea as to the action of mercury on the liver, is likely to be a benefit of no less importance than the abolition of universal blood-letting in acute inflammations—especially in pneumonia.

DR. BEALE ON PROTOPLASM.

At a recent meeting of the Royal Microscopical Society, Dr. Beale read a paper on the Nature of Protoplasm, chiefly in reply to the views lately put forward by Professor Huxley.

Dr. Beale began by discussing the history of the word, and showed that, while originally it had one meaning, it had in time included the whole of a cell; it had in turn been applied to the cell-contents, primordial utricle, endoplast, periplast, and finally the whole together. Thus, under one head, things totally distinct had been confounded; animate and inanimate matter were spoken of as alike when, in truth, they were totally distinct. The author divided all tissues into three parts, and showed that they were all formed from pabulum, germinal matter, and formed material; the latter could not be made by any aggregation of molecules, but must first be produced by the aid of the germinal matter.

There were in the same body living and dead tissues; germinal matter alone had the property to which we give the name of life, and it differed in every respect from the material which he called formed material, and in which changes occur to which we give the name of physical or chemical. Whatever views might be entertained with regard to the nature of vital force, or whether any other name might be advisable, the author showed that there were changes going on in one part of a cell so distinct from changes in another part of the same cell, that they could not be explained by physical or by chemical laws.

The body, then, is not protoplasm, but partly protoplasm and partly formed material. In fact, the greater part of our organism is really dead, according to Dr. Beale; for, since the nuclei or germinal matter of our tissues bears but a small proportion to the rest, and since it is clear that only living changes can take place in the former, the remainder of our bodies is dead; or, to use more strictly Dr. Beale's language, the formed material is not the seat of vital changes, but only the subject of physical and chemical laws. An epithelial cell near the surface of the skin is in a very different state from one much below it, since in the former life has ceased, in the latter it is still present.

Dr. Beale did not believe that lobster protoplasm ever became human protoplasm; because, when eaten, the lobster was dead, and the living germinal matter of man assimilated portions of lobster and framed it into formed material; and so, while it helped to build up a man, it never was a portion of his protoplasm.

The chief points raised seemed to be these. Dr. Beale believes that vital force is perfectly distinct from physical and chemical forces; that in each cell may be recognised two parts—the one, the seat of active, living changes, which part he would call protoplasm; the other, the seat of physical and chemical changes. The transition between the two, Dr. Beale holds, is marked and sudden; there is no shading of one into the other, and no correlation between them. Mr. Huxley, on the other hand, seems to give the name of protoplasm to the whole, and not merely to a portion of a cell. He does not recognise those divisions of matter into living and dead, on which Dr. Beale lays much stress, and he thinks that eventually it will be found that all the changes taking place in the organism may be explained by physical and chemical laws.

The meeting was largely attended, and some discussion followed. Most, however, seemed to concur in Dr. Beale's views, and recognised a distinct difference between living and dead matter.

Professor Humphry, M.D., F.R.S., has been elected to an Honorary Fellowship at Downing College, Cambridge.

Dr. Payne has been appointed Assistant-Physician to the Hospital for Children, and Dr. Green to the Charing Cross Hospital.

We understand that Mr. Corfield, late Radcliffe Travelling Fellow of the University of Oxford, has been elected to the newly founded Professorship of Hygiene at University College.

Her Majesty will make her usual visit of about three weeks this May to Scotland. Dr. Hoffmeister, of Cowes, will be in attendance. Sir William Jenner remaining in London to attend to his professional duties.

Professor Oppolzer, of Vienna, has received the cross of knighthood of the order of Leopold. The rank of Aulic counsellor has been conferred on Professors Brücke and Skoda, of Vienna; and that of counsellor of state on Professors Jaksch and Halla, of Prague.

Dr. Odling was entertained at dinner last week by a considerable number of the most eminent British chemists, and received a goblet suitably inscribed, in recognition of his services as Secretary of the Chemical Society. This accomplished chemist, who stands in the foremost rank of European science, is one of those who have been led to study chemistry by following the course of medical study. He is a medical graduate of the University of London.

A meeting of the Parliamentary Committee of the British Medical Association will be held at 37, Soho Square, on Friday, May 14th, at 4 o'clock precisely. The business will include the consideration of the following Bills: Hospital Exemption Bill; County Coroners Bill; Contagious Diseases Act (1866) Amendment Bill; Metropolitan Poor Act (1867) Amendment Bill; Medical Officers' Superannuation (Ireland) Bill; Draft Medical Act Amendment Bill; and other business.

TRICHINOSIS.

It is stated in the *Gazette Médicale de Lyon*, that trichinosis has made its appearance in Switzerland, in the Canton of Tessin, at Parrechia. Five persons are dead, and others have suffered. The trichina worm has been found by M. Zangger in the pork sold, and in the muscles of the victims.

HOSPITAL ABUSES.

Mr. Holmes Coote has discussed the subject of the abuse of hospitals in a very sensible letter in the *Times* this week, and Dr. Brooke Lambert follows it by an equally judicious comment. We shall return to the subject next week.

THE RIGOURS OF AN ENGLISH SPRING.

Among the patients in the new children's ward of University College Hospital are at this moment two under the care of Dr. Harley and Mr. Berkeley Hill, whose cases strongly exemplify the more than usual "severity of spring" this year. The one is suffering from frost-bite, producing mortification of the finger; the other, from sun-stroke while playing in the sun on one of the hot days of last week.

THE NEW CHAIR OF DERMATOLOGY.

The College of Surgeons of England having accepted from Mr. Erasmus Wilson, F.R.S., the munificent sum of £5,000, together with a fine collection of drawings and models, for the endowment of a Professorship of Diseases of the Skin, the Committee appointed by the Council will on Thursday next present a scheme, which has been agreed upon in concert with Mr. Wilson, for the chair to be thus founded. It is believed that the first series of lectures in connexion with this chair will probably be delivered by its founder.

THE NEW ST. THOMAS'S HOSPITAL.

It is just twelve months since Her Majesty laid the foundation-stone of the new St. Thomas's Hospital, and already the extensive frontage has assumed proportions which give some idea of the future magnitude and magnificence of the building. The long continued fine weather of last winter gave the contractor unusual opportunities of pushing forward the work, and now the eight blocks are already raised to a considerable height. The masonry work of the second floor is in an advanced state. The long corridor, which extends the entire length of the building, is mostly roofed in, and will doubtless form a marked architectural feature; and the medical school has made fair progress. The New Palace Road is being completed, and will afford a broad open approach to the hospital. There are about seven hundred men employed on the works, and the whole scene is one of great activity.

REMUNERATION OF MEDICAL SERVICES.

The Board of the Margate Infirmary have arranged that the applicants for admission shall in future be examined always at one place, St. Bartholomew's Hospital being selected as a central and convenient position. The duty of examination will devolve upon two of the medical staff attached for the purpose each year; and we are glad to learn that, following the impulse of a movement which may, we hope, be now designated as in accord with the impulse of public opinion, and which has always been warmly advocated in these columns, the medical examiners will be remunerated to some extent by an honorarium of a guinea for each attendance. The medical examiners for this year are Dr. Pitman, St. George's Hospital, and Mr. H. Spencer Smith, St. Mary's Hospital.

EXTENSIVE BREAD-POISONING AT WURZBURG.

Dr. Seisser relates (*Ærtzl. Intelligenz-Blatt*, 1869, No. 6) a case of poisoning of bread, affecting nearly four hundred persons, at Würzburg. The quantity introduced was about half a Bavarian pound of "English arsenic", which had only been introduced in commerce for five or six years, and is sold in a state of very fine granulation. This arsenic had been added to a very large quantity of flour for chemical purposes. The conditions of solubility of arsenicals are known; but it must be remembered that this solubility is greatly influenced by fatty substances. As the rolls were for the most part eaten with milk, coffee, and fatty substances, most of those who ate them were quickly seized with sickness, and so escaped any of the more serious consequences of the slower action of the poison. None of the cases were fatal. In some of the slighter cases, however, severe hepatic eruptions and chronic vomiting followed. In the most severe class of cases, there were all the ordinary colics, sickness, fainting; with subsequent tremblings and spasms of the extremities; hoarseness; tormenting thirst; and, for a long period afterwards, affection of the tactile sensation and weakness of sight.

SOW'S MILK.

Professor Cameron of Dublin has recently analysed the milk of the sow, and obtained some curious results. In 100 parts of cow's milk, there are about 12 parts of solid matter; in 100 parts of sow's milk, Dr. Cameron found 18.20 per cent. of solid matter. The following is the analysis:—

Water	81.80
Fats	6.00
Casein and other nitrogenous matters	5.30
Lactin	6.07
Ash	0.83
	100.00

Specific gravity, 1,041.

MEDICAL BENEVOLENT FUND.

At a special general meeting of the subscribers, held at Mr. Churchill's, on Tuesday, April 27th—Mr. Jonson in the Chair—the laws, as recently amended, were adopted, and ordered to be printed with the Report for 1868, which is about to be issued. Edgar Barker, Esq., sen., was elected a Vice-President. At the Committee meeting held immediately afterwards, Dr. Broadbent, the late Honorary Secretary, was unanimously elected an honorary life-member, in recognition of the great services he has rendered to the Fund during the past four years. Twelve cases of distress were presented, and the sum of £95 was granted for their relief.

ACCIDENTAL DEATH.

The *Birmingham Daily Post* gives an account of an inquest on a man named Hague, whose death resulted from injuries sustained by him in a street row. Dr. J. Maclachlan deposed that death resulted from an extensive fracture at the base of the skull, with effusion of blood. It further appeared that the man had been kicked violently, and had fallen severely. Dr. Maclachlan stated that it would have been possible for the man to have got up after he received the fracture; and, as some one else deposed that he lay motionless and died after his last fall, no one kicking him any more, the coroner and the jury seemed perfectly satisfied, called no more witnesses, and returned a verdict of "Accidental Death". We profess ourselves totally unable to appreciate the value of such an inquiry, or the validity of such a result; and hope that the matter will be further sifted before the police magistrate. What are the data which can justify the positive statement that, after the fracture of the base, the man could "rise no more"? Have not patients with fatal fractures of the kind been known even to walk to hospital? There was no question that he was brutally assaulted. It was sworn that he was kicked *behind the left ear* when on the ground; and that he was struck to the ground. What sort of an accidental death is this?

PROPAGATION OF TUBERCLE.

M. Villemin, the author of the first researches on this subject, communicated to the Academy of Medicine, on April 13th, a memoir, in which he gives the results of various series of experiments by the inoculation, either by means of hypodermic injection, or of an impregnated thread—1, of the liquid matters expectorated by phthisical persons; 2, of the dried materials of their sputum; 3, of their sweat. Except in the last case, in which the experiments are not numerous, he has in most instances developed phthisis in the rabbits on which he has operated. He concludes: 1. That tubercle and the sputa of phthisical patients have the behaviour of virulent substances; they reproduce tuberculosis by inoculation, and by absorption by the digestive respiratory tubes: the sputa dried, and not recent, do not have that property; 2. That phthisis must be transmissible; and its propagation must be expected to take place by the products emanating from diseased persons.

A TRAINING INSTITUTION AT TOTTENHAM.

An important and promising effort is being made at Tottenham to organise an "Evangelical Protestant Deaconesses' Institute and Training Hospital". Mr. John Morley has given the funds for building the hospital, which will at present accommodate fifty, but will in future, it is expected, receive a hundred. The nursing community is modelled after the well-known establishment at Kaiserwerth, where there are now more than five hundred deaconesses. It is hoped presently to have a hundred and fifty deaconesses at Tottenham; at present, there are less than half that number. The ceremony of inauguration of the new building took place on Saturday.

A RURAL HOSPITAL.

The first report of the Malvern Rural Hospital, which was opened on the 14th September, gives an interesting account of the exertions and difficulties incidental to the establishment of such an institution. We notice that "all duly qualified surgeons practising in the district, and subscribers to the hospital, have been invited to act as honorary surgeons." This extension of the professional staff has great advantages. But why cannot they subscribe as well as give their services? The system of payments of a small weekly sum is adopted. We warn rural practitioners that, unless a very strict watch be kept over the class of patients admitted, they will find that the cheapness and efficiency of the arrangements thus provided by the charitable, and towards which they give their gratuitous services, will be made the means of largely depriving them of fees and remuneration, which would otherwise have been paid ungrudgingly, and of spreading to all the villages and districts of the county the evils of gratuitous medical service, and its abuse by persons who should pay for it.

SURGERY OF THE EYE AND EAR.

A proposed new hospital for diseases of the eye and ear is being organised in New York, for which a fund of 100,000 dollars is being raised as a beginning. Drs. Agnew, Loring, and St. John Rooa are among the medical staff mentioned by anticipation. A new journal, the *Archives of Ophthalmology and Otology*, to be edited and published simultaneously in English and German, is announced by Messrs. Wood of New York and Müller of Carlsruhe. The editors are Professor Knapp, now of New York, and Professor Mooser, Heidelberg. It will be published simultaneously. The analogies of the subjects of ophthalmology and otology, both in their limits, their advance, their affininities, and their attraction for workers, are relied upon as implying the certain extension of the union of these two specialities, already frequently and closely allied.

Cancer and Tubercle.—The connexion between cancer and tubercle has been maintained by various authors. M. Brudel de Vierzon endeavours to establish that disposition to cancer in the parents breeds tubercle in the descendants. Of more than a hundred cancerous families, he says, seventy-five have produced a tuberculous line of descendants. He is satisfied that an enormous proportion of consumptives "have for ancestors persons who were cancerous or *destined to become so*"—rather a delicate piece of speculative pathology.

Lithothlibie.—Under this title, M. J. J. Denamiel recommends, in a treatise published by Delahaye, a mode of crushing stone without surgical instruments. There are, he says, many very friable stones; alkaline waters tend to produce the disintegration of these. The base of the bladder on which stones rest is accessible to the fingers introduced into the rectum. Introduce, then, the fingers into the rectum or the vagina, seize the stone between the fingers bent hook-wise, and crush it against the pubes or against a sound previously introduced. The fingers are in this case the lithotrite; and the notion of deliberately introducing the walls of the bladder between the crushing power and the stone is one which it is difficult to understand any surgeon gravely adopting.

SCOTLAND.

Dr. Andrew Inglis, Lecturer on Midwifery at Minto House, Edinburgh, has been appointed Professor of Midwifery and Diseases of Women and Children in the University of Aberdeen.

CONVERSAZIONE OF THE COLLEGE OF PHYSICIANS, EDINBURGH.

On Friday week last a *conversazione* was held in the hall of the College, when Dr. James Hutchison Stirling delivered, before a distinguished company, an able lecture on Mr. Huxley's Inferences from Protoplasm. The lecturer opposed the opinions advanced by Mr. Huxley as untenable.

THE NUMBER OF STUDENTS OF MEDICINE IN SCOTLAND.

In an interesting analysis of the attendance at the Scottish Universities in the *Scotsman* of April 30th, it is stated that the number of medical students attending the Universities during the session 1868-69, was in Aberdeen 166, in Glasgow 302, and in Edinburgh 442. This of course does not include those attending the various extramural classes in Edinburgh and Glasgow.

OPENING OF THE BRECHIN INFIRMARY.

The Brechin Infirmary was opened by Lord Dalhousie on Saturday, in presence of a large assemblage of ladies and gentlemen. The building contains four wards, and will afford accommodation for twenty patients. The total cost, including furnishings, the expense of laying out the ground, and two years' feu duty, does not exceed £1,900.

DIRECT REPRESENTATION OF THE PROFESSION IN THE GENERAL MEDICAL COUNCIL.

At a meeting of the Garioch and Northern Medical Association, held in Inverurie, Aberdeenshire, on Saturday last—Dr. Struthers in the Chair—the subject of the direct representation of the profession in the General Medical Council was introduced by Dr. Mackie of Insch. After some conversation, the meeting unanimously resolved to forward a memorial to the Council in support of a claim to representation, and appointed Professor Struthers, Drs. Mackie and Fiddes, a Committee for that purpose.

THE NEW UNIVERSITY BUILDINGS, GLASGOW.

At the meeting of General Council of the University of Glasgow, held on the 29th of April, it was reported that the subscriptions towards the erection of the new University buildings had made considerable progress during the last six months, the amount received in that time being £5,951, making the total subscriptions at present £118,461. That sum had been subscribed by 711 contributors. It was hoped that as the amount was now within £2,000 of the sum which was lately stated as necessary in private subscriptions to entitle the College to the whole of the Government grant, the friends of the University would exert themselves as much as possible to obtain the additional necessary subscriptions.

UNIVERSITY OF EDINBURGH.

We gave last week a brief note of the names of those on whom the honorary degree of LL.D. was conferred at the installation of the Chancellor of the University. It has been noticed by more than one of our correspondents, that this list is almost as remarkable by certain obvious omissions as by the names that graced it. Surely this was a fitting occasion to recognise the European reputation of some Edinburgh graduates of our profession, from whom the University would derive reflected honour by conferring such a distinction. Such names as those of Sir Henry Holland, Sir Chas. Locock, Sir Jas. Clark, Dr. C. J. B. Williams, etc., might well recal the glories of the medical faculty of the University, and would be appropriately included in the roll of those on whom it has conferred its honorary titles.

THE NEW INFIRMARY BUILDINGS, EDINBURGH.

It is now seven weeks since it was decided, by a general meeting of contributors to the Royal Infirmary, to adopt the Watson's Hospital site for the new Edinburgh Hospital. Since that time, however, the managers appear to have remained in a state of collapse, and, if report be correct, have done literally nothing towards carrying out the plan adopted by the contributors. Every one who took the least interest in the matter came to the conclusion that there was urgent necessity for better hospital accommodation. One would have thought, therefore, and especially after the public feeling in favour of Watson's Hospital site, that the managers would have taken immediate steps towards carrying out the undertaking, and pushing the subscriptions in every way while the public interest in the matter was yet warm; but, so far from such being the case, they have sunk into a state of inactivity, in which they appear likely to remain. Meanwhile, the inhabitants will become lukewarm, and the subscriptions will gradually and certainly cease ere the required sum be collected. Cannot one or other of the members of the staff again move in the matter, and stir up the managers to something like activity?

IRELAND.

SLIGO COUNTY INFIRMARY AND WORKHOUSE.

The vacancies in the medical staff of these Institutions, caused by the death of the late Dr. Homan, have been filled up by the appointment of Dr. Robert R. Lynne, as physician to the Infirmary, and of Dr. Edward Powell as medical officer to the Workhouse.

ROYAL COLLEGE OF SURGEONS: ELECTION OF EXAMINERS.

At a Meeting of the Council of the College of Surgeons, on Tuesday May the 4th, the following gentlemen were elected Examiners for the ensuing year. *Examiners for Letters Testimonial*—Mr. Fleming, Mr. Stokes, Mr. Richardson, Mr. Stapleton, Mr. Tufnell, Mr. O'Grady, and Dr. Barker. *Examiners for the Licenee in Midwifery*—Drs. Cronan Quinan and Kirkpatrick. *Examiners in Arts*—Isaac Ashe, M.B., T. Byrne, M.D., and Anthony Traill, M.D., F.T.C.D.

A NEW REMEDY.

Professor Cameron of Dublin has recently introduced a new therapeutic agent, chiefly intended as a substitute for the unstable iodide of iron. He terms it ferric iodate. Its formula is $Fe^2 O^3, 2 I^2 O^5, 8 H^2 O$. It contains fifty-one per cent. of iodine and eleven per cent. of iron. It also contains a large proportion of "condensed" oxygen. It is stable, tasteless, and nearly odourless. For the last six weeks it has been largely prescribed by many of the leading physicians of Dublin, all of whom speak favourably of it. The dose is from two to five grains, and it is given in the form of pill or powder. It is used whenever combined iodine is indicated.

POOR-LAW REFORM: SUPERANNUATION OF MEDICAL OFFICERS.

The deputation from the Poor-law Guardians of Ireland, which was recently received by His Excellency the Lord Lieutenant, urged, among other matters requiring the attention of the Executive, the adoption of a scheme for providing for the superannuation of medical officers when unable, from old age, or mental or bodily infirmity, to discharge their duties. The recognition of the claims of dispensary medical men, though tardily given, is most encouraging to those who have for many years urged its adoption.

IRISH MEDICAL ASSOCIATION.

A Meeting of Council was held on April 29th; Dr. Darby, Chairman. The Secretary read letters which he had received from the Rev. Mr. Mackesy, and from Dr. Jameson, acknowledging the receipt of the resolutions of condolence passed at the last meeting of the Council. Several communications were received and laid before the Council: they referred chiefly to the Superannuation Bill. The Secretary read a letter from Dr. Armstrong, Secretary of the Cork Protective Society, calling the attention of the Council to the "Common Law Procedure Bill" now before Parliament. The Secretary received directions to explain the steps which the Council had taken in the matter, and to request the assistance of the Cork Protective Committee to promote the Amendment of the Bill. Dr. Mapother drew the attention of the Council to two measures now before Parliament which required vigilance; viz., the Sanitary Commission and the Amended Coroners' Bill. Both were as yet confined to England, but Dr. Mapother suggeets it might be well to consider whether the operations of either or both of them might not, with advantage, be extended to Ireland. A Committee was appointed to carry out Dr. Mapother's suggestions. Preparations for the Annual Meeting were then commenced: and the Council adjourned till the 6th of May.

SURGICAL SOCIETY OF IRELAND.

The last Meeting of this Society for the Session 1868-69, was held in the Albert Hall, Royal College of Surgeons, on Friday evening, the 30th of April. Important communications having been made to the Society by Dr. Hewitt, Mr. Morgan, and Dr. J. H. Benson, the President, Mr. G. H. Porter, President of the College of Surgeons, delivered the closing address to the Society. He reviewed the work done by the Society during the past Session, which he regarded as capable of favourable comparison with that of any other like Society, and he congratulated the Society on the number and value of the papers read at its meetings. He then, in most feeling and eloquent terms, alluded to the loss sustained by the Society through the lamented death of the late Dr. Maurice H. Collis, who had long and unceasingly laboured to promote the usefulness of the Society. He eulogised the private character of him whom he had rejoiced to call his friend, and concluded a most admirable address by thanking the members for the kindness they had displayed towards him during the Session.

COOMBE LYING-IN HOSPITAL, DUBLIN.

The Guardians and Directors of this Institution, having recently purchased a plot of ground which adjoins and communicates with the hospital premises, and which presents a frontage of forty-two feet to Brabazon Street, met on Tuesday week in the Board Room of the Institution, for the consideration of tenders for the erection of additional buildings thereon. Sir Arthur E. Guinness, Bart. attended, and generously intimated his intention of carrying out the promise made by his late lamented father, Sir Benjamin Lee Guinness, D.L., M.P., and which had lapsed by his death; namely, to contribute the sum of five hundred pounds towards the erection of this building when proceeded with. The plans, which have been prepared by the architect of the Institution, Duncan C. Ferguson, Esq., provide for a building of four stories. On the first of these is to be placed ample accommodation for the general dispensary, consisting of large waiting room, and Apothecaries' shop in the front towards Brabazon Street, and the physicians' room in the rear of, but communicating directly with, each of these two other apartments. On the next floor there will be a large ward extending over both the dispensary, waiting-room, and the apothecaries' shop, and a smaller one over the physicians' room; these two wards are intended for the reception and treatment of cases of chronic female diseases. On the third floor, the ward over the large chronic ward is to be appropriated for cases of the diseases of children; and the apartment over the smaller chronic ward is to be the operating theatre. The fourth floor is to be appropriated for the exclusive reception of contagious diseases, the larger ward for patients removed from the lying-in wards of the hospital who are thereby separated from the more healthy patients, and the smaller ward for cases of infectious diseases in children. Each of the three lower stories will have a height of 14 feet; the top floor will, in addition to that height of walls, have, by means of an open roof, an additional height of several feet. A bath room and water closet is to be attached to each story, and an unfailing supply of water is furnished throughout every part of the building, warm water being provided from boilers attached to the several fire places. The ventilation is to be effected by the admission of fresh air in proximity with the respective floors, whilst the foul air is removed by air-funnels in the ceilings which pass from front to rear of the building; in each of the contagious disease wards, a range of louvres is to be constructed in the roof. The entrance to the dispensary will be from Brabazon Street, while the upper portion of the building can be approached only from the yard in the rear, which opens into that of the hospital; in this way, the dispensary patients will be excluded from access to the other departments of the Institution. There are to be two staircases, one leading to the chronic wards, the children's wards, and the operating theatre; the other at the opposite side of the building, exclusively to the contagious disease wards, which are thereby perfectly isolated. The dispensary, physicians' room, and the small wards over it, lie directly between these two staircases. The operating theatre will have a patent lift from the wards below for the diseases of females, and this will be furnished with a mattress fitted to a suitable operating table on casters, whereon patients can be conveyed from and to their respective wards without fatigue or hazard. The Guardians and Directors have determined, in order to manifest their sense of Sir Arthur Guinness's liberality, to designate this building the Guinness Dispensary in connection with the Coombe Lying-in Hospital. It is to be completed for the reception of patients within the next ten months. It is expected that the Guardians and Directors will in a few weeks be enabled to proceed with the erection of the Guinness wing of the Hospital, towards the expense of which the late Sir Benjamin Lee Guinness contributed the munificent sum of two thousand pounds shortly before his death, the law proceedings in connection with the title of the ground on which it is to be erected being now nearly completed.

TRINITY COLLEGE: SIR. P. DUN'S HOSPITAL.

THE origin of the Rule requiring the attendance of all candidates for the Degrees in Medicine, granted by the University, is not generally known. It seems that, when that rule was first promulgated, many of the Dublin hospitals were destitute of the means of affording to the student the opportunity of mastering the details of the various forms of fever. It was felt that it would be most undesirable to grant a Degree in Medicine to one who had never had the advantage of studying one of the most prevalent and fatal forms of disease. Sir P. Dun's Hospital was instituted in the year 1800, by the Irish Parliament, to meet this want; but from 1800 to 1809 the students of the University received clinical instruction in the wards of Steevens's Hospital. Sir P. Dun's Hospital was opened in the year 1809, and until recently its wards were almost exclusively devoted to the reception of purely medical cases, and more especially of fevers. The Professors in the School of Physic, and the University Professors, formed the Staff of the Hospital; and it was not deemed irregular for those gentlemen to hold office as clinical teachers in other hospitals. Of late years, the general hospitals have, as a rule, made the arrangements that were needed to enable them to teach medicine in all its branches, and thus the objection to the reception of their certificates has been removed. Not long since it was thought advisable to alter the character of Sir P. Dun's Hospital, and, from being solely medical, it was changed into a general hospital. The old monopolising restriction respecting the attendance of students was retained. This was manifestly unjust to the other clinical teachers in Dublin, while it was the reverse of complimentary to the medical staff of Sir P. Dun's Hospital. The Board of Trinity College and the Governors of Sir P. Dun's Hospital do not feel the result of that healthy competition which "free trade" implies, and they have announced that it is their intention to remove the restriction as soon as they have "completed their arrangements for securing the undivided attention of the entire medical staff." That these arrangements were instituted more than a year ago by the Board of Trinity College and the College of Physicians, clearly appears from the following resolution.

"*Board Meeting*, 1*st February*, 1868.—Resolved, that in future no University Professor in the School of Physic shall be allowed to hold an appointment as Medical Officer to any Clinical Hospital, other than that of Sir Patrick Dun.—N.B. This rule not to affect existing interests."

"*Meeting of King and Queen's College of Physicians*, 21*st February*, 1868.—Resolved, that in future no King's Professor in the School of Physic shall be allowed to hold an appointment as Medical Officer to any Clinical Hospital, other than that of Sir Patrick Dun.—N.B. This rule not to affect existing arrangements."

Shortly after the passing of these resolutions, Dr. Banks, King's Professor of Practice of Medicine, who was also Visiting Physician to the House of Industry Hospital, resigned his Professorship; and his successor, Dr. Moore, in accordance with the above resolutions, was compelled to resign Mercer's Hospital on his election to the vacant Chair of Medicine. The same principle was adopted when Mr. Butcher was appointed Lecturer in Operative Surgery. The Board of Trinity College, and the Fellows of the College of Physicians, are thus bound by their acts to pursue the same course in future. The Professors of Surgery and Anatomy retain their appointments on the ground, we believe, that they had been elected on that understanding; and we can in a great measure sympathise with their determination to preserve their vested interests. When, however, it is kept in mind that the value of the appointments held by the Professor of Anatomy in the University is upwards of £1,300, in addition to the £700 received by the University Lecturer on Anatomy, and that this £2,000 was almost all derived from the fees of pupils attending Trinity College Medical School and Sir P. Dun's Hospital, we cannot but think that it would be most politic to leave no stone unturned which could secure the continuance of such a flourishing class. It is with this view that the Board desire to secure the undivided attention of their staff in future.

WATER-ANALYSIS FOR SANITARY PURPOSES.

I.

THE poisoning or pollution of water intended for human use has always been regarded, even among barbarians, as an offence so serious as to call for the infliction of the most severe punishment on its perpetrators; and it is a strange anomaly that by the adoption of a partial and one-sided measure for the purification of dwellings, one of the results of modern civilisation has been to render the vilest form of this offence an habitual practice in this country. This offence, it is true, is for the most part committed in ignorance. However, the perceptions of many of those cognisant of the fact have become so blunted by custom, that they fail to appreciate its enormity, and in some instances they even attempt to justify the practice as being both natural and unobjectionable.

The chief argument advanced in support of this extraordinary opinion is based on the fact that the water of rivers is subject to a process of purification by which foul or decaying materials mixed with it undergo decomposition, and are gradually converted into products that are eventually in all respects harmless and inoffensive. To the constant exercise of the influences by which this effect is produced, we are undoubtedly indebted for the purity and wholesome condition of rivers situated in the open country. For though rivers, as the natural drains of the districts they flow through, constantly receive accessions of various impurities, washed from the surface by rain, their water is rapidly rendered pure during its onward flow. Upon this ground it is contended that rivers are the natural outlets for sewage and other waste drainage, and that even under such circumstances the self-purifying power of the flowing water is sufficient to render them fit sources of water-supply for towns. But experience has shown that the self-purifying power of flowing water is limited, and consequently when the sewage of a densely populated district or town is discharged into a river, that power becomes inadequate to prevent the accumulation of filth and its putrefactive decomposition, so that the water is at length loaded with impurity to such an extent that the river soon becomes a positive nuisance, and perhaps also the exciting cause of disease in its neighbourhood. For the last twenty years, the reports of various commissions appointed to inquire into the subjects of water-supply, disposal of sewage, and the condition of rivers, have furnished overwhelming evidence both of the abominable consequences of this pollution of rivers, and of the fact that the natural process of purification is in many instances utterly insufficient either to render the state of rivers tolerable, or to make their water fit for human use. But notwithstanding this evidence, some are still to be found who, on the ground of the self-purifying power of rivers, advocate the use of water that has served as the scavenger of towns, or has been polluted with sewage; and sometimes this is done in the most wonderful manner. Thus, for instance, Mr. Smee, at once a medical man and a chemist, is now found under the banner of "self-purification", asserting the excellence of sewaged water on the ground that he finds fish will live in water that has been mixed with sewage. Such a fact, if it has any weight as evidence, would go much further, and would establish the fitness of fresh sewage itself for drinking purposes; for it is well known that in certain cases, trout and other fish assemble round the sewer outfalls to feed upon the contents of the discharged sewage. However, such a fishy standard of purity is not likely to meet with much approval. The inference that Thames water, with its three per cent. of sewage, is fit to be drunk, because Mr. Smee has found fish in the Wandle, is neither logical, nor is it consistent with opinions previously expressed by him when some years ago he astonished the public by the warning that the teapots of London were supplied from the water-closets of Oxford—a statement that was unrefined, but not inappropriate.

The recently increasing adoption of the water carriage system for the removal of excrementitious and other refuse from dwellings has, in most cases, been attended with a much more direct and abundant discharge of such materials into rivers, as sewage, and consequently the pollution of their water in this way has been much augmented within the last few years. It is, therefore, natural that the attention of medical men should have been specially directed to the subject wherever the water-supply was obtained from rivers or other sources liable to pollution. It is equally natural that they should, as in the case of the metropolitan water-supply, have perceived the necessity for chemical examination of the water intended for domestic use, in order to aid them in judging as to its purity and wholesomeness. The precise object, and the mode of conducting the chemical examination of water, to meet the wants of the medical man, have naturally changed with the progress of ideas respecting the sanitary importance of water-supply, and the change has been so great, that it appears to us worth while in this and the succeeding papers to review the various circumstances which have determined the direction of chemical inquiry in regard to this subject, to define its objects, or the nature of the chemical question, that medical men have required to be answered. We therefore purpose considering the various methods which have been used or proposed for the chemical examination of water, the chemical value of the results obtained by those methods individually, and the sources of error by which they are liable to be affected, so as to place before medical men in a collected form an unprejudiced and impartial statement of the scope and defects of each method, the precise meaning of its results, and the extent to which they may be relied upon. In this way, it is belived that some service will be rendered by enabling medical men to estimate the real value of the chemical analysis of water for sanitary purposes; to decide where it fails to furnish what may be needed, and the particular points in which it may be improved with advantage to them. For a long time the quality of water in a sanitary point of view has been considered as being influenced mainly by the presence or absence of substances originating from the decay of animal or vegetal materials, while those ordinary contents of fresh water that are of a mineral nature, and are also, in the language of the chemist, comprised among the impurities of natural water, have gradually come to be regarded as having far less importance in reference to purely sanitary questions. The belief long entertained in the existence of some close connection between the state of health and the quality or condition of water-supply, as well as the fact of the origin and propagation of epidemic and other diseases having been ascribed to the impurity of the water-supply in the districts affected, have consequently tended to concentrate the attention of medical men and of chemists more and more upon what is termed the organic impurity of water, or those foreign substances of animal or vegetal origin that are present to some extent in almost all kinds of natural water, and are derived from various sources according to local circumstances.

The amount of such organic substance existing in most ordinary fresh water is seldom very large. In colourless water that will pass the common ordeal of the senses, and is on that ground reputed to be good, it generally varies from half a grain or less to about two grains per gallon; but there are cases where the organic substance in water of unexceptionable appearance amounts to as much as seven or eight grains per gallon. Sometimes, also, the presence of only a small amount of organic substance in water of great purity and excellent character is indicated by a decided tinge of colour. The general tendency of opinion has been to regard the presence of organic substance in water as decidedly objectionable when the amount exceeds two grains per gallon, and to some extent as a ground for suspicion when the amount is much less. However, the method of ascertaining the amount of organic substance by observing the loss of weight resulting from ignition of the dry residue obtained by evaporating the water, was so crude, the results it furnished were so vague and liable to be affected in various ways, that the information thus gained as to the quality of water was in the highest degree unsatisfactory, and inadequate to meet the requirements of the case. From the observed inconsistency between the results thus obtained and the otherwise known character of the water, it has long been apparent that the mere amount of organic substance, thus indicated, did not constitute any positive or trustworthy criterion of the quality of water. Partly as a consequence of that observation, it subsequently came to be considered that, in a sanitary point of view, the nature or condition of the organic substance, or some portion of it, was of still greater importance than its mere amount. In the belief that the prejudicial influence of the organic substance in water was due to its putrescent condition, Dr. R. A. Smith adopted the decoloration of a permanganate solution as a clue to the character of water in this respect. The method is, in certain cases, convenient and serviceable; but the interpretation of the results it furnishes is, to some extent, conjectural, and they cannot be relied upon to indicate either the amount of organic substance or its injurious nature.

A further development of the idea that the nature of the organic substance in water was of more importance than the amount of it, consisted in the conjecture that the injurious influence exercised by bad water was not a consequence of the organic substance it contained being itself actually poisonous, but that it was the result of some transformation similar to decay or putrefaction, and capable of inducing decomposition of other substances or morbid action in the animal system. Then, since some substances of animal or vegetal origin were known to be peculiarly susceptible of such change, and since those substances were nitrogenous, it was conjectured that the deleterious nature of the organic substance in water might be confined to that part of it which contained nitrogen. Hence it came to be considered that, if the amount of nitrogen, existing in the state of nitrogenous organic substance in water, could be ascertained, it would constitute a measure of the quality of water much superior to any other. In this position the subject stands at present; and, while this, like all previous phases of opinion on this subject, is in itself conjectural, and involves the belief in a connexion between the impurity of water-supply and the origin or propagation of disease, it also limits the chemical problem as to the quality of water, in a sanitary point of view, to the determination of the amount of nitrogen existing in it in the state of nitrogenous organic substance. Chemists have, therefore, endeavoured to arrive at such a knowledge of this particular feature of the organic substance as would afford the means either of judging as to the quality of water, or of proving that this is not determined by the nitrogenous portion of the organic substance contained in water. Two methods of chemical examination have been devised with this object—that of Dr. Frankland, and that of Messrs. Wanklyn and Chapman. Independently of any question as to the chemical value of the results furnished by either method, it would appear to be the business of medical men to decide which of those two conclusions the chemical results are most calculated to lead to. Only in this way would it seem possible to arrive at any satisfactory decision as to whether the believed connexion between the quality of water-supply and the state of health be real or imaginary. Only in this way can the hypotheses as to the nature of that believed connexion be tested, and sustained or refuted. Therefore, the closer the approximation to a direct chemical measurement of the nitrogenous organic impurity in water, the greater will be the possibility of deciding any question respecting the opinions held on this subject.

However, some authorities, with Dr. Letheby at their head, adopt a different course, by denying the existence of any connexion between the quality of water-supply and the state of health, and by asserting that neither is the impurity of water proved by the presence of nitrogenous organic substance in it, nor its purity by the absence of such substance. This plan of taking a royal road to a result is scarcely within the range of scientific method; and, in reference to a subject of such public importance as the influence of water-supply on health, it is one that certainly imposes upon those who adopt it the necessity of showing good cause for their proceeding, and of supporting it by evidence sufficiently satisfactory to justify their assertions. No such evidence is brought forward by Dr. Letheby or his supporters to disprove the reasonable probability that any injurious influence of water on health is referable to the nitrogenous organic substance it contains—a probability that is not only consistent with the origin of the organic impurity of water polluted with sewage, but is also consistent with the well-known chemical characters of such organic substances, and with much observation and experience as to the occurrence and spread of epidemic disease.

But the absence of evidence in support of the opinions now expressed by Dr. Letheby appears the more extraordinary when it is remembered that they are utterly opposed to, and involve a recantation of, opinions expressed by himself not long ago, and with characteristic vehemence. Is it, therefore, too much to ask that, before bowing to the assertions of Dr. Letheby and his followers, some proof of them should be produced? Though he endeavours to override all considerations or arguments of a chemical nature, and claims to be supported by the majority of British chemists, it yet remains to be seen whether his announced leadership in regard to the chemistry of water will be acknowledged, and to what extent it will be followed.

PROPOSED AMALGAMATION OF MEDICAL SOCIETIES.

On Monday evening last, a Special General Meeting of the Fellows of the Royal Medical and Chirurgical Society was held at 53, Berners Street, for the purpose of taking into consideration a scheme for the amalgamation of the Society with some other of the medical societies in London. The chair was taken at eight o'clock by the President, G. Burrows, M.D., F.R.S.; and above one hundred Fellows were present.

The following document was circulated by the Council among the Fellows present.

"The Council of the Royal Medical and Chirurgical Society beg leave to recommend to the Fellows, that steps be taken to secure the union of various societies now existing in London for the cultivation of special branches of medicine and of the allied sciences, and they submit the following resolutions for adoption as the basis of a scheme for effecting such union.

"I. That a new society be formed, and incorporated by Royal Charter, under the title of the Royal Academy of Medicine; and that this Academy comprise sections for the main branches of medicine and the collateral sciences.

"II. That the following sections be formed: 1, Medicine and Surgery; 2, Obstetrics; 3, Psychological Medicine; 4, Clinical Medicine and Surgery; 5, Pathology and Morbid Anatomy; 6, State Medicine—comprising Epidemiology, Public Health, and Medical Jurisprudence; 7, Physiology and Anatomy. Each section will entertain questions of Therapeutics, Chemistry, and Physics, so far as they bear on its special subject.

"III. That, in the formation of the new society, power be taken which shall enable the Academy to modify the existing sections, or to add new ones.

"IV. That the general management of the Royal Academy of Medicine be under the control of a General Council, consisting of a President, two Treasurers, two Librarians, two Secretaries, the Presidents of the various sections, and additional members to be nominated one by each section.

"V. That the Presidents of the several sections be *ex officio* Vice-Presidents of the Academy.

"VI. That the President, Treasurers, Librarians, and Secretaries of the Academy be nominated by the General Council.

"VII. That all the members of the General Council, with the exception of the Vice-Presidents, who are *ex officio* members, be elected annually by the Academy at a general meeting.

"VIII.. That the President of the Academy be chosen annually from amongst the past or present Presidents of sections, and be ineligible for re-election; and that the President of the Academy cease, on his election, to be a President of a section.

"IX. That the Treasurers, Librarians, and Secretaries, be elected annually from the general body of the Fellows; and that they be not allowed to hold other offices in the Academy, or in any of the sections.

"X. That the moneys, books, premises, and other properties, belonging to any of the societies which shall join in the proposed amalgamation, become the property of the Royal Academy of Medicine; and that the entire management of the funds of the Academy be in the hands of the General Council.

"XI. That there be at least three Trustees, in whom the property of the Academy shall be vested; that they be nominated by the General Council, and elected by the Academy at a general meeting; and that their appointments be permanent.

"XII. That all Fellows or Members of the following societies; viz., the Royal Medical and Chirurgical, the Pathological, the Epidemiological, the Obstetrical, the Clinical, and the Medico-Psychological Association, be original Fellows of the Royal Academy of Medicine without further nomination or election, provided they make the payments hereafter to be arranged.

"XIII. That power be taken by the charter to incorporate additional medical societies after the proposed Academy shall have been formed.

"XIV. That Fellows, Members, or Licentiates, of the Colleges of Physicians or Surgeons of Great Britain and Ireland; Doctors or Bachelors of Medicine, or Masters or Bachelors of Surgery, of the Universities of Great Britain and Ireland, or of the colonies; Members of the Faculty of Physicians and Surgeons of Glasgow; Licentiates of the Society of Apothecaries of London, or of the Apothecaries' Hall of Ireland; or foreigners whose qualifications are satisfactory to the Council, be eligible for admission into the Academy by nomination and election, as at present is arranged in the Royal Medical and Chirurgical Society; and that their recommendation be signed by three Fellows of the Academy, two of whom, at least, shall be members of a section to which the candidate declares himself desirous of becoming attached.

"XV. That in adjusting the scale of payments, consideration be had to the number of sections which each Fellow may join, and for the privilege of using the library of the Academy and of receiving copies of the transactions and proceedings of the several sections.

"XVI. That deductions from future payments to the Academy be allowed for any admission or composition fees which may have been already paid to any of the societies enumerated in Resolution XII, as provided in the bye-laws of those societies.

"XVII. That any Fellow, who shall wish to leave one section of the Academy and join another, may do so on the day of the annual meeting of the Academy.

"XVIII. That any registered medical practitioner, on complying with the regulations required, be eligible for election as an Associate of the Royal Academy of Medicine on payment of an admission fee of one guinea, and an annual contribution of one guinea, which shall entitle him to attend the meetings of any one of the sections, and also to a copy of the Transactions and Proceedings of such section; and that the manner of election of such Associates be regulated by each section as it may think fit.

"XIX. That no present Fellow or Member of any of the societies enumerated in Clause XII be required to pay the admission fee of one guinea on becoming an Associate of the Academy; and that all privileges now enjoyed by the present members of those societies be, as far as possible, preserved to the members of the future sections.

"XX. That the members of each separate section elect annually the Council of that section; and that such Council consist of a President, two Secretaries, and such number of other Councillors as shall hereafter be arranged. The President of each section and the representative member of the section to the General Council must be Fellows of the Academy.

"XXI. That the Council of each section have the entire control of the internal business of their own section, subject to such general arrangements as shall be made by the General Council of the Academy; and that they publish annually, or at such periods as shall hereafter be arranged, the Transactions of their own section, provided the expenditure of each section, for Transactions and other special purposes, do not exceed one-half of the income derived from the annual subscriptions of its members.

"XXII. That the General Council of the Academy may, under special circumstances, make special grants in aid of the publication of transactions, or other expenses, of any section.

XXIII. That the proposed Academy comprise a grade of Honorary Fellows, consisting of the Honorary Fellows or Honorary Members of any of the enumerated societies which shall join in the amalgamation, and others to be elected for life from British subjects who have eminently distinguished themselves in medicine or surgery or in the sciences connected therewith, but who do not practise the medical profession; and from foreigners who have eminently distinguished themselves in medicine or surgery or in the sciences connected therewith. That such honorary fellows be elected by the Academy at a general meeting, on the recommendation of the Council.

"Should the scheme embodied in the above resolutions be approved, the Council recommend that it be submitted to each of the societies mentioned in Resolution XII, and that they be requested to nominate three members each to form a general committee which shall draw up, with legal advice, a code of laws and regulations to be submitted to each society for its approval.

"Signed on behalf of the Council,
"April 19th, 1869." George Burrows, *Chairman.*

The President, on taking the chair, said that the Council of the Society had summoned the general meeting to consider a scheme which, they trusted, would prove advantageous to scientific medicine, and to the various societies which had been formed for the cultivation of the several departments of medical science. Most would agree that it would be for the general benefit of medicine if a scheme could be devised for bringing the societies into closer union, so as to enable them to cooperate for the common good; provided that independence of action, and, as far as practicable, autonomy, were preserved to each society. There were obvious advantages in having a common hall for meeting, a common reading-room, and a library on a large scale, open to all members of sections. Other advantages might also arise; but it would be for the Society to discuss these. The scheme had been originated by the last year's Council; and a Committee had been formed, and had taken great pains in elaborating details. He trusted that the Fellows of the Society, in deliberating on the plan proposed, would act calmly and impartially; not in a narrow and sectional, but in a broad and catholic spirit. He would suggest that the preamble be first taken into consideration.

Dr. W. Ogle, one of the Secretaries, read the preamble.

Mr. Solly moved—"That steps be taken to secure the union of various societies now existing in London for the cultivation of special branches of medicine and of the allied sciences." He trusted that the Fellows of the Society would take the proposal into serious consideration; indeed, he was sure that they had already done so.

Dr. Pitman seconded the motion. He thought that it would be scarcely fair to call on the Society to adopt the proposal without giving some grounds for its recommendation. In 1860, a very similar proposal was brought forward, and its main principles were approved by the Society. A resolution was passed, that it would lead to the advancement of medical science to unite the Royal Medical and Chirurgical, the Pathological, Obstetrical, and Epidemiological Societies. During the last twenty years, many societies had been formed to carry out the objects for which the Royal Medical and Chirurgical Society was formed. It was founded in 1805; and was incorporated thirty years afterwards. In the terms of the Charter, its objects were the cultivation and promotion of physic and surgery, and the branches of practice connected therewith. Since 1835 there had been established the Medico-Psychological, the Pathological, the Epidemiological, the Obstetrical, and the Clinical Societies. It was quite clear that these had been established for the very purposes of the Royal Medical and Chirurgical Society; and their formation had seriously influenced its condition. He would not undertake to compare the present volumes of *Transactions* of the Society with those issued thirty years ago; but competent judges were of opinion that the more recent volumes were scarcely equal in merit to the older ones. The influence of the new societies on membership was marked. The Clinical Society had enrolled in one year as many members as the Royal Medical and Chirurgical had after thirty-five years of existence. It might be said that the increased numbers of the medical profession would explain this; but, if it were so, the Royal Medical and Chirurgical Society ought to have made a proportionate increase. During, however, the first ten years after the Charter, there was an increase of 110 members; in the next decade, the increase was reduced to 88; and in the last ten years, it was only 32—that is, while in 1858 the number of members was 328, in 1868 it was only 360. As to attendance at the meetings, in 1846-47, it was 1,456; while in 1866-67 it amounted to only 983. What was the reason that attraction of the Society was diminished and that the numbers were not increased? It was evident that, considering the large subscription required for the Society, it was impossible that many of those commencing practice should be able to afford that sum; while, if other societies gave them for a guinea the advantages which the Royal Medical and Chirurgical Society offered for three, it was not likely that this Society would be increased. He had noticed the applications made by other societies for the use of the rooms of the Royal Medical and Chirurgical Society for the purpose of holding meetings; and had thought how much better it would be for the societies to be amalgamated into one body. He had therefore called for the appointment of a Committee. The Council of last year had appointed such a Committee, which had worked out a plan. The proposal brought forward in 1860 failed, because the Council asked the societies to agree on a plan, before any was determined on by the Royal Medical and Chirurgical Society. The Epidemiological Society was favourable to the proposal; the Obstetrical and Pathological were more guarded; and at last it was decided not to prosecute the plan, because of the expense attending a new Charter. To obviate the difficulties formerly met with, therefore, the Council had prepared a scheme for consideration; so that, at least, they could not be blamed for not being provided with a plan. He trusted that the Society would look with favour on the principle of amalgamation. He thought that the new Society would be influential in numbers, respected by the public, and useful to the profession.

Mr. Charles Hawkins felt it to be his duty to explain why he could not concur in the resolution which had been proposed. It was true that nine years ago the Society had adopted a resolution which he had moved, for the union of the societies under one head. Many years before that, he had urged the holding of pathological meetings on alternate evenings with the ordinary meetings of the Society. This was done for a time; and he believed that if the meetings had been continued, the Pathological Society would not have been formed. He objected to the present proposal. After an existence of sixty-five years, the Royal Medical and Chirurgical Society was called on to cease to exist or to change its name. There could be two reasons for changing a name—the committal of a disgraceful act. [Mr. Hawkins was proceeding in his remarks on the change of name, when he was reminded by the President that that subject was not then before the meeting, and that, if discussion on the name were now permitted, remarks on any of the clauses during the discussion on the preamble could not be prevented.]

Mr. Henry Lee thought that the whole scheme, as drawn up by the Council, should be discussed.

Dr. O'Connor thought that the preamble ought not to be divided into two parts, but should be discussed as a whole.

Mr. Holmes said that, if the preamble were not adopted, the whole plan must fall; if the Fellows agreed to the consideration of the proposal, the next step would be to ask the other societies to join this, or (as proposed) to form a new society. He thought the course taken by the President most convenient and most logical.

The motion was then carried.

The first resolution proposed by the Committee was then read.

Dr. Greenhow said that it was necessary to prepare for amalgamation on fair and equitable terms. He felt that an amalgamation of the medical societies would probably be of much advantage. There were many details in the document before the Society which would be better considered by the Committee which it was proposed to appoint from the various societies; but he would suggest that the twenty-first clause should be first taken into consideration. The manner of disposal of the funds, in relation especially to the publication of Transactions, was important; and, though he desired to see the measure carried, he thought that the twenty-first clause required modification.

Mr. C. H. Moore moved, and Mr. Brodhurst seconded, the adoption of the whole of the twenty-three clauses *en masse*.

Dr. Pitman observed that this would prevent the discussion of details.

Dr. Greenhow moved as an amendment, that Clause 21 be first taken into consideration.

Mr. Holmes seconded the amendment. It was well to fix attention on some one part; and probably it would be most useful to consider first the question of finance. According to his reading of the clause, and his remembrance of what had passed in the Committee, it was not meant that the societies should be limited to spend one-half of their income on their *Transactions;* but that, while each society should have the right to spend half its funds in that way, any additional amount required might be made up from the funds of the new Society. This, however, was a detail which could be left to the consideration of the Committee proposed by the Council. The proportion of income to be spent in *Transactions* might very fairly be left blank. In the original scheme, there was a definite proposal as to membership of sections; this was withdrawn as to details, because it was represented that the Royal Medical and Chirurgical Society, in adopting it, would be dealing with matters not belonging to it. He thought that the twenty-first clause might be treated in a similar way.

Mr. Curling pointed out that the amendment proposed to deal with the funds of a society, the formation of which was not yet agreed on.

The President expressed his concurrence with Mr. Curling's remark.

Mr. Moore then withdrew his motion; and

Dr. Greenhow deferred his amendment.

Mr. Solly moved the adoption of the first resolution; viz.—"That a new Society be formed, and incorporated by Royal Charter, under the title of The Royal Academy of Medicine; and that this Academy comprise sections for the main branches of medicine and the collateral sciences." He held that it was much more considerate to the other societies to form a society with a new name, than to incorporate them with the Royal Medical and Chirurgical Society under its present name.

Dr. Stewart seconded the motion. Referring to Mr. Hawkins's observations, he said that the Royal Medical and Chirurgical Society had not done any thing to make it ashamed of its name, or any thing to make a change of name desirable—unless it were the acts of neglect which had contributed to rendering a change necessary. If the Society had in past years done all that it ought to have done, there would not be so many other societies. The greatest burdens to professional men in London were the multiplication of societies—and the multiplication of books. Of making of many books there was no end; and of making of many societies there was no end. It was a great evil that men were obliged to go to half a dozen places for that which should be all united in one connection. He granted that the Royal Medical and Chirurgical Society had made the *amende honorable* in attempting for the second time to remedy the effects of its neglect; and, since it had allowed so many other societies to be formed, it was better to ask for the formation of a new society under a new name. The proposed name (Royal Academy of Medicine) was not quite English, but it was a good one, and conveyed the idea of amalgamation under one head.

Mr. Curling objected to the name Academy, which implied a place of instruction—and this was not the object of the Society. An Academy of Medicine could not be so select as, or present any analogy with, the Academy of Medicine in Paris. He would prefer the title "Royal Medical Society." He did not think that the formation of a new society would diminish the number of societies to be attended; certainly it would not reduce the number of volumes of *Transactions*.

Dr. DOBELL proposed as an amendment the omission of the reference to the name, so that the resolution would stand thus: "That a new society be formed and incorporated by Royal Charter; and that it comprise sections", etc. His object was to get rid of the question of name from the first resolution, so that it might be discussed after the formation of a society was agreed on.

Mr. CHARLES HAWKINS thought that no new society, if formed, could interfere with the rights and privileges of the Royal Medical and Chirurgical Society as established by Royal Charter. He argued that the basis of the Charter was the name of the Society; that no change in name could be effected without a change of Charter; and that, if the Society were dissolved, the life-members (forty in number, of whom he was one), if all did not agree to yield up the Charter, would divide the property of the Society. He would not consent to any yielding up of the Charter. He recommended the Society to consult their legal adviser before proceeding further; lest a bill in Chancery should be filed against the President to restrain him from dealing with the property of the Society.

Mr. SPENCER SMITH had been a member many years, and a small composition fee would entitle him to be a life-member, but he would be sorry to be one if this implied that he should obstruct the progress of the Society. He had no idea until now that Mr. Charles Hawkins was determined on a course of obstruction. No one cared about a new name; but it was desirable to unite the Societies under one roof; and the Royal Medical and Chirurgical Society appeared ready to give up its large property for the sake of doing good. If the forty life-members were about to oppose this, he was glad that he was not one of them. The Society could, if required, get a new Charter.

Dr. WEST was a life-member; but this did not influence his opinion on the subject under discussion. He doubted whether the object intended and earnestly desired—the advancement of medical knowledge—was likely to be gained in the way proposed. He had felt strongly in favour of the principle on which the Royal Medical and Chirurgical Society was established; and had therefore held back from joining the Obstetrical Society when it was founded, because he thought that each department of practice would be better treated in a branch affiliated to the Royal Medical and Chirurgical Society. He thought there was not much vitality in the scheme brought forward: it was not proposed that the societies should be united to the Royal Medical and Chirurgical as branches to a stem, but that they should be joined as a bundle of sticks. He saw nothing in the plan which tended to bring the Societies into vital union with each other, so that obstetrics might be controlled and guided by medicine, pathology by clinical experience, and so forth.

Dr. ALTHAUS said that it was important to know whether the legal adviser of the Society had been consulted.

Mr. HOLMES said that the only question before the Society was the abstract one, whether such and such things were desirable. A new Charter, and the title of "Royal", must depend on an application to the Crown. He thought that the Society could incur no risk in voting the resignation of its Charter, even though this were opposed by one member out of the 360. There could be nothing illegal in asking the Society to surrender its Charter. He differed from Dr. West, and thought that the plan tended to unite the sections together as closely as it was possible to bind them. He did not know in what way the union could be brought about.

Mr. BARWELL said that it was advisable to know whether the Fellows of the Royal Medical and Chirurgical Society were willing to yield their claims in favour of a new society. He suggested that the opinion of each Fellow on the subject should be taken by means of circular letters.

Mr. CURLING seconded Dr. Dobell's amendment.

Mr. BRODHURST asked how the Royal College of Surgeons obtained its new Charters.

The PRESIDENT said that this was a different matter. If the Society put a case for legal advice, they could get an opinion quite different from that expressed by Mr. Charles Hawkins. Of course, before any resolution agreed on by the Society was carried out, the Council would take legal advice; but it was necessary to decide on something before going to the lawyers.

Dr. DRYSDALE and Dr. SANSOM objected to the title "Academy."

Mr. C. HEATH asked whether the old name could not be retained; and what name was proposed in 1860.

Dr. PITMAN said that it was not proposed in 1860 to change the name of the Society.

The votes were then taken on Dr. Dobell's amendment; when there appeared for, 35; against, 37. The amendment was consequently lost.

Dr. MURCHISON moved as a second amendment, that the name be the "Royal Society of Medicine of Great Britain."

Dr. WYNN WILLIAMS had not heard any good reason for changing the name. He thought the present name a very good one.

Mr. SOLLY said that the present name of the Royal Medical and Chirurgical Society was horrible and barbarous, and was not understood in courts of law and by the public. If the Society had a proper title, it would take its right position.

Dr. O'CONNOR seconded Dr. Murchison's amendment; suggesting the addition of the words "and Ireland."

Dr. ROUTH suggested that the title should simply be the "Royal Society of Medicine." It would be assuming too much to call it the "Royal Society of Medicine of Great Britain."

Dr. MURCHISON agreed with Dr. Routh's suggestion. The votes being taken, there were, for the amendment, 42; against it, 21.

The amendment having been put to the meeting as a substantive motion,

Dr. GREENHOW moved as an amendment—"That the societies mentioned in Section 12 be invited to incorporate themselves with the Royal Medical and Chirurgical Society in one Society, to be called the Royal Society of Medicine.

Dr. SANKEY seconded the amendment.

Dr. FULLER said that the adoption of this amendment would put it in the power of other societies to throw over the whole scheme. But if the motion before the Society were adopted, the objections of one or two societies could not prevent a Royal Society of Medicine from being formed; and any societies which held back at first would ultimately come in.

After some remarks from Dr. Murchison, the President, and Mr. H. Lee, the votes were taken on the amendment proposed by Dr. Greenhow. The numbers were: for, 12; against, 34. It was consequently lost.

Mr. HENRY LEE proposed, as a further amendment, and Dr. WYNN WILLIAMS seconded, that the meeting be adjourned. This was lost by 40 votes against 20.

The motion for the adoption of Clause 1 in its amended form was then put and carried *nem. con.* The first resoluton therefore stands thus: "That a new Society be formed, and incorporated by Royal Charter, under the title of the Royal Society of Medicine; and that this Society comprise sections for the main branches of medicine and the collateral sciences."

Dr. DRYSDALE moved, and Dr. T. K. CHAMBERS seconded, the adjournment of the discussion until Monday, the 17th instant. This was carried.

THE CARE OF THE WOUNDED IN BATTLE.

THE International Conference of the Association for the Care of Sick and Wounded Soldiers has held its sittings in Berlin during the last week. A good account of them is given by the correspondent of the *Daily News*. They were held in the building appropriated to the use of the Second Chamber, which had been fitted up for the occasion. A spacious gallery had been erected for the use of the royal family in the place of the desks usually occupied by the ministers, and the rest of the room was tastefully decorated with the flags of the different nations who had sent their representatives. The Queen, the Crown Prince, and Crown Princess were often present, and evidently took great interest in the proceedings. Dr. Loeffler, as spokesman for the Prussian central committee, made a series of propositions, the general purport of which was, that the Association should render all the assistance they could, both with men and appliances, on the theatre of war, but that their operations should always be carried out in co-operation with the military authorities, and with the local associations. In their own country they are to direct especial attention to the assistance of besieged fortresses, etc. The Geneva Committee wished that the Association should adopt some fixed principles respecting several important points, among others, 1. The relations between the affiliated associations and the military authorities.—2. The necessity of some measures for preventing the abuse of the neutrality badge.—3. The institution of a strict police on the field of battle for preventing the killed and wounded from being plundered or ill used.—4. The burial of the dead, with proper regard for sanitary requirements.—5. The adoption of the best means for determining the identity of the killed and wounded.—Another subject which has engaged the attention of the Conference is the extension of the operations of the Association to naval warfare. The Prussian Committee made a great many propositions, of which the general purport is contained in the following:—

1. That the affiliated associations should enter into some arrangement with the societies established for the rescue of shipwrecked mariners, with a view to obtaining the use of their lifeboats and crews in case of a war, and should also engage a certain number of other boats.—2. That the question be considered, who is to pay for the possible loss or damage of these lifeboats. Insurance companies are to be asked if they will undertake the risk.—3. These ships are to be present both during and after the engagement.—4. During a battle they must hurry to the aid of any vessel that flies a flag of distress, without distinction of nation.—6. After a battle they are to show a signal, intimating that they have room, and are willing to receive the wounded and the sick.—8. Steamers are to be preferred as aid-ships if possible.—9. The necessary preparations for the manning and equipment of these aid-ships are to be made in time of peace.—11. The affiliated associations are to have their officers on board these aid-ships, whom the officers of the latter are to obey, as far as regards the object and time of sailing, etc.

At a later sitting, Dr. Von Langenbeck, of Berlin, made a very excellent proposition, which has found much favour and been formally adopted. He suggested that the medical and surgical assistance in time of war should be a really international one, and that the neutral governments should each send a certain number of surgeons to the theatre of war. The next Conference of the International Association will be held in 1870, at Vienna. A considerable part of the time of the members was devoted to the inspection of hospitals, hospital tents, ambulance waggons, and other military-medical appliances. They also made an excursion to Potsdam, and went through the course of dinners, suppers, and toasting, without which no such conferences can be considered as successful.

THE VALUE AND MEANING OF EXISTING REPORTS ON POTABLE WATER.

An adjourned meeting of the Metropolitan Association of Medical Officers of Health was held on Saturday evening last—Dr. Drewitt, President, in the chair—when the discussion was resumed on Dr. Letheby's paper "On the Methods of Estimating Nitrogenous Matters in Potable Waters, and on the value of the expression 'Previous Sewage Contamination', as used by the Registrar-General in his Monthly Reports of the Metropolitan Waters." The chief points for consideration in the paper were the following:—1. Whether rivers fouled by sewage and manufacturing refuse have or have not a self-purifying power. 2. Whether the nitrogenous compounds of rivers and well-waters must necessarily have a previous sewage or manure origin. 3. Whether, in describing the analytical facts of water examinations, it is proper to use such a speculative phrase as "Previous Sewage Contamination" and to express the result in tons.

Dr. Ballard read a paper in which he endeavoured to treat the points under discussion from a medical rather than a chemical point of view, with the object of giving the discussion a practical turn. He mentioned the most noxious impurities to be found in water, and stated how they were dangerous to health. He believed that absolute purity was not to be expected, and urged that the *dicta* of chemical analysts ought to be received with caution. As medical officers of health, they would find broad facts and general results less liable to error than the test-tube.

Dr. Paul considered the unprecedented attack made on Dr. Frankland was wholly unfounded. As to the assertion that the water of rivers polluted with sewage became sufficiently pure, after a flow of twelve miles, to be used without danger to health, Dr. Letheby was directly at issue with Sir B. Brodie on general grounds, and with Dr. Frankland as to facts. The evidence of all who had disinterestedly examined this subject went to show that the effects of river-pollution were abominable; and, while that was the case, they were not fit sources of water-supply. It was for this reason he contended that any means of detecting the contamination of water, whether there had been subsequent purification or not, was of value, for contaminated water was most likely to become unwholesome. Dr. Paul denied the accuracy of the statement that the nitrates in water could be accounted for as originating from rain; and contended that, in regard to any other sources, there was no proof of their existence. He referred to Dr. Letheby's reports of the nitrates, etc., in water as being proof either of inconsistency or absurdity. He concluded with stating his opinion that whether the chemical examination were considered to be of use or not by medical men—and it was for them to judge—it was at least certain that any chemical results that could be of value must be obtained by sound scientific methods, such as that Dr. Frankland had introduced, and not by antiquated or *pseudo* scientific proceedings such as the methods adopted by Dr. Letheby, which he characterised as being barbarous in their crudity.

Mr. Lord said that they ought to be careful lest dilettantism should carry them away from daily life. He was afraid that chemical analysis was too minute to be practical. If they paid more attention to common sense, and less to scientific analysis, there would be no danger of sense being strangled by science.

Mr. Smee had repeatedly begged the Registrar-General to suppress these reports, calculated as they were to produce wrong estimates of the facts of the case, and most dangerous to life.

Dr. Voelcker said that the whole of his experiments led him to regard the presence of a certain amount of nitric acid in water as a recommendation rather than otherwise.

Mr. Heaton extolled Dr. Frankland's method of analysis, and objected to Dr. Letheby's, especially the test of colour, which he maintained did not prove anything as to the purity of water.

Mr. Holland maintained that the Registrar-General was reporting as impurities what were no impurities at all. The real danger was from the impurities absorbed by water from the air after it was delivered to us by the companies.

Mr. Rendle said that though he always admired Dr. Letheby, he could not help regarding him as the advocate of the companies, and his opinions as being, therefore, in need of some modification before they could be accepted. He did not think chemistry on its trial at all. If it could find out for him what water would produce disease, and what water was harmless, it would materially assist him in his work.

Mr. Wanklyn said that when he began his examination of the London waters, he had expected to find them loaded with nitrogenous matters, but he had found them to contain as little as water in many parts of the country. In fact, the result of his experiments led him to pronounce London water to be of average goodness.

The President called attention to letters which he had received from Dr. Angus Smith, Dr. Acland, Dr. Ball of Rotterdam, Mr. Spencer, and other eminent men; the general tone of these communications was that extreme caution was necessary in declaring that there had been previous sewage contamination, when direct evidence was wanting. The President's own opinion was that there was need of further experiments, and that the battle was still before them; namely, as to whether the present sources of supply were sufficient, or whether water ought to be brought from a distance, for of course that was in the background. The cost of such a scheme would be enormous, and might be better spent in removing worse sanitary evils. He considered that their best thanks were due to the Registrar-General for his energetic labours in the interest of the public health. Between water as used by them and water as it reached their houses there was a wide difference. It was exposed to the atmosphere, to direct communication with drains, and with that modern abomination the water-closet. Still he did not consider it at all proved that the evils charged against it proceeded from the state of the water. For instance, diarrhœa, and several other diseases laid at its door, generally affected children and old people, neither of whom were given to drinking much cold water. But the onus of shewing that the water was safe was incumbent on the companies, and ought not to be thrown on the people.

Dr. Parker mentioned an instance of a stream into which bathers would not enter, and which became pure after a flow of ten or twelve miles.

Mr. Glaisher corroborated the experience of previous speakers as to water being purified by the flow of rivers. He had studied the subject for many years, and he could say positively that they had the purest rainfall in the valley of the Thames that was to be found anywhere; they had only to call in their engineers, and they might have the very best supply without going away from home.

Dr. Letheby, in replying, called attention to the coincidence of opinion expressed by men eminent in meteorology, hydraulics, and engineering, and to the testimony of Messrs. Miller, Odling, Voelcker, Angus Smith, Wanklyn, Chapman, Spencer, Smee, Keats, and others, who all supported the position he had taken up. Dr. Letheby recapitulated the points dwelt upon in his paper, replied to the objections that had been made, and utterly repudiated the imputation of being an advocate of the companies. He concluded by again protesting against the sensational tone of the Registrar-General's reports.

The President reminded the meeting that they had been sitting in judgment on the Registrar-General in his absence, and they must feel conscious that the language used had been at times hardly parliamentary. He proposed a vote of thanks to Dr. Letheby for his valuable paper, which had given rise to this important and lengthy discussion, and the meeting closed after sitting about three hours and a half.

ASSOCIATION INTELLIGENCE.

GLOUCESTERSHIRE BRANCH.

THE second general meeting of the above Branch will take place on Thursday, May 13th, at 4 P.M., in the Cheltenham General Hospital.

A dinner will be provided at the Queen's Hotel, at the cost of 4*s*. per head, at 6.30 P.M., for those members who wish to avail themselves of it.

ALFRED FLEISCHMANN,
Cheltenham, April 28th, 1869. *Honorary Secretary.*

BATH AND BRISTOL BRANCH.

THE sixth ordinary meeting of the Session will be held at the York House, Bath, on Thursday evening, May 27th, at 8.15 P.M.; R. N. Stone, Esq., President, in the Chair.

R. S. FOWLER,
CHARLES STEELE, } *Honorary Secretaries.*
Bath, May 4th, 1869.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE annual meeting of the above Branch will be held, in conjunction with the East Anglian Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. FISHER, M.D., Downing Professor of Medicine, President. By the permission of the Masters and Fellows, the meeting will be held in the Hall of Gonville and Caius College.

Gentlemen intending to read papers or cases, are requested to communicate with the secretaries of these respective Branches, at their earliest convenience.

With the permission of the Master, Professors, and Fellows, the dinner will be served in the Hall of Downing College.

P. W. LATHAM, M.D., *Honorary Secretary.*
17, Trumpington Street, Cambridge, May 5th, 1869.

SOUTH MIDLAND BRANCH.

THE thirteenth annual meeting of the above Branch will take place at the Northampton General Infirmary, on Tuesday, June 29th, at 1.30 P.M.: WILLIAM NEWMAN, M.D. (Stamford), President, in the Chair.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same, forthwith, to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton }
G. P. GOLDSMITH, Esq., Bedford } *Hon. Secs.*
Northampton, May 1869.

REPORTS OF SOCIETIES.

CLINICAL SOCIETY OF LONDON.

FRIDAY, APRIL 9TH, 1869.

E. HEADLAM GREENHOW, M.D., in the Chair.

Manganese and Nickel in Anæmia.—Tabes Dorsalis.—Subglossitis.

DR. BROADBENT communicated a paper on the Treatment of Anæmia and Chlorosis with Manganese and Nickel. Several cases were related, in some of which the results were negative, and in others favourable. Sulphate and chloride of manganese were both employed, usually combined with quinine or other bitter. Dr. Broadbent stated, in answer to Dr. Powell, that he had not given these remedies in cases where iron had failed.—Mr. CARTER stated that Dr. Speer had, some years ago, tried manganese in combination with iron, but not with marked effect. —Dr. LANGDON DOWN regretted they had not been given without the tonics. He had used manganese in doses of half a drachm as a purgative, and wished to know if Dr. Broadbent had any experience of its effects in this way. He did not think manganese likely to act in a similar manner to iron.—Dr. BROADBENT stated he had no experience of its action as a purgative; but, as he had used the sulphate of manganese, and as sulphate of iron acted as a purgative, he did not doubt that sulphate of manganese would answer equally well.

Dr. GREENHOW read an account of a case of Tabes Dorsalis. The patient had suffered from nervous disorder for five years. The more important symptoms during the two years he was under observation were the following:—1. Impaired tactile sensibility of the area of distribution of the dorsal spinal nerves from the third to the tenth, and of the distal two-thirds of both upper limbs, especially of the surface parts supplied by the ulnar nerve. 2. Lancinating pains, referring to all parts of the body below the root of the neck, unattended with spasm. To these the patient had been subject, without intermission, for many months. 3. No impairment of coordination of voluntary movement; twitching contractions of the flexors of the hand, which could be controlled by voluntary effort; wasting of the muscles of both hands, especially the right. 4. Contraction of both pupils, excessive of the right, moderate of the left; double vision of objects at distances either greater or less than five feet; the image of a near object seen by the right eye being to the left of that seen by the left eye. Ophthalmoscopic results negative, or nearly so. Dr. Greenhow believed the case to be unique in the limitation of the affection to the upper part of the body, and in the consequent absence of any disorder of locomotion. He thought the symptoms to be referable to disease of the posterior columns, of the same nature as that which exists in the ordinary cases of locomotor asynergy, but differing from them in being limited to the upper part of the cord.—A report on this case, by Dr. BUZZARD and Dr. MOXON, was then read. They were of opinion that in this instance the absence of the prominent feature to which the disease owes the name conferred on it by M. Duchenne, ought not to be regarded as a reason for excluding it from the class of cases comprised under the term tabes dorsalis.—Mr. CARTER said that the diplopia of locomotor ataxy was one of the earliest symptoms, and was due to the loss of coordination, and varied from hour to hour. He had found the same variation in cases of railway accidents. —Dr. SILVER narrated several cases of a somewhat similar kind under his care at Charing Cross Hospital. He thought that the individual nerves affected should be taken into account in the diagnosis of the case, and not the nerve centres alone.—Dr. BÄUMLER had seen the patient whose case had been brought forward two years ago, and, if he remembered rightly, the man had received an injury previously to the appearance of the symptoms. He believed there was degeneration of the posterior columns. The state of the eyes existed when he saw him.—Mr. BARWELL hoped that, when the report was completed, it would state what locomotor ataxy was.—Dr. GREENHOW thought the case negatived the idea of there being a *species* called locomotor ataxy. He had not found the diplopia vary, but the focal distance had increased. He believed the patient received the accident after the supervention of the disease.

Mr. HOLTHOUSE related a case of Subglossitis, which he believed to be a rare affection, and remarked that its peculiar features were an absence of enlargement, of protrusion of the tongue, and of dyspnœa, the swelling being limited to the subglossal region. There was no swelling of the salivary glands. The symptoms in the present case rapidly subsided, under the use of quinine.—Mr. CALLENDER thought the discharge alluded to was saliva, and not pus, or pus and saliva. He believed the disease to be an inflammation of the parts beneath the tongue, and the pus which formed, and was held down by the surrounding parts, should be let out. These cases were apt to affect the breathing.—Dr. CHURCH had seen a similar case from wasp-sting. Did this case occur from such a cause?—Mr. HULKE thought the possibility of a foreign body producing the mischief should be borne in mind. He remembered a case in which a piece of glass had caused an abscess, and thought the rupture of a cyst might excite inflammation.—Mr. HOLTHOUSE disagreed with Mr. Callender. There was no pus, and there was no symptom of inflammation, except tenderness. He believed it to be a kind of œdema.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

THE POOR-LAW BOARD AND THE WORKHOUSE MEDICAL OFFICERS.

WE published a few weeks back the text of a memorial from the Workhouse Medical Officers to the Poor Law Board, relating to the new duties imposed upon them by the general order of the Board, dated April 4th, 1868. On Monday last, a deputation waited upon Mr. Goschen, by appointment, in the tea-room, at the House of Commons, to present the memorial which had been signed by no fewer than one hundred and twenty-two workhouse medical officers. The deputation consisted of Dr. Lyon Playfair, M.P., C.P., by whom it was introduced; Dr. Brady, M.P.; Sir John Gray, M.P.; Dr. Lush, M.P.; Sir George Jenkinson, M.P.; Dr. Joseph Rogers, and Dr. Dudfield. The questions raised in the memorial were fully discussed, the President giving a courteous and patient attention to the facts brought before him. At the conclusion of a long interview, Dr. Playfair thanked the right honourable gentleman for his kindness in receiving the deputation, the members of which were much gratified by his evident knowledge and interest in the subject.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, April 30th.

PHARMACY ACT (1868) AMENDMENT BILL.—On the motion for going into Committee on this Bill, Dr. Brewer said he had an amendment on the paper that the Bill should be committed that day six months. The Bill would not secure the purposes it contemplated, and would raise objections of a more serious character than those at present entertained on the subject. The word "poison" was used in the Bill in a way that would lead to great inconvenience; and it was of the utmost importance that the wide application of the word in the Bill should not be permitted to pass into law. The word as used would include paregoric lozenges and other preparations which were of a comparatively harmless character. It would be highly objectionable that such substances, when sold, should be labelled "poison," and in many cases medicines so inscribed would have a very injurious effect upon patients, simply from the patient knowing of that medicine being so described. At the instance of Mr. W. E. Foster, Dr. Brewer withdrew his amendment. Mr. Parkin said the provisions of the present Act were grossly disregarded.—The LORD ADVOCATE explained the object of the present Amendment was to secure immunity from interference with the practice of legally qualified practitioners. As worded, the Bill applied only to Scotland; he moved amendments to extend the immunity throughout Great Britain, stating that he had been requested to do so by a Committee of a most numerous and competent body, representing the medical profession, and called the British Medical Association.—The Bill passed through Committee.

MEDICAL NEWS.

THE RIGHTS OF MEDICAL PRACTITIONERS.

THE Pharmacy Act Amendment Bill has, in passing through Committee in the House of Commons, been so amended as to apply to all registered medical practitioners in Great Britain an exemption from the operation of any of its clauses; and thus to secure, by Act of Parliament, to the profession generally, that security from interference in their dispensing practice. These amendments were introduced by the Lord Advocate, who had previously communicated with the Parliamentary Bills Committee of the British Medical Association through Dr. A. P. Stewart.

THE BRITISH LYING-IN HOSPITAL.

AT a recent special meeting of the governors of the British Lying-in Hospital, a resolution was passed, calling on Dr. Edmunds to resign the office of physician to the hospital; his election to which was a sequel to events which most of our readers will carry in their memory, inasmuch as they involved a very warm controversy in this JOURNAL between Dr. Eastlake and Dr. Edmunds. On Thursday (the 6th instant), a further meeting of governors was held at the Freemasons' Tavern. At the meeting it was announced that Dr. Edmunds had resigned his office, and that some of the governors, including those of the managers who had supported him, had also resigned. On the proposition of Mr. Henry Hoare, the eminent banker, treasurer of the hospital, who has of late taken a deep interest in its affairs, and has helped to bring about this result, the Duke of Portland was elected President; Lord Dynevor and Edward Ward, Esq., Vice-Presidents; and Colonel Hamilton, Canon Nisbet, Mr. John Neate, and Mr. Charles Turner were appointed to act as a new Board of Management. After much technical discussion, the meeting adjourned. There is every reason to hope that a new and prolonged era of active usefulness is about to be commenced in the history of the institution.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—At a general meeting of the Fellows, held on Thursday, April 29th, 1869, the following gentleman, having undergone the necessary examination, were duly admitted Members of the College.

Gould, Franklin, M.D.Edin., 26, Charlotte Street, Bedford Square
Hope, William, M.B.Aberd., 42, Curzon Street, May Fair
Kempthorne, Henry Law, M.D.Lond., Bethlem Royal Hospital
Legg, John Wickham, M.D.Lond., 11, South Street, Park Lane
Lackersteen, Mark H., M.D.St. And., 28, St. Stephen's Road, Westbourne Park
Shaw, Thos. C., M.D.Lond., Middlesex County Lunatic Asylum, Colney Hatch
Squarey, Charles Edward, M.B.Lond., University College Hospital

At this meeting, the following gentlemen, having undergone the necessary examination, and satisfied the College of their proficiency in the science and practice of medicine, surgery, and midwifery, were duly admitted to practise physic as Licentiates of the College.

Baines, Albert Henry, Leicester
Barton, Edwin William, Market Rasen
Bird, William Valentine, Bootle
Cheesman, Henry, Widnes, Lancashire
Crew, John, Higham Ferrers
Dresser, William, Coventry
Hartill, John Thomas, Willenhall
Hiron, William Nathaniel, Westminster General Dispensary
Hoar, Charles Edward, Maidstone
Moseley, Litchfield Jones, 156, New Kent Road
Pearless, Charles Durrant, Sevenoaks
Pollard, Fredk., St. Thomas's Hospita
Powne, William, Billingborough, Folkingham
Rugg, Baron Alfred, 1, Grove Road, St. John's Wood
Rundle, Henry, Plymouth
Sells, Charles John, Guildford
Turner, Duncan, 2, St. Peter Street, Islington
Walker, James, Leeds
Wilcox, Robert Lewis, Wareham

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on April 29th; and, when eligible, will be admitted to the pass examination:—

Messrs. W. P. Thornton, Josiah Williams, and James Chilcot (Students of University College); Thomas Iago and K. F. Sylvester (St. Bartholomew's); T. A. Dodd, John Johnston, and H. K. Mallen (Newcastle-upon-Tyne); J. B. Brierley and W. J. Kennedy (Edinburgh); William Curling and E. W. Freeman (London); C. C. Rogers (Middlesex); R. J. Swan (Dublin); J. K. Tucker (Guy's); W. G. Watson (St. Mary's); R. T. E. Eager (Manchester and Edinburgh); Thomas Harrison (Liverpool); F. C. Turner (Cambridge and Guy's); Frederick Deshon (Charing Cross); H. W. Coleman and G. T. Taylor (Leeds); T. C. Eager and George Fenton (Westminster); R. J. Martin (Manchester); Joseph Hunt (Birmingham); W. B. Slaughter (St. Thomas's); and John Davidson (Aberdeen).

It is stated that 22 out of the 108 candidates who presented themselves for examination on the 27th, 28th, and 29th ult., failed to acquit themselves to the satisfaction of the Court, and were referred for three months further anatomical and physiological study.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, April 29th, 1869.

Adcock, Hugh, Abbey Street, Bermondsey
Durant, Edmund, Winchester
Ekens, Joseph William, Wimbledon
Hart, Eugene John, High Road, Lee, Kent
Hyde, John Knowler, Witney, Oxfordshire
Park, Robert, Glasgow University
Taylor, William Bramley, Camberwell Green

At the same Court, the following passed the first examination.

Fryer, John, Leeds School of Medicine

MEDICAL VACANCIES.

THE following vacancies are declared:—

ARDNAMURCHAN, Argyleshire—Parochial Medical Officer and Public Vaccinator (£80 per annum, and Vaccination Fees).
BALLYNACARIGY, co. Westmeath—Surgeon to the Constabulary.
BRISTOL DISPENSARY—Medical Officer.
CARLOW UNION—Medical Officer and Public Vaccinator for the Borris Dispensary District (£100 per annum, and Registration and Vaccination Fees).
CASTLEBAR UNION, co. Mayo—Medical Officer for the North Division of the Castlebar Dispensary District (£90 per annum, and Registration and Vaccination Fees).
DALGETY, Fifeshire—Parochial Medical Officer.
DENBIGHSHIRE INFIRMARY AND DISPENSARY—House-Surgeon and Secretary (£75 per annum, with board and residence).
DONIBRISTLE COLLIERY, Fifeshire—Surgeon.
EASTERN DISPENSARY, Bath—Resident Medical Officer (£80 per annum, rising to £100, with furnished apartments, coal, gas, and domestic attendance).
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.
FORDEL COLLIERY, Fifeshire—Surgeon.
GILMOUR HOUSE LUNATIC ASYLUM, Liberton, Edinburgh—Medical Superintendent.
HARTLEPOOL HOSPITAL—House-Surgeon and Secretary (£80 per annum, with board, lodging, and washing).
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton—Resident Clinical Assistant.
HOSPITAL FOR WOMEN, Soho Square—Assistant Physician.
IRVINESTOWN UNION, co. Fermanagh—Medical Officer for the Irvinestown Dispensary District (£80 per annum, and Registration and Vaccination Fees).
KIRKMICHAEL, Banffshire—Medical Officer and Public Vaccinator (£45 per annum).
LEICESTERSHIRE AND RUTLANDSHIRE LUNATIC ASYLUM, Leicester—Assistant Medical Officer.
LINCOLN COUNTY HOSPITAL—Physician.
LONDON FEVER HOSPITAL, Liverpool Road—Physician; Assistant to Resident Medical Officer (£160 per annum, residence, gas, coal, and attendance).
MIDDLESEX HOSPITAL—Surgeon and Lecturer on Surgery.
MULLINGAR UNION, co. Westmeath—Medical Officer, and Registrar of Births, etc., for the Ballynacarigy Dispensary District (£90 per annum, and fees).

NEWCASTLE-UPON-TYNE INFIRMARY—Physician; Four Assistant-Surgeons; Senior House-Surgeon; Junior House-Surgeon.

NEW ROSS UNION, co. Wexford—Medical Officer and Public Vaccinator for St. Mullins Dispensary District (£70 per annum, and Registration and Vaccination Fees).

NORTH RIDING INFIRMARY, Middlesborough-on-Tees—House-Surgeon (£70 per annum, with board and apartments).

NOTTING HILL AND SHEPHERD'S BUSH DISPENSARY, Portland Road—Resident Medical Officer (£80 per annum, with rooms, personal attendance, coal, and candles).

READING MEDICAL DISPENSARY—Resident Surgeon (£120 per annum, furnished residence, coals, and candles).

RETFORD GENERAL DISPENSARY—House-Surgeon and Apothecary (£100 per annum, with furnished rooms, gas, coal, and attendance).

ROYAL COLLEGE OF PHYSICIANS, Edinburgh—Lecturer on Mental Diseases under Sir A. Morison's Endowment.

SHEFFIELD GENERAL INFIRMARY—House-Surgeon.

SLIGO UNION—Assistant Medical Officer to the Workhouse.

WEST LONDON HOSPITAL, Hammersmith—Dispenser.

WESTMINSTER GENERAL DISPENSARY, Gerrard Street, Soho—Physician.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Dr. H. Weber, "On the Treatment of Phthisis by Prolonged Residence in Elevated Regions."

WEDNESDAY.—Hunterian Society, 8 P.M.—Royal Microscopical Society.—Geological Society.

THURSDAY.—Royal Society.

FRIDAY.—Royal Astronomical Society.

SATURDAY.—Association Medical Officers of Health.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

OWING to the large amount of space which we have with great pleasure devoted to Dr. Hughes Bennett's report of the Edinburgh Committee on Mercury, and other important reports, we are compelled to hold over an unusual number of letters and other communications.

THE LICENSE OF THE ROYAL COLLEGE OF PHYSICIANS.

SIR,—Can a Licentiate of the Royal College of Physicians, London, be allowed, as an act of courtesy, to call himself Dr.? The Licentiates of the Edinburgh College do; but I am told the Licentiates of the London College cannot.

May 1868. I am, etc., T.

⁂ The Licentiates of the College of Physicians of London are not authorised to call themselves Doctor.

THE annual meeting of the Hospital for Sick Children, Newcastle, was signalised by a very stormy discussion as to the validity of the recent elections, which ended, however, in their confirmation.

DR. BARR MEADOWS.—The gentleman named is not, we believe, Editor of the *Lancet*; and, if he were, that affords no reason why we should permit him to be personally and gratuitously attacked in these columns. We can see nothing objectionable in the copy of letter enclosed; and it by no means implies a private sanction of the practice of advertising in the form which the *Lancet* justly condemns on professional grounds.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

A M.R.C.S.L. & L.S.A. and a M.R.C.S.L. & L.R.C.P.Ed., both living in the district, are candidates for an union medical appointment. Can the Guardians elect either, or are they obliged to give the former the preference? X. Y. Z.

⁂ They can elect either.

THE CASE OF MR. GARLAND OF YEOVIL.

THE following communication gives some details by Mr. Garland of the complaints to which we referred on April 24th.

SIR,—Will you be kind enough to submit the following case through your columns to the members of the British Medical Association, as I consider it involves a question of the utmost importance to country practitioners..

Upon a recent dissolution of partnership between myself and Mr. F. J. Parsons, a question arose, to whom an appointment as Medical Officer to the Yeovil District of the Great Western and Bristol and Exeter Railways Provident Society belonged. I offered to refer the matter to arbitration. The Committee wished us to send in a joint resignation. This was done by both, but by me under protest. It was then decided that an election should take place between the two only; and voting-papers were issued to the local members. Upon my asking whether canvassing was allowed, and intimating that, if so, I should not compete, I was informed by the Secretary that not only was canvassing not allowed, but that it would amount to a disqualification. Upon this understanding, I allowed my name to remain as a candidate. The issue of the election was, that Mr. Parsons was returned. Finding that Mr. Parsons had systematically treated with grog, and canvassed personally and by his groom the various porters employed in this district, I memorialised the Directors of the Great Western Railway to veto his appointment, which power is vested in them by the rules of the Society. A Board of Inquiry was held to investigate the matter; and, on evidence collected by the District Superintendent, Mr. Humphrey, which I have not seen nor read, the Company were satisfied that my complaint was a just one, and refused to ratify the appointment of Mr. Parsons. I then claimed the appointment, as being the only other candidate; but, strange to say, the Committee again decided to have another election, and opened it to all the medical men of Yeovil, except Mr. Parsons. The result of this was, that only one candidate opposed me. The other surgeons refused to compete for an appointment which they considered mine, and embodied their views in a document, a copy of which I append, and for which I thank them. No election took place; why, I know not. The Committee have now, for the third time, intimated that an election will take place on the 8th of June next; and also state that Mr. Parsons will be again eligible for election. I was requested after the inquiry to retake charge of the district, which I have held ever since; and the question now arises, Can the Directors consistently ratify Mr. Parsons's appointment, if successful, after having vetoed his previous election on such grounds? If not, why am I disturbed?

I must inform your readers that the emolument of the office amounts to nearly £5 a year; so that I cannot be accused of fighting, except on principle.

To the Committee of the Great Western and Bristol and Exeter Railways Provident Society, Paddington.

Yeovil, March 12th, 1869.

Gentlemen,—Mr. Pinkerton, Station Master at Yeovil, has called on us to notify that there is a vacancy in the appointment of Surgeon for this District of the Provident Society, and requested us, if we think fit, to make application for the same. It is known to us that an election recently took place between Dr. Garland and Dr. Parsons, but that Dr. Parsons was not approved of by the Directors of the Great Western Railway, and disqualified by reason of bribery and canvassing. Such being the case, the election would, as a matter of right, be considered to have devolved on Dr. Garland, the other candidate. We therefore consider that it would be unprofessional and unhandsome on the part of any other professional brother to apply for the appointment; but that we ought rather to protest against such manifestly unfair behaviour on the part of the Society, and pronounce our decided opinion as to the justice of Dr. Garland's claim, by unhesitatingly refusing to apply for the appointment.

(Signed)
W. F. TOMKYNS, M.R.C.S. and L.A.C.
RUSSELL ALDRIDGE, M.D.
ARNOLD COLES, M.R.C.S.

THE *Liverpool Porcupine* has a sharp article on the Medical Profession and the Lower Classes, in which the motives of the medical founders of hospitals are broadly asserted to be of a purely selfish character.

G. H. S.—Without seeing your contract, it is not possible to give a decided opinion; but, assuming from your letter, that you have undertaken to vaccinate children at 1s. 6d. a case, it is but reasonable to suppose that you cannot claim more. The Act under which this contract was made in 1852, does not, like the subsequent Acts of 1853 and 1867, fix minimum fees according to distance to be paid to public vaccinators, but merely enacts "that it shall be a condition of every such contract that the amount of the remuneration to be received under the same shall depend upon the number of persons who, not having been previously successfully vaccinated, shall be successfully vaccinated"; thus making the payment a *pro rata* payment, without in the least fixing the rate. The contract must, in our opinion, be held to be the instrument which decides the rate; and it appears to us that, if your contract states that 1s. 6d., irrespective of distance, is the fee which you have agreed to receive and the guardians have agreed to pay, 1s. 6d. is all that you are entitled to, notwithstanding you are now five miles away from the place where you formerly resided. We have over and over again given it as our opinion that the fee payable is settled by the contract in force; and that, if a public vaccinator wishes to derive any increased money benefit from an Act of Parliament passed subsequent to the date of his contract, it is necessary for him to rescind the old contract, which he can do by giving twenty-eight days notice, and entering into a fresh one with his Board of Guardians. It is always difficult to give an opinion on a hypothetical case; but assuming that you are a public vaccinator, and that our premisses, as to the conditions and date of the contract, are correct, the above is our opinion on the point which you have raised.

OPIUM-SMOKING.

IN some "Rough Notes in the Malayan Archipelago", by John Ashton Winn, in the last number of *Temple Bar*, the writer states: "I have been studying the opium question. Singapore is the place where it is most used; and supposing the inhabitants to be 50,000, 40,000 use opium. In every street you see shops with 'Licensed Opium Shop' for a sign. The ill effects of the use of opium have been greatly exaggerated; all the coolies spend three parts of their wages on it; and they are, as a rule, stout strong fellows. A medical man out here thought it would make a better stimulant (?) than alcohol for the working classes in England. It is a great mistake in people thinking that opium-consumers often commit great crimes under the influence of the drug; sometimes, however, they will do some thieving to obtain it."

THE *Birkenhead Guardian* contains an account of Dr. M. H. Miller's obstetric practice and extraordinary success, in not having had a death amongst two hundred cases, which would be laughable if it were not painful. Who can have furnished the editor of that paper with these details of a private practitioner's practice, or have informed him that "Dr. Miller has made midwifery a special study, and is thoroughly efficient in instrumental and other modes used in obstetric practice"? Who can have instituted the comparison, alleging superior fortune in saving the lives of children in complex cases, pregnant with the elements of fallacy, and suggestive of the most unfair and depreciatory judgments of other practitioners? We have rarely seen a more offensive paragraph, or one more derogatory to the principles of a high minded profession.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, April 28th; The Birkenhead Guardian, May 1st; The Birmingham Daily Post, April 29th; The New York Medical Gazette, April 17th; The Chicago Medical Times; The Lincoln Journal, April 27th; The Western Daily Press, April 20th; The Welshman, April 30th; The Birmingham Daily Gazette, May 4th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—
Dr. D. Campbell Black, Glasgow; Dr. E. Haughton, Great Malvern; Dr. Blanc, London; Dr. J. Dewar, Banbury; Dr. Tilbury Fox, London; Mr. T. R. Jessop, Leeds; Dr. Mackintosh, Glasgow; Mrs. M. A. Baines, London; Dr. Barr Meadows, London; M.B., M.A., Southampton; Mr. R. S. Fowler, Bath; Timothy, London; Dr. J. T. Dickson, London; Dr. Drysdale, London; Dr. Kennedy, Dublin; Dr. Dudfield, London; Dr. Basil Hewitt, Dublin; Mr. Morgan, Dublin; Dr. A. P. Stewart, London; Mr. T. Watkin Williams, Birmingham; Dr. Winn, London; Mr. J. Sampson Gamgee, Birmingham; Dr. Odling, London; Dr. E. Symes Thompson, London; Dr. Hughes Bennett, Edinburgh; Professor Syme, Edinburgh; A Subscriber, Nottingham.

LETTERS, ETC. (with enclosures) from:—
Dr. H. Charlton Bastian, London; Mr. C. W. Thorp, Todmorden; Dr. Marten Perry, Evesham; Mr. William Copney, London; Mr. T. Clifford Allbutt, Leeds; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. T. J. Walker, Peterborough; Dr. H. Barnes, Carlisle; Dr. W. Bennett, Harrogate; The General Manager of the British Insurance Corporation (Limited), Manchester; Dr. G. M. Humphry, Cambridge; Dr. Bryan, Northampton; Dr. J. Hardie, Harpurhey; Mr. T. Langston, London; Dr. J. Ringland, Dublin; Dr. H. Madge, London; Dr. Fleming, Birmingham; Dr. C. A. Cameron, London; Mr. Pick, London; Mr. J. R. Morrison, London; Dr. H. Letheby, London; Mr. C. F. J. Lord, London; A General Practitioner, London; Dr. P. W. Latham, Cambridge; The Honorary Secretary of the Medical Club, London; The Secretary of the Medical Society of London; Dr. T. Lewis, Carmarthen; Dr. J. N. Vinen, London; Dr. Paul, London; The Honorary Secretary of the Royal Medical and Chirurgical Society.

BOOKS, ETC., RECEIVED.

The Thirteenth Annual Report of the State of the United Lunatic Asylum for the County and Borough of Nottingham for 1868. Southwell: 1869.
Insanity without Delusion. By G. Fielding Blandford, M.D.Oxon. Lewes: 1869.
The Canada Medical Journal for March 1869. Montreal: 1869.
On Neurotic Cutaneous Diseases, including Erythema. By Henry Samuel Purdon, M.D. London: 1869.
What shall We do with Our Refuse. By Henry Simpson, M.D.Lond. Manchester: 1869.
On Baby-Farming and the Registration of Nurses. By J. Brendon Curgenven, M.R.C.S., etc. London: 1869.
A Case of Aphasia. By H. Grainger Stewart, M.D. Newcastle-upon-Tyne: 1869.
A House and its Furnishings. By Mrs. Warren. London: 1869.
The Hydropathic Record for May. London, Malvern, and Glasgow: 1869.
The Fourth Annual Report of the Newcastle-upon-Tyne Borough Lunatic Asylum for 1868. Newcastle-upon-Tyne: 1869.
On the Identity of the Vital and Cosmical Principle. By Robert Lewins, M.D. Lewes: 1869.
On Scarlatina: its Nature and Successful Treatment. By I. Baker Brown. Third Edition, revised and enlarged. London: 1869.
The Signs of the Times. By Alexander T. Macgowan, Revised. Yeovil: 1869.
The Bahamas: a Sketch. By Surgeon-Major Bacot. London: 1869.
Report of Patients treated in St. Thomas's Hospital from 1861-65. London: 1869.
The Twenty-third Annual Report of the Devon Lunatic Asylum. Exeter: 1869.

Results of Meteorological Observations, for the week ending Saturday, May 1st, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	30.200	0.226	56.3	50.4	44.9	66	70.5	38.0	32.5	63.2	44.9	107.4	..	2.0	7.2	..	..	6	..	..	..	..	..	1	5.0	0	0
BOURNEMOUTH Dr. Compton, F.M.S.	30.020	0.150	56.5	50.1	44.2	63	74.0	40.0	34.0	64.3	44.3	138.0	36.0	0.9	3.6	0.3	2.3	2.3	0.7	0.7	..	..	..	0.7	2.5	0	0
DUBLIN Dr. J. W. Moore.	30.301	0.303	53.1	49.2	45.3	75	61.3	43.7	17.6	56.9	46.3	..	32.4	1.7	..	..	1.7	4.2	0.8	..	..	0.3	..	..	2.3	0	0
KEW Dr. Treutler, F.L.S., etc.	30.246	0.258	56.4	51.6	47.1	71	73.1	38.7	34.4	64.4	43.5	136.0	32.5	1.2	2.3	..	1.7	4	..	..	..	..	0.7	0.6	2.6	0	0
LLANDUDNO Drs. Nicol and Dalton.	30.212	0.350	56.0	49.5	43.4	63	69.0	38.1	30.9	63.4	42.9	..	..	0.9	..	..	..	5.5	1	..	..	0.5	..	..	0.9	0	0
MALVERN Messrs. W. and J. Burrow.	30.279	0.312	54.8	49.2	43.8	68	70.1	36.5	33.6	64.6	42.1	111.4	32.2	1.1	4.7	0.3	2.3	2.3	0.6	..	..	..	..	1.3	0.9	0	0
SCARBOROUGH Dr. C. Fox, M.R.C.P., etc.																											
SIDMOUTH Dr. Mackenzie, F.M.S.	30.206	0.230	55.0	49.2	43.6	66	70.5	41.3	29.2	62.6	45.9	..	..	1.4	3.3	2	2	2	..	..	..	..	1	..	1	0	0
WORTHING W. J. Harris, Esq., M.R.C.S.E.	30.194	0.202	56.1	50.4	45.1	67	73.9	42.0	31.9	63.6	45.8	..	37.5	1.0	5.7	..	4.3	1.3	0.7	..	0.3	0.3	..	..	3.1	0	0

REMARKS.—There has been a slight increase in atmospheric pressure during the week, except at Bournemouth, where the pressure has been on an average 0.077 in. lower than last week; the range of pressure has been considerably less. Temperature has increased again above that of the previous week; the highest was registered at Bournemouth, the lowest at Malvern. The range of temperature has been greater, in some instances considerably so, as at Sidmouth, where it was 10 deg. above that of the previous week. Winds have been light, except at Bath, where the average force is reported =5; their direction has been almost wholly E. and N.E. The atmosphere has been generally very dry, and no rain has fallen at any of the stations during the week. The amount of ozone has diminished, except at Bath, where it was greater. The cloud amount has been very small. Generally speaking, the weather of the week has been fine and dry, with an almost cloudless sky throughout; the days have been frequently hot, while soon after sunset the temperature fell, so as to render the air uncomfortably chilly. The state of the public health is reported as good. *Polyommatus Alexis* (the common blue butterfly) was first seen at Kew on the 27th.

Plants first seen in flower at Kew.—Ranunculus bulbosus; Geranium molle; Crataegus Oxyacantha; Alliaria officinalis; Valerianella Olitaria; Anthriscus sylvestris; Cardamine amara; Plantago lanceolata; Carex riparia and C. acuta; Asperula odorata; Chelidonium majus; Sarothamnus Scoparius. In the last report *Orchis morio* was misprinted *O. moris.*

Kew, May 5th, 1869.

W. J. TREUTLER.

REMARKS
ON
THE "MUSCULAR SENSE", AND ON THE PHYSIOLOGY OF THINKING.*

By H. CHARLTON BASTIAN, M.A., M.D., F.R.S.,
Professor of Pathological Anatomy in University College; Assistant-Physician to University College Hospital, and to the National Hospital for the Paralysed and Epileptic.

ONE of the cases carefully recorded by Dr. Bazire possesses the greatest interest with reference to the "muscular sense". It is related in detail by him (Trousseau's *Lectures*, transl. by Bazire, Pt. I, Case VI, p. 193), but I will quote only the part which more immediately refers to this subject. The patient was a cabman, thirty-two years of age; and Dr. Bazire's notes run thus.

"*Upper Extremities.*—He has a sensation of extreme cold in both arms, more especially the right, as if he had rested his bare arms on a cold marble slab. To the touch, however, the arms do not feel colder than the rest of the body. He complains of tingling and 'pins and needles' in the tips of his fingers, and of numbness of both upper extremities. Tactile sense is not diminished, however; for, when his eyes are closed, he can tell distinctly and at once where he is touched. When tried with the compasses, he detects the two points within normal limits. The sensibility to pain and to differences of temperature is normal. His muscles contract fairly under the influence of galvanism, and he is conscious of their doing so. He can grasp firmly, although he complains of a certain diminution of power in his arms. This is more imaginary than real, and arises from his ascribing to weakness a deficiency of coordinating power; for he always spills his tea whenever he raises his cup to his mouth.

"*Lower Extremities.*—He has the same sensations of cold and numbness in these limbs as in the arms; he complains also of tingling of the toes. The various kinds of sensibility are normal; and, when he walks, he has no sensation of a cushion or pad intervening between his feet and the ground. He cannot walk without the help of a stick, and even then his gait is peculiarly tottering. His legs are thrown about as if he could not measure the strength required for moving them, and his heel comes down first. He cannot stand with his eyes closed, for he quickly oscillates and loses his balance. His legs look well nourished, and have not wasted in the least since he has been ill. They possess considerable power, and cannot be bent against his will. On tickling the soles of his feet, no reflex contractions are excited in the limbs. At night, however, he has involuntary jerks and spasms of the legs. When he first begins to walk, he staggers and reels more than he does after he has been walking for some little time. When walking, he has to stop short before he can turn round; otherwise he is apt to lose his balance."

When he was last seen, twelve months after the time that the above notes were taken, Dr. Bazire said: "His gait was very characteristic of locomotor ataxy. . . . Within the last few weeks, he had noticed that he could not tell the position of his limbs in bed, under the bedclothes.† He still complained of numbness of the legs; and yet, strangely enough, when tactile sensibility was tested with the æsthesiometer, it was found unimpaired; for he could feel the two points of the instrument at a distance of only two inches, when applied in front of the legs."

Now, what are we to say to the above case? Here was an individual who presented, when first seen, notably ataxic movements, yet in whom there was no diminution of any of the ordinary modes of sensibility in the lower extremities—not even a trace of plantar anæsthesia. Are we not compelled to believe that here, at all events, there must have been an impairment or deficiency in the revelations of the "muscular sense", acting as a real cause of some of the irregular movements: we cannot say the sole cause, because, although the want of co-ordination of movement was notably increased when his eyes were shut, there was still some irregularity of movement when they were open and the moving members were watched. And this is the one great difference between such cases of locomotor ataxy and the instances of "paralysis of the muscular sense" alone. The failure of co-ordination, brought on by closure of the eyes was that, perhaps, which was more especially due to the impairment of the "muscular sense"; whilst the remaining disorder of movement when the eyes were open, seeing that there was no diminution of the ordinary modes of sensibility to account for it, must have been due to some third cause. And may this cause not have been the fact that some structural damage had taken place in the spinal cord involving more especially its co-ordinating system of fibres—those by means of which complicated movements find their organic representatives in certain pre-established cell and nerve connections? I will only add, on this subject, that the evidence to which I have before alluded, as also that supplied by the extremely interesting experiments of Heyd (*Der Tastsinn der Fuss-sohle als Aequilibrirungsmittel des Körpers beim Stehen*, Tubingen, 1862, and quoted by Jaccoud, *loc. cit.*, p. 472) on the effects of artificially produced plantar anæsthesia, show that destruction of the ordinary modes of sensibility—superficial alone,* or superficial and deep—does give an uncertainty and more or less loss of precision to the movements executed, though this cause alone seems quite incapable of producing that extreme disorder of movement and jerking character which is met with in advanced cases of locomotor ataxy. The different results produced by mere cutaneous and deep anæsthesia, as compared with those resulting from what appears to be a loss of the "muscular sense" alone, are well illustrated by the case of a house-painter briefly alluded to by Trousseau (*loc. cit.*, p. 162), of whom he said: "There was complete anæsthesia of the skin over his whole body; he did not feel pricking or pinching, but could distinguish differences of temperature; and, when a vase filled with cold water was placed on his thigh, he complained of very disagreeable sensations. He did not feel violent pressure of his muscles; and, when he contracted his muscles powerfully, he only knew of their acting because he had willed it, but he had no feeling of their doing so. *The sensibility of his hands and feet was nearly perfect.* Yet, in spite of this complete muscular insensibility, he walked naturally, even when his eyes were shut."† This case would seem to show, too, that for man at least (see note *), as opposed to the lower animals, the preservation of the cutaneous plantar sensibility is of more importance, as an aid to locomotion, than the deep sensibility of the muscles and of other parts.

Probably, in many of the worst cases of locomotor ataxy, all three causes of ataxy of movement (loss of "muscular sense", loss of ordinary sensibility, and damage to co-ordinating system of fibres) come into operation at the same time, though to different degrees in different cases. The same combination of defects seems to occur occasionally in certain rare hemiplegic forms of paralysis. Trousseau gives the details (*loc. cit.*, p. 162) of a case of this kind, in which the cutaneous tactile sensibility, the ordinary sensibility of the muscles, and also that of the articular surfaces, was completely abolished; whilst it seems probable that the muscular sense was impaired, and the coordinating fibres of the cord also damaged to a certain extent. A somewhat similar though less marked instance has been recorded by Dr. Bazire (*loc. cit.*, p. 213.)

Returning now to the question of the mode of origin of the impressions pertaining to the muscular sense, it seems perfectly obvious, after the evidence we have been enabled to obtain from a consideration of the phenomena of these two diseases—"paralysis of the muscular sense" and locomotor ataxy—that the doctrines of Müller, Ludwig, Wundt, and others cannot be correct. The impressions of the "muscular sense" cannot, as Müller suggests, be derived principally from the "notion of the quantity of nerve-force which the brain is excited to call into action;" nor can it be true, as Wundt says, that "the strength of the sensation is dependent only upon the strength of the motive influence passing outwards from the centre, which sets on the innervation of the motor nerves." We see that individuals suffering from either of these diseases do continually call their muscles into action with a certain degree of force; whilst at the same time they receive either no sensation at all of this contraction, or else one altogether disproportionate to the amount of force exerted, and, consequently, to the strength of the volitional effort. In fact, all the evidence that we can obtain from disease, and also, as I think, the evidence which we can obtain from the most careful examination of our own sensations, goes rather to support, so far, the opinion of Landry—that these impressions do not depend upon our notions of the quantity of nerve-force liberated

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[*] Continued from page 396 of number for May 1st.

[†] That is, so long as they were at rest. When he moved them, he could at once tell from the accompanying superficial sensations.

[*] Probably the effects are less here than when the deep sensibility is impaired also, since Claude Bernard found (*Leçons*, vol. i, pp. 251, 254. Paris: 1858) that frogs, the four limbs of which had been skinned, so as to deprive them of their cutaneous nerves, could still jump with the same precision and regularity as before; though, as I have already stated, undoubted impairment in the power of executing muscular movements was produced in other animals in whom the posterior roots of the spinal nerves had been cut.

[†] Trousseau adds:—"This case, which I studied with the greates care, proves therefore that muscular insensibility, *which necessarily implies the loss of the sense of muscular activity*, does not suffice for producing locomotor ataxy"; but I shall hope to show more fully hereafter that Trousseau's "necessarily" was not the proper word, and that his conclusion, consequently, does not at all follow.

during a volitional effort, or, in other words, upon the mind's consciousness of its own outgoing energy. Before it is possible to proceed further, however, we must analyse more carefully the nature of the impressions which are said to pertain to the "muscular sense"; and here again we shall meet with much difference of opinion.

The statement which exists in Quain and Sharpey's *Anatomy* well represents the most generally received opinion amongst physiologists regarding the "muscular sense". By means of this endowment, it is said, "we become conscious of the existing state of the muscles which are subject to the will, or rather of the condition of the limbs and other parts which are moved through means of the voluntary muscles; and we are thereby guided in directing our voluntary movements towards the end in view." Professor Bain gives a very prominent place to the "feelings connected with the movements of the body or the action of the muscles," which, he says, "are now recognised as a distinct class, differing materially from the sensations of the five senses." He regards the whole of these feelings as proceeding "from a sense apart, a sixth or muscular sense." He says also, "According to the manner of the exertion, the feelings differ considerably; a dead strain is different from movement; and distinct modes of consciousness attend quick and slow movements respectively. The most general and characteristic form of muscular exercise is exemplified in a dead strain, or else in great exertion with a moderate pace of movement." Then, the sensations of this class present certain specialities which are thus referred to: "Now, as regards muscular exertion, there is a notable speciality, a radical difference in kind, signified by such phrases as 'the sense of power', 'the feeling of energy put forth', 'the experience of force or resistance'. This is an ultimate phase of the human consciousness, and the most general and fundamental of all our conscious states. By this experience we body forth to ourselves a notion of resistance, force, or power, together with the great fact denominated an external world" (p. 82). In its intellectual aspects, therefore, the muscular sense aids us in "the discriminating and identifying of degrees and modes of the characteristic consciousness of expended energy;" its revelations have reference to "the great facts of the object world named resistance, force, power, velocity, space, time, etc." But, in this account, as it appears to me, Professor Bain displays only a very meagre power of analysis. Throughout his exposition, he tends to confuse his readers by bringing under one head a number of feelings as pertaining to the "muscular sense" which assuredly have nothing to do with this, with others which are more generally admitted to depend upon its activity—though even these are, as I think, admitted into such a category upon insufficient grounds. Surely he will not deliberately maintain that *all* the feelings connected with movement are appreciable by means of the "muscular sense", or that the different sensations which we derive from a dead strain or from a quick or slow movement are referable solely, or even chiefly, to the impressions derived through the intervention of the "muscular sense, which he thinks is concerned with peculiar active modes of sensibility." Yet we feel sure that most people, who did not know to the contrary, would gather this to be Professor Bain's meaning, so little does he speak of the manner in which we are rendered conscious of the different movements of our limbs, and of the states of our muscles, by the ordinary, or, as they have been termed by way of distinction, by the *passive*, modes of sensibility. Are we not conscious of cutaneous sensations, and of sensations emanating from our joints during the movements of our limbs—of passive impressions proceeding from skin, from bone, and possibly from ligament? Nay, are we not also, to some extent, rendered conscious of different sensations emanating from our muscles during different states of contraction—sensations dependent as much upon a passive mode of sensibility as are those impressions which we derive from our articular surfaces? And, if we do derive knowledge of this kind, as seems to be absolutely certain, would it not have been better if Professor Bain had directed more prominent attention to these facts, and if he had let us know definitely how far, in his opinion, our knowledge of movements and of muscular tensions was dependent upon mere passive modes of sensibility, as contradistinguished from those presumed active modes of sensibility which alone, as he elsewhere admits, fall within the sphere of the "muscular sense", and can be considered as "concomitants of the outgoing current."

But we can, perhaps, throw some additional light upon Professor Bain's views. Although he seems to indicate his acceptance (at p. 62) of Dr. Sharpey's statement that by means of the "muscular sense" "we become conscious of the existing state of the muscles which are subject to the will, or rather of the condition of the limbs and other parts which are moved through means of the voluntary muscles," yet in a note (appended to p. 98), after having spoken of the three modes (strength, continuance, and rapidity) of muscular action which we are conscious of exercising in different degrees, he proceeds to speak of a fourth variety of muscular discrimination, namely, "the sense of the amount of contraction of a muscle, and of the position of the limb in consequence." And then we find that, whilst he does include under the head of the "muscular sense" many impressions which others would not include, that which most people have regarded as the primary or typical form of the "muscular sense" manifestation is only regarded by Mr. Bain as having a subordinate importance and a secondary mode of origin. Speaking of this discrimination (the sense of the amount of contraction of a muscle), he says: "Now, the discrimination must no doubt be an original fact—one cannot see how it could be acquired; but the meaning given to it, the interpretation of the position of the limb and of the magnitudes embraced between two outstretched parts, is wholly acquired. We must learn by experience what movements correspond to the transition from one mode of contraction to the other; *extension must be measured first by movement*". With this latter sentiment I entirely agree: extension must be measured first by movement. But then there is still the original question, How are we conscious of these movements?—through passive modes of sensibility, or through so-called "active" modes? Now, I am prepared to maintain that this conscious impression, which we sometimes derive from a muscle in a state of contraction, is the only one (of the many conscious impressions whence we derive our knowledge of our own movements) that could by any possibility be considered as "a concomitant of the outgoing current", as an active mode of sensibility. If, in Mr. Bain's opinion, such a conscious discrimination is not the essential work of the "muscular sense", then it seems to me undoubtedly to follow that everything which he includes under the prominent head of "Feelings of Movement" must be resolved into the mere passive forms of sensibility to which I have just been alluding, and to which he scarcely refers at all. If it is not through our discrimination "of the state of the muscle's contraction" that we get evidence, as it might possibly be argued,* through a so-called "active" form of sensibility, as to the nature, extent, and duration of muscular movements, then I maintain that nothing would remain by which we could become conscious of our own muscular movements, save certain passive modes of sensibility derived from our articular surfaces, our muscles, and our skin, and certain associations which have been built up between these and previous visual impressions. If, in quick movements and in slow movements, in powerful muscular contraction and in weak muscular contraction, we do not derive our knowledge concerning these movements from some knowledge, either mediate or direct, of the actual modes of muscular contraction themselves, apart from the cerebrum's appreciation of the volitional effort, then I maintain that there is nothing left, save various modes of passive sensibility, through which it is possible for us to obtain cognizance of such movements. For has it not been previously shown that the doctrine as to the impressions of the "muscular sense" being concomitants of the volitional act, and dependent upon the mind's appreciation of its own outgoing energy, is one altogether untenable, by reason of the direct contradictions to this view which certain diseased conditions present? How repugnant such a conclusion would be to Professor Bain, I am fully aware; for does he not say (p. 77) that, if the feelings of movement are due to impressions passing to the brain by ordinary afferent or sensitive nerves, "the most vital distinction within the sphere of mind is bereft of all physiological support?" Perhaps, however, the case is not quite so desperate as Professor Bain imagines. The antithesis of movement and of sensation is real and fundamental, and is not vitally affected by its being proved that we derive our knowledge of the former in this or in that way.

But, in order to judge for ourselves whether there are really any impressions of which we are *conscious*, derivable through the exercise of the so-called "muscular sense", it is desirable that we should inquire into the true nature of the impressions occasioned by what is considered by all preceding writers to be the purest form of the exercise of the "muscular sense": I allude to the estimation of weight. In the estimation of weights, whether relatively or absolutely, our muscles are subject to a dead strain—that strain which helps to give us our notion of Resistance; and, since the time when Weber made his celebrated experiments, it has been believed by most physiologists that our appreciation of weight was due mainly to the exercise of the "muscular sense", and was aided only by tactile impressions. As I have already stated, Jaccoud and others regard such a test as this to be the only one that is valid in order to ascertain whether, in certain diseased conditions, there is or is not any impairment of the "muscular sense". Now, for my own part, I look upon even this conclusion as one which ought not to be allowed to pass unchallenged; and for these reasons. In the first place, the experiments of Weber do not seem to me to be anything like so conclusive as Mr. Bain and others appear to think them. They are thus described by Todd and Bowman (p. 431): "Weber performed experiments to ascertain how far we are capable of judging of weight by the mere sense of contact. He found that, when two equal weights, every way similar, are placed on corresponding parts of the skin, we may add to or subtract from one of them a certain quantity without the person being able to appreciate the change; and that, when the parts bearing the weights, as the hands, are inactively resting upon a table, a much greater alteration may be made in the relative amount of the weights without his perceiving it, than when the same parts are allowed free motion. For example, thirty-two ounces may thus be altered by from eight to twelve when the hand is motionless and supported, but only by from one and a half to four when the muscles are in action; and this difference is in spite of the greater surface affected (by the counter pressure against the support) in the former than in the latter case. Weber infers that the measure of weight by the mere touch of the skin is more than doubled by the play of the muscles. We believe this estimate to be rather under than over the mark." This, I believe, is the strongest evidence that has ever been brought forward to show that there is a distinct power of appreciating weight by muscular action, and that the discriminating power so called into play is even greater than we are able to exercise with the aid of the tactile sense. Before criticising these experiments, however, I will call particular attention to some of the results which have been arrived at by Bazire and Jaccoud in the examination of persons suffering from locomotor ataxy. Bazire examined eight patients suffering from this disease, as to their ability to appreciate differences of weight; and, he says, "in two alone (Nos. 6 and 7) was the result of the test of weight doubtful; in the other six, there was decidedly an impairment of this faculty, both in the upper and in the lower extremities." But then, as he has previously stated, and as appears from his description, Nos. 6[*] and 7 are the very two cases also out of the whole eight "in which the *sensibility to touch* was not appreciably impaired." Then, looking to the six cases which were examined by Jaccoud, it was found that the degree of diminution in the ability to discriminate between different weights was different in different cases; but Jaccoud also adds: "In these six patients, the cutaneous sensibility was diminished in different degrees; in No. 2, the notion of temperature was alone preserved." Thus we find that the tactile sensibility was entirely abolished in one case; and, when we look to its details, we find that this case also is the one in which there was the most extreme inability to appreciate differences of weight.[†] Surely this looks very much like concomitant variation. And Dr. Bazire's cases do supply most valuable and positive information. In these two individuals, there was no motor weakness, and no diminution of sensibility; yet there was notable ataxy and irregularity in the movements, aggravated when the eyes were shut, so as almost to force us to come to the opinion that they had lost some means of guidance ordinarily made use of in the execution of voluntary movements—that they were suffering, in fact, from a paralysis of the "muscular sense". And yet, when these patients are tested in order to ascertain the amount of this, it is found that they suffer from no appreciable diminution of that ability to discriminate between different weights, which has been supposed to be the index of the integrity of this sense. Their power of appreciating differences in weights could not be said to have been diminished; that is to say, the diminution, if any, was so slight as to make its very existence doubtful. Surely evidence such as this should make us look a little more closely into the grounds of the opinion that would include the estimation of weight as one of the notions derivable through a muscular sense. Now, in spite of what had been previously said as to the superiority of the muscular sense over the sense of touch in discriminating differences of weight, Todd and Bowman added on the next page the following statement: "The relative power of different parts to estimate weight corresponds very nearly with their relative capacities of touch. Weber discovered that the lips are better estimaters of weight than any other part, as we might have anticipated, from their delicate sense of touch, and from their extreme mobility. The fingers and toes are also very delicate instruments of this description. The palms and soles possess this power in a very remarkable degree, especially over the head of the metacarpal and the metatarsal bones; while the back, occiput, thorax, abdomen, shoulders, arms, and legs have very little capacity of estimating weight." Now, I would ask, how is it reconcilable, if the muscular sense is two or three times as acute as the tactile sense, that, nevertheless, the ability of different parts of the body to appreciate weight does depend so very closely upon their relative capacities of touch? Why should the weaker faculty appear the dominating one? Could there have been any mistake about the original conclusion? In my opinion, the experiments, from the results of which the conclusion was drawn, were neither crucial nor satisfactory. Surely, when the *back of the hand is placed upon a table*, and a weight is placed upon its palm, the person is not in a favourable condition for exercising a critical discrimination as to the weight applied. Instead of thinking that the counterpressure against the support should have tended to increase the activity of the tactile discrimination, I think we should come to just the opposite conclusion: that the case was not a fair trial, because the person did not appreciate the mere sensation produced by the weight as emanating from the surface pressed upon, but also received in his sensorium at the same time a number of impressions emanating from the back of his hand, which, so far from aiding him in his judgment, would be a source of mental distraction. Then I would say also that, in estimating such heavy weights as Weber employed, the person would almost certainly have experienced sensations emanating from the muscles themselves; and there is really no reason for believing that these sensations, derivable from a muscle which is contracting somewhat strongly, do not reveal themselves to us by means of the ordinary sensory nerves of the muscles. I believe they are due to the common sensibility of the muscle testifying to its own organic conditions, and that these sensations may well be part components of the impressions by which we are enabled to judge of differences of weight. And, if this be the case, then it was only to be expected, as I think, that there should have been a much greater power of discriminating differences of weight when this common sensibility of muscle was allowed to act in conjunction with the tactile impressions, than when these latter were appreciated alone and apart from all disturbing influences. Taking these considerations, in conjunction with the facts recorded by Bazire, it seems to me that Weber's conclusion from these particular experiments should be rejected, and that we should be bound to admit that this last stronghold for the supposed conscious impressions of the "muscular sense" as active modes of sensibility must be surrendered.[*]

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* Though I feel convinced myself that this sensibility of muscle is as much a passive mode of sensibility as any other that could be named. And yet in this sense, too, it is a "concomitant of the outgoing current." It is a mode of sensibility which is always awakened by an outgoing current. This current throws the muscle into certain organic states, which produce corresponding impressions upon the ordinary sensory nerve-fibres distributed to the muscle.

[*To be continued.*]

THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

NOTE ON THE DOSE OF IODIDE OF POTASSIUM IN SYPHILIS.

By WALTER TYRRELL, Esq., Great Malvern.

In syphilis of long standing large doses of iodide of potassium are, I believe, imperatively necessary. In America, where this drug is looked upon as almost a specific for syphilis, it is customary to give it in very much larger doses than we have any idea of, and often with the utmost benefit. Two cases have recently come under my notice, in which I have given it in large doses with great effect, after it had been used in small quantities for some time. In the first, syphilis had been of two years' standing, and there was considerable eruption and ulceration both of throat and legs. The patient had been under treatment since the first appearance of the disease, and was, as the date at which I saw him, taking three grains of iodide of potassium thrice daily. I put him at once on one drachm daily in scruple doses, the improvement was most marked and rapid, and was continued for about six weeks; he has since continued perfectly well. In the second case, syphilis was of seven years' standing; and, when I saw the patient last August, there was most extensive necrosis of the floor of the nose and vomer, ulceration perforating the soft palate, and a complete prostration of vital power, the patient being anæmic and very low in flesh. He had for months together taken iodide of potassium in small doses, also mercury, both inwardly and in baths, tonics, etc. In this case, I began with half-drachm doses, carried up to a drachm and a half, thrice daily, in the course of a month. Under this treatment, in less than two months, he gained nearly twenty-eight pounds in weight, his general health improved so much that he was able to take horse-exercise, the necrosed bones separated, and the ulceration healed entirely. In December he was able to return to his duties, though still continuing the iodide of potassium.

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[*] The details of this case I have partially quoted.

[†] Whereas healthy individuals can distinguish on an average from 50 to 70 *grammes*, this individual could only distinguish a difference of 3000 *grammes* by means of his right leg, and 2800 *grammes* by means of his left.

[*] The case of the house-painter examined by Trousseau, which I have already quoted, seems to lend additional confirmation to this view.

AN ABSTRACT OF CASES UNDER TREATMENT IN THE WESTMORELAND LOCK HOSPITAL:

WITH REMARKS AS TO VENEREAL AFFECTIONS IN DUBLIN.

By JOHN MORGAN, F.R.C.S.I.,

Professor of Surgical and Descriptive Anatomy in the Royal College of Surgeons of Ireland; Surgeon to Mercer's and the Westmoreland Hospitals; etc.

THE numerous cases of venereal affections occurring in proportion to the unhappy class of fallen women, in the city of Dublin, has become a subject of considerable importance to the public at large, and to the State more immediately, with regard to the health and efficiency of the army and navy.

In so large a city, with a population of 258,328, and a garrison of 4,967 men, it is a serious matter to find, by the statistics of the Westmoreland Lock Hospital, that, for the year ending March 31st, there have been 676 cases of venereal disease admitted to its wards; that many of these cases were examples of primary and contagious sores; and that the subjects of these sores had been plying their pernicious trade for weeks and even months previously, though suffering acutely from the disease. As this number of admissions represents only those cases who *voluntarily* presented themselves for hospital treatment, and in many instances only because pain prevented them from continuing their usual career, it may be readily allowed that a vast number were treated outside the hospital—some at dispensaries, and some by purchasing popular remedies and treating themselves in their homes, though perhaps all the time acting as propagators of disease.

The statistical returns of the police force for the last four years give the following results as to the number in Dublin.

In 1865, there were 1,075 women living in 191 houses of ill-fame.
,, 1866, ,, 1,031 ,, ,, 195 ,, ,,
,, 1867, ,, 1,047 ,, ,, 161 ,, ,,
,, 1868, ,, 967 ,, ,, 185 ,, ,,

The police admit that these figures represent those only who are well known, and who inhabit houses of such ill repute, that they can demand admission, and thus tabulate the residents. It will be seen that, though apparently the number of women has diminished, yet the houses are increased, during last year; and, as the number of houses is the better criterion on the whole, it may be concluded that the number of women is greater, but that they are more disseminated through the city in rooms and lodgings.

If, with a recognised police-number of 967 women, there were 676 admissions to the hospital, some appreciation may be formed as to the utility of the institution on the *voluntary admission* system; but it proves at the same time how much more prevalent is venereal disease than is generally supposed, and how great is the necessity for active governmental, compulsive, and regular treatment. The effect of this state of things on the civil population cannot, of course, be so appreciable as amongst the military, where the cases are regularly tabulated. Thus, on March 26th, 1869, with a garrison of 4,967 men, there were in hospital, from various causes, 303 patients; and of these, 156, or one-half, were suffering from venereal affections, 98 from primary sores—laying thus, in many instances, the basis for future deterioration of health, long confinement to hospital, and final inability for service. These 98 cases probably contracted the disease in Dublin; and it may be anticipated that the after-consequences will be tedious. As I have charge of the first admission ward of the Lock Hospital, I find (as will be seen on referring to the subjoined table) that almost invariably constitutional signs developed themselves in those cases that had been affected for the first time, and by disease contracted in Dublin.

As proof of the beneficial effect of more active means for repression of the disease being adopted, the return lately referred to in the BRITISH MEDICAL JOURNAL is most conclusive, showing that at Aldershot, where the Contagious Diseases Act is in operation, "in a strength of about 15,000 men, the admissions from this class of disease for the week ending March 12th were only 22; whereas in Dublin during the same period, among 5,000 men, the admissions from the same causes amounted to 49."

That the affection is now of an infecting character in Dublin, the wards of the hospital furnish sufficient evidence; and, so long ago as 1865, the Report of Sir H. Storks, K.C.B., when Governor of Malta, proves that the same type was then prevalent in this city. He says: "On April 12th, 1865, the garrison numbered 6,192 men. The whole number suffering from the disease was 5. On that day, a regiment landed from *Dublin*. This regiment brought 19 cases of contagious diseases into hospital; and, within one week after its arrival, the number was increased to 38, by the addition of cases undetected during the voyage. On July 1st, another regiment came, also from Dublin, bringing 16 cases, which, in the course of a week, were increased to 23 by this regiment alone. Notwithstanding this addition of contagious disease, the speedy separation of the infected prevented the disease from spreading; so that on October 21st the whole garrison afforded but 8 cases of the disorder." From this report, it is to be concluded that these were instances of infecting sore contracted in Dublin, as the incubative stage had been undergone during the voyage, and developed the disease in the usual order after the arrival of the troops. The repression of the further progress of this form of contagion by "speedy separation" must have saved the State much unnecessary cost, and preserved very considerably the efficiency of the troops in garrison.

As the increase of voluntary admissions to the Lock Hospital here in Dublin shows, we must conclude, but a percentage of those who have contracted fresh disease during the year, some estimate may be formed of the number of undetected and untreated cases which have existed, and do exist at the present moment, as fertile and continuous sources of infection.

I believe that the characteristic recklessness of the working population, and of the higher classes of society when living a "fast" life, contributes much to this wide-spread extension of the disease. The habitual indulgence of drunkenness, and the common use of spirits for the purpose of drowning pain and giving artificial energy while suffering from disease, no doubt is also most potent in its evil effects.

It would seem that the powers of the police force in Dublin, while well-intentioned, are insufficient, so far as this special class is concerned. The more fortunate and better-circumstanced class of women, who, if diseased, can for the most part obtain treatment in their own homes, are allowed to live in healthy parts of the city and outskirts; while the vast majority and the less fortunate are located in the worst positions, in alleys and "slums", living together in communities, in wretched, unhealthy houses. The power is yet required whereby a separation of the diseased could be at once effected, and the overcrowding of the inmates (including, no doubt, several diseased persons) be more thoroughly guarded against. If possible, these unfortunates should be allowed to inhabit more healthy and fixed localities, known to the police, and under better hygienic circumstances. While they should not be prevented the open air in the daytime, the present immoral system of flaunting in the chief streets at business hours, in ridiculously showy attire, might be forbidden. The whole question of the restriction of the disease, or even its possible "stamping out", is of interest to the profession on scientific grounds, to the State on simple economic principles, and to parents of the rising generation specially, as they may otherwise be destined to see their sons affected by a subtle disease, which, if actively legislated for by them, might have been averted, or even so far modified as to leave the after-results of a less deteriorating nature on the recipients and their future offspring.

During the past half-year, 196 patients have been under my observation and treatment. Of these, 104 were suffering from sores on the genitals, with or without bubo or constitutional signs.

26 were admitted who never were before diseased.
21 were admitted who were once diseased previously.
16 were admitted who were twice diseased previously.
6 were admitted who were three times diseased previously.
8 were admitted who were four times diseased previously.
6 were admitted who were five times diseased previously.
5 were uncertain, and had suffered mostly from gonorrhœa.

Notwithstanding the difficulty of securing reliable data as to the occurrence of primary disease, I have after not a little trouble obtained the following tolerably accurate information, as to the length of time during which several, the subjects of genital sores in a virulent form, have admitted that they led an irregular life while suffering from the disease, even up to a period of three months previous to entering the hospital.

13 cases existed before admission........................ 1 week.
14 cases existed before admission........................ 2 weeks.
5 cases existed before admission........................ 3 ,,
9 cases existed before admission........................ 4 ,,
2 cases existed before admission........................ 5 ,,
2 cases existed before admission........................ 6 ,,
4 cases existed before admission........................ 8 ,,
3 cases existed before admission........................ 12 ,,

As this question is of great public and scientific importance, a review of the mischief that might be caused by these 52 contagion-centres is appalling, for by these 52 "centres", probably 2,500 persons were in imminent danger of infection in three months;[*] in addition, ten patients, having sores on the genitals, stated positively that they had desisted from any communication when they found out the existence of the disease. It may, however, be fairly assumed that, at least, the sore had been in activity for one week previously to admission; this would give an increase of 140 risks; so that, from 62 patients, 2,640 persons were in imminent danger of infection in three months. Cases where the genital sores have existed over three months, while leading an unvirtuous life, have not been infrequent.

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[*] Assuming that communication were had with twelve or fourteen persons a week.

In 3 cases, the sore has existed	4	months.
In 3 cases, the sore has existed	5	,,
In 1 case, the sore has existed	10	,,
In 1 case, the sore has existed	11	,,
In 1 case, the sore has existed	13	,,
In 1 case, the sore has existed	14	,,
In 1 case, the sore has existed	16	,,
In 1 case, the sore has existed	17	,,
In 2 cases, the sore has existed	18	,,
In 1 case, the sore has existed	20	,,
In 1 case, the sore has existed	36	,,

As these had assumed more or less the character of chronicity, they were not auto-inoculable, but of great extent and slow in their progress. There may be some question as to their special power of contagion. If they be contagious, the mischief done is incalculable, and shows how disease may pervade the community at large.

The following table represents the periods during which the patients admitted they had been leading an irregular life, previous to their admission to the hospital as diseased.

For 1 month	3	cases.	For 6 years	4	cases.
For 2 months	1	,,	For 7 years	7	,,
For 3 months	5	,,	For 8 years	5	,,
For 4 months	2	,,	For 9 years	2	,,
For 5 months	1	,,	For 10 years	6	,,
For 6 months	6	,,	For 12 years	1	,,
For 9 months	5	,,	For 13 years	1	,,
For 12 months	8	,,	For 14 years	1	,,
For 18 months	12	,,	For 15 years	1	,,
For 2 years	4	,,	For 16 years	1	,,
For 3 years	8	,,	For 17 years	2	,,
For 4 years	7	,,	For 20 years	1	,,
For 5 years	9	,,	For 25 years	1	,,

Of these, several had been diseased on previous occasions.

The cases admitted suffering from genital ulcers for the first time were 26 in number—mostly young girls, robust and otherwise healthy, aged from 15 to 23 years. The sores were, as a rule, non-indurated; the glands in the groin did not often suppurate, but were frequently swollen and painful on one side only.

5 cases were followed by mucous patches only.
1 case was followed by mucous patches and laryngeal ulcer.
3 cases were followed by papulæ and patches.
3 cases were followed by mucous patch.
1 case was followed by bubo and patch.
2 cases were followed by papular eruption only.
2 cases were followed by secondary ulcers.
1 case was followed by pains and ulcers of fauces.
1 case was followed by papular and severe pains.
1 case was followed by papular and patch of fauces.
1 case was followed by papular and erythema of throat.
1 case was followed by papular bubo and inoculated sore.
2 cases were followed by papular iritis and pains.
1 case was followed by roseola only.

There is but one case which has not as yet shown constitutional symptoms.

General Tabulation of Cases under Treatment, not including Primary Sores.

	CASES.
Papular eruptions	10
Papulæ and roseola mixed	4
Ecthyma	4
"Patches" of anus and genitals	14
Syphilitic maculæ	1
Tubercular eruption	2
Iritis of one eye	3
Iritis of both eyes	1
Pemphigus	2
Anal fissures (severe)	1
Rupia	2
Secondary ulcers	4
Myringitis	2
Ulcers of the mouth	2
Ulcers (deep) of the tongue	4
Extensive sloughing ulcer of pharynx	2
Ulcerations of the larynx	7
Extensive ulceration of the rectum	2
Severe syphilitic pains	5
Large gummata	3
Gummata on the heart	1
Incidental abscesses	5
Prolapsus uteri et vaginæ	3
Urethra destroyed by ulceration	3
Nodes and exfoliations	5

The comparative frequency of these manifestations where the subjects of them have been affected several times by genital sore, in contrast with the preceding table, where they have been but once the recipients, is remarkable. The formation of patches and the development of the papular eruption, are evidently the earlier and more frequent evidences of constitutional infection. Several of these cases were the subjects also of gonorrhœa, complicated with ovarian irritation, with abscess of the labium, or suppurating bubo.

CLINICAL OBSERVATIONS IN SURGERY.

By T. B. CURLING, F.R.S.,
Surgeon to the London Hospital.

I.—Case of Severe Rupture of the Kidney: Recovery.

A. R., a healthy man, aged 32, an engineer, fell from a height of about four feet on the round top of an iron worm, striking the left side of his abdomen between the ribs and crest of the ileum. Shortly after the accident he vomited, and he was then carried to the London Hospital suffering from pain at the seat of injury, and in a state of partial collapse. The house-surgeon (Mr. Sheffield) on examining the surface of the body could detect no marks of injury. The patient refused to remain in the hospital, and returned home. In a few hours he vomited a small quantity of blood, and passed some urine darkly tinged with blood. The next day (November 5th, 1868) he returned to the hospital, suffering great pain in the loin, and he was then admitted. He was ordered to bed, a dose of laudanum was given him, and he was put on a diet of milk and beef-tea. The pain continued, and he passed thick dusky-looking urine. On the 8th, the pain became more severe, and his urine became bloody, so much so that in the evening he passed by the urethra almost pure blood. He was ordered a grain of opium every four hours. I saw him for the first time on the 10th. His pains were relieved by the opium, but he was voiding blood very freely, and he continued to do so for several days, until he became quite anæmic and faint. Mustard plasters were applied to the left loin. On the 12th, he was seized with severe and continuous pain in the left loin. He had a haggard expression, and his lips were nearly colourless. He was restless and unable to sleep. Pulse 130; temperature 101.2; respirations 34 per minute. He afterwards suffered severely from vomiting. Blood still flowed with his urine. The pain in the loin was relieved by cupping, dry and wet, only a few ounces of blood being removed. Vomiting was allayed by sucking ice and taking brandy and soda water. In a few days the pain subsided, and he was able to take light nourishment. The muriated tincture of iron was ordered for him. The urine still contained a good deal of blood, and was alkaline, depositing a large quantity of the triple phosphates with a few oxalates of lime. Counterirritation by dry cupping was repeated, and gallic acid was substituted for the steel medicine. From this time the quantity of blood in the urine gradually diminished, and pus made its appearance and soon became abundant. He regained appetite and strength. By December 7th, he was able to leave his bed and move about the ward. All appearance of blood had ceased, but the urine contained pus and phosphates till the 11th, when it was free from deposit, and presented its normal colour. Specific gravity 1020. From this date he continued to improve in health and strength, and was discharged on the 15th. He was still weak and pallid and was cautioned to do no work, and to attend carefully to his health. He made his appearance at the hospital on the 29th, looking much better, and feeling stronger. He was free from all uneasiness, and his urine was quite clear.

The above is an abstract of the notes of the case, carefully taken by the dresser, Mr. Oswald Baker. The history of the injury and symptoms leaves no doubt that the man had sustained a severe rupture of his left kidney. The contusion in the loin, immediately followed by collapse and sickness, and soon afterwards by the passage of blood from the bladder, the continued hæmaturia accompanied with pain in the region of the kidney, and as the bleeding disappeared, the flow of pus with the urine, are all symptoms indicating that such was the nature of the lesion. The losses of blood were so large, and continued so many days, as to enfeeble the patient in an alarming degree. The tincture of perchloride of iron did not appear to check them, but they soon subsided after the patient had taken a few doses of tannic acid, but whether the cessation of the bleeding was owing to the influence of the remedy or to natural causes may be doubtful. The lesson to be learnt from this and similar cases of recovery after serious internal injury, is the reliance to be placed on nature's powers of repair, if not marred by unnecessary treatment. The kidney is one of the best protected organs in the body; and in the London Hospital, where so many accidents are admitted, a rupture of this organ is comparatively a rare injury, except in those crushing accidents or "buffer" injuries in which no organ or part is exempt from violence. Slight hæmaturia after a contusion in the loins occurs sometimes, the symptoms of injury being mild, and recovery speedy. But an extensive lesion, such as must have existed in the case I have related, is not common, and must be always dangerous, though not immediately so. Many years ago, a labourer, aged 30, was admitted into the London Hospital, having been injured by part of a brick-wall falling upon him. His loins were contused, but there was no suspicion of any serious internal injury. Ten days after the accident, he suddenly complained of severe pain in the lower part of the back; his abdomen became distended, and he sank rapidly, and died in a few hours. On examination of the body, I found the right kidney in the centre of an enormous mass of coagulated blood, ruptured transversely in two. Mr. Cock has related, in the first volume of the *Pathological Transactions*, a remarkable case of a complete transverse rupture of a large left kidney from a fall, in a lad, aged 18, whose right kidney was congenitally deficient. The lad lived, however, eleven days, became comatose, and died of urea-poisoning. Recovery after a laceration of the kidney must depend very much on the extent of the rupture and of injury to the bloodvessels, as well as on the health and age of the patient. We have very rarely an opportunity of ascertaining the extent of renal injury which may be borne without giving rise, sooner or later, to fatal consequences. Indeed, I know of no pathological investigations bearing on this point, with the exception of an observation contributed by Mr. Holmes to the eleventh volume of the *Pathological Transactions*. A kidney was removed from a man, aged 34, who died with dropsy after rupture of the kidney by the kick of a horse eighteen months previously. The line of rupture could be faintly traced through the substance of the gland. The ureter, which had been divided, was completely impervious. As the blood which flows after a severe laceration of the kidney finds a means of escape by the ureter, or becomes extravasated in the surrounding areolar tissue, the injury to this organ is not so dangerous as a laceration of the liver or spleen, in which the blood escapes into the peritoneal cavity without restraint, causing inflammation of the serous membrane.

ON THE ORIGIN AND TREATMENT OF STONE IN BOYS.

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For the formation of an urinary calculus, it is necessary that some foreign body should have gained entrance into the bladder; that some natural constituent of the urine should be relatively or absolutely in excess; or that some altogether abnormal substance should be present in the urine. In the last two cases, the material forming the stone is present in the urine either through defect of some excretory organ, or through some error in the chemistry of digestion—some dyspepsia, as it is termed, such as we believe to exist in oxaluria or diabetes, where sugar and oxalic acid are produced, as we may suppose, by some defects in the process of digestion or assimilation. Thus, in many cases, an urinary diathesis might be more appropriately called a dyspepsia; that is, a condition originating in a derangement of the process of digestion, and resulting in the separation at the kidneys of the products of the disordered process.

On this hypothesis one can account for the fact, that the prevailing urinary diatheses of children are the lithatic and the phosphatic, rather than the oxalic; since the lithic and phosphoric acids are normal constituents of the urine, and for their production in excessive quantities no such extreme derangement of the digestive or excretory system is necessary, as would be required for the formation of an altogether abnormal substance like oxalic acid. These considerations may also explain the much greater prevalence of stone among the children of the poor than among those of the rich, especially if we take into consideration the widely different hygienic conditions of children in the opposite extremes of social life. Children, if appropriately clothed, properly fed, and kept clean, have the natural constituents of their urine so duly proportioned that no materials are available for the formation of urinary concretions; while the digestion of such children is little likely to be so impaired as to give rise to the formation of any abnormal substance of a calculous nature. The children of the poor, on the other hand, are exposed to the very conditions most likely to give rise to stone; namely, an insufficient and almost arrested cutaneous excretion, from imperfect clothing and uncleanliness, tending to disturb the due proportions of the normal constituents of the urine, and to lead to a relative or absolute excess of some one constituent; while the digestive organs of poor children are constantly liable to disarrangement, from unsuitable food, from irregularities in their mothers' diet, or from the untimely administration of their mothers' milk; evils that would tend to give rise to the formation of abnormal substances of a calculous nature.

The prevalence of stone in early life among the lower orders is acknowledged. I cannot, however, find a surgeon who has met with a case in childhood in the upper classes of society, while among the middle classes I can hear of very few instances of the disease.

In later life, stone is at least as common among the rich as among the poor; and this may perhaps be accounted for by the prevalence of the various forms of dyspepsia consequent on the luxurious diet of the upper classes.

It would ill become me to offer the results of my experience to the Association in any but a spirit of deference, and in as compressed a form as possible. I shall therefore but briefly notice a few points connected with the symptoms and treatment of stone, appending to the paper a table containing the chief particulars of twenty-one cases of stone in boys, which are all that I have at present operated upon.

Symptoms.—Of the ordinary symptoms of stone, the most constantly observed were frequent and painful micturition, with pulling at the foreskin and pinching the glans; with occasional stoppage of the stream during micturition. The most rarely noticed symptom was hæmaturia. Indeed this, if considerable in amount, seems in children more frequently associated with renal than with vesical calculus. In one child, there was an absence of irritation about the glans penis, but great pain in the scrotum, the integuments of which had become pulled out and twisted into a mushroom-shaped pedunculated excrescence. In another case, where a large stone had existed some years, the boy was in the habit of pressing the hand on the perinæum as he walked.

The diseases which, in their symptoms, seem most closely to resemble stone in the bladder are—stone in the kidney and tubercular disease of the urinary mucous membrane; and to this fact Mr. Holmes draws attention in his recent work. (*Surgical Treatment of Children's Diseases*, p. 593.) In the cases of renal calculus that I have seen, the hæmorrhage was more profuse, and the irritation of the glans penis less than is usual in stone in the bladder. Tubercular diseases of the urinary mucous membrane counterfeits stone in its symptoms even more closely than renal calculus; since, in the tubercular affection, in addition to the subjective symptoms of stone, the bladder may be coated here and there with soft phosphatic deposits, which, though they never give the clear ring of a stone, yet communicate to the sound the unmistakeable sensation of calculous matter.

Means of Examination.—In addition to the ordinary method of sounding for stone, I would venture to recommend in a doubtful case the use of a lithotomy staff as a sound: this, by its large curve, flattens out the floor of the bladder, and, as one may suppose, stretches out the wrinkles in the mucous membrane. At all events, in two instances I have succeeded in finding a stone by means of this instrument when other means had failed. In neither of these cases could the stone be struck, but was felt by the forefinger in the rectum on the convex aspect of the staff. There is yet another way in which the existence of a stone in the bladder may be ascertained or verified—it is by ballottement from the rectum. The patient being either in the erect or semi-recumbent position, the forefinger is passed into the rectum, and the neck of the bladder is struck a smart, but very light blow, by suddenly flexing the last joint of the finger. If there be some urine in the bladder, and the stone be not very small, it may be felt to fall down against the finger after being tossed up into the bladder by the blow.

This plan may be found useful if a sound be not at hand, or if the patient or his friends demur to the use of that instrument. The bladder may, also, under chloroform, be very thoroughly examined when empty by pressing over the pubes with the left hand, while the right forefinger is thrust upwards from the rectum. In this way the two hands can be brought into sentient contact, and a foreign body, however small, can scarcely escape detection.

Treatment.—It is generally acknowledged (in this country at least) that the best cure for stone in children is by lithotomy; and, though I should be the last to dissent from this opinion, yet I venture to relate the following case of lithotrity in a child, as perhaps suggesting a safe method for dealing with very small and soft stones.

Robert Sears, aged 2½ years, was admitted into the Children's Hospital under my care in July 1866. He had been suffering some time severely with symptoms of stone; and, being extremely phimotic, he was at once circumcised, with but slight and temporary relief to his symptoms. On August the 20th he was sounded, and, though no stone could be struck, yet a small foreign body could be felt between the point of the forefinger in the rectum and the convexity of a lithotomy staff in the bladder. Having fixed the stone in this position, I tried to crush it, and evidently succeeded, as it was plainly felt to crumble away between the forefinger and the staff. Next day, the child passed several fragments, and some smaller grits of calculous matter; a day or two later, he passed some more minute fragments, and all symptoms disappeared; at the end of a week the child was discharged, cured. Such portions of the stone as could be collected were preserved: they indicate that it was of phosphatic composition, but do not allow one to estimate its size. The stone, as felt from the rectum, seemed to be about the size of a pea.

Lateral Lithotomy.—The results of the practice of lateral lithotomy, as contained in statistical tables, though on the whole favourable, yet shew a significant difference, according to the source whence the cases are derived—that is, whether they are the results of an indiscriminate collection of cases from various sources, or whether they are derived from the experience of individual surgeons.

The average mortality of large collections of cases, where hospital statistics and the experience of individual operators are blended, varies from one death in seven to one death in eight cases. The death rate in such tables is uniformly rather high, since they contain the experience of many operators, some of whom are skilled in the performance of the operation, and some are the reverse; the ill-success of these detracting from the success of those, the result is less favourable than a careful lithotomist may hope to attain. In support of this statement, I appeal to the experience of individual operators, such as Cheselden, Crichton, Martineau; and to the results of the operation in one hospital, namely, Addenbrooke's. These sources furnish us with six hundred and eighty cases of lithotomy, with forty-nine deaths, or nearly one death in fourteen cases. The number is thus made up:

	CASES.	DEATHS.
Cheselden	213	20
Crichton	200	14
Martineau	84	2
Addenbrooke's Hospital	183	13
	680	49

These differences in the rate of mortality are owing, as I venture to think, to the fact, which no one would dispute, namely, that the results of lithotomy are very largely influenced by the manner in which the operation is performed. Again, as regards the results of lithotomy in children under ten years of age. Mr. Poland, in Holmes's *System of Surgery*, has collected eight hundred and fifty cases from various sources, and finds the average mortality of the operations in these cases to be 1 in 17⅓; while Mr. Birkett, in the last number of *Guy's Hospital Reports*, gives the experience of the last ten years at his hospital, where 103 boys under ten years of age have been cut, with four deaths. Cheselden also operated on one hundred and five children under ten years old, with only three fatal results.

The advantages of the lateral operation for children, and the best method of performing it, are so generally recognised that any discussion on its merits would be out of place. On the minor, though not altogether unimportant, details connected with the operation, I would venture to make a few remarks.

First, as to whether the bladder should be full, half-full, or empty, at the time of operation: my own limited experience leads me to believe that the less urine there is in the bladder at the time of the operation the better, since the stone is more easily within reach of the finger, from the bladder in its empty state falling down into the pelvis; and it is the more readily grasped by the forceps, from the greater ease that one has in seizing a stone in a small cavity than in a large one. There is also another advantage in operating on an empty, or nearly empty bladder, which Cheselden well describes in the following words:

"It is very convenient to have the bladder empty of urine before the operation; for, if there is any quantity to flow out of the bladder at the passing in of the gorget, the bladder does not contract, but collapses into folds, which makes it difficult to lay hold of the stone without hurting the bladder; but if the bladder is contracted, it is so easy to lay hold of it that I have never been delayed one moment, unless the stone was very small." (*Cheselden's Anatomy*, 5th Ed., p. 331.)

The wound in the neck of the bladder necessary for the extraction of the stone is, without doubt, one of the chief sources of danger in the operation of lithotomy; and any means by which the size of this wound can safely be diminished are worthy of consideration. I have found that a wound of very moderate dimensions—that is, smaller than is usually employed—will suffice for the introduction of the finger into the bladder, if the operator, after making his incision along the staff, hooks up the staff with his right hand while he pushes his left forefinger along its under surface.

This plan was first suggested to me by my friend Mr. Savory, and I have ever since put it in practice. Its effect is to draw the horizontal incision in the urethra towards the vertical position, so as to make it continuous in direction with the cut in the neck of the bladder.

The ordinary forceps supplied for lithotomy in children are less suitable for the operation (being too wide in the blades, and too short in both blades and handles) than a more modern pattern with more narrow blades and longer handles. The latter require for their introduction into the bladder but little space; they can easily lie by the side of the finger in the wound, and, the point of the left forefinger being on the stone, they can be used to pick it up with precision and without delay.

The forceps to which I allude (made by Fergusson) measures across the widest part of the blades only three-eighths of an inch, while they are eight and a-half inches long; thus forming, by the very gradual divergence of the blades when grasping a stone, a good and safe form of dilator, should the stone be large.

Hæmorrhage is undoubtedly one of the most, if not the most, formidable, source of danger in lithotomy on children; and I believe it may be altogether avoided if the wound at the time of the operation be plugged with a conical plug, formed by winding a strip of lint around a gum-elastic cannula: not more than half an inch of the cannula should project beyond the lint, and this should rest just within the cavity of the bladder.

To ensure that the end of the tube is within the bladder, it is convenient to push in the cannula-plug over a long stout probe previously passed into the bladder. The plug is best kept in position by two long strips of adhesive plaister down the back and up the front of the abdomen, crossing over the site of the wound, where a hole must be made in the plaister to allow the urine to escape. I have used the plug in the last fourteen cases, and in every instance it has arrested hæmorrhage completely, from the time of its introduction. In the first instance, it was used for a very delicate boy, who, on the fourth day after lithotomy, was seized with convulsions and hæmorrhage. This bleeding recurred on the sixth day, and again on the eighth day; on each occasion, the plug was readjusted, and the bleeding at once ceased. In this instance, the child apparently owed his life mainly to the use of the plug. The next time that I used the plug was for a boy who began to bleed forty-eight hours after the operation; and since then I have always introduced it on the operating table immediately after the extraction of the stone, and no blood has been lost, save that which has flowed during the operation. The use of this kind of plug saves a great deal of pain during the first forty-eight hours after lithotomy, since thereby the urine is prevented from coming into contact with the raw surface of the wound until there has been some exudation of lymph. This relief from pain I have noticed in adults as well as in children. The tube and plug have been removed from twenty-four to forty-eight hours after the operation. On one occasion only has there been any inconvenience attending its use: it was in the case No. 13 in the table. In this boy the plug was left in for forty-eight hours; and subsequently a superficial tubular slough formed on the surface of the wound—a circumstance which delayed his recovery but little, since on the eighteenth day after the operation, all his urine passed by the penis.

The appearance of a scarlatinoid eruption is now generally recognised as an occasional sequela of lithotomy. Four of the cases appended to this paper suffered from this eruption, which, according to those best able to judge, is genuine scarlatina, somewhat modified, it may be, by the circumstances of the case.*

In all three instances, the rash closely resembled that of scarlatina in appearance, though no affection of the throat was observed. In one case there was desquamation, and the child suffered from severe, though not alarming, constitutional fever, followed by dropsy; and the eruption decidedly commenced in the neighbourhood of the wound, and thence extended to the whole body.

Though in no case have I met with a perinæal fistula after lithotomy, yet how small an obstacle to the natural outlet for urine may prevent the closure of the wound is instanced by two cases in which the wound would not completely close until after circumcision had been performed. One of the cases in the accompanying table was attacked with symptoms of pyæmia: that is, sixty hours after the operation, he was seized with a severe rigor, in which his temperature rose to 104.6 deg. and his pulse to 160; this was followed by a drenching sweat. Next day, another rigor occurred, and his temperature rose to 106 deg. He was treated with brandy, opium, and quinine immediately on the occurrence of each rigor; and subsequently he took regularly, for a week, the sulphite of magnesia. The boy recovered, and left the hospital three weeks after the operation. Eight days later, he was readmitted, looking ill, emaciated, and jaundiced; his spleen much enlarged, and with pus in his urine. He was again put upon the sulphite of magnesia, with quinine, and in the course of a fortnight he completely recovered.

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* See a Clinical Lecture by Mr. Paget (BRITISH MEDICAL JOURNAL, October 1864) also, Dr. Gee's opinion in Reynolds's *System of Medicine*, vol. i, p. 350.

The cases forming the appended table have no other features worthy of special comment, except it be that in one case two oval stones were found in the bladder cemented together by their apices, at an obtuse angle. In all the patients the operation was completely successful.

Case I.—T. Kybert, aged 2¾; very rickety. *Duration of Symptoms:* Four months; very severe; purulent urine. *Operation:* Jan. 14, 1863. Children's Hospital. Lateral lithotomy; the lower outlet of the pelvis was so small as to obstruct the finger towards the pubes. *Treatment and Progress:* Uninterrupted recovery, except that the external wound would not close until circumcision had been performed. *Result:* Cured. *Remarks:* Phosphatic stone, measuring 1 inch by ¾. Alive and well a year after the operation; very rickety.

Case II.—G. Day, aged 4⅓; much worn by disease. *Duration of Symptoms:* Twelve months; very urgent; a small stone was passed the week before admission. *Operation:* March 26, 1864. Children's Hospital. Lateral lithotomy; no hæmorrhage; an attack of syncope occurred directly after the operation. *Treatment and Progress:* Suppuration took place in the scrotum during recovery; the urine remained for a long time purulent, and the child unhealthy. *Result:* Cured. *Remarks:* A small lithic acid stone; three months afterwards, the child was quite well.

Case III.—H. Williams, aged 4; very delicate. *Duration of Symptoms:* Two years; hæmaturia; urgent; is liable to fits; has recently recovered from measles and scarlatina. *Operation:* July 2, 1864. Children's Hospital. Lateral lithotomy; bleeding ceased after a few minutes. *Treatment and Progress:* Second day, convulsions, followed by sweating at night; a second attack: fourth day, bleeding; plug applied: sixth day, bleeding recurred; plug readjusted: eighth day, bleeding again; plug readjusted, and allowed to remain in till it fell out, six days afterwards; in three weeks urine began to flow through penis, and in a month all passed the right way. *Result:* Cured. *Remarks:* Lithic acid stone, coated with triple phosphate, measuring ¾ by 9-16 of an inch.

Case IV.—J. Dagley, aged 15; healthy boy. *Duration of Symptoms:* As long as he can remember anything. *Operation:* Jan. 21, 1865. St. Bartholomew's. No hæmorrhage. Lateral Lithotomy. *Treatment and Progress:* Uninterrupted recovery; in one week urine flowed through urethra, and in nine days all passed per penem. *Result:* Cured. *Remarks:* Mulberry stone, measuring 1½ by 1⅛ of an inch.

Case V.—F. W. Gleisner, aged 3⅙; unhealthy; Londoner. *Duration of Symptoms:* Many months. *Operation:* May 8, 1865. Children's Hospital. Lateral lithotomy; free hæmorrhage, which ceased in two minutes. *Treatment and Progress:* For first 48 hours all urine passed through penis; on third day bleeding occurred, which syringing with cold water would not restrain; tube and conical plug introduced; child quite well in month. *Result:* Cured. *Remarks:* Lithic acid oval stone, measuring ⅜ by ¾ of an inch.

Case VI.—C. Jones, aged 10; unhealthy; Londoner. *Duration of Symptoms:* One month; constant micturition; hæmaturia; great suffering. *Operation:* Jan. 24, 1866. St. Bartholomew's. Lateral lithotomy; no hæmorrhage. *Treatment and Progress:* After 48 hours was able to retain his urine and pass it at will; in nine days all came through penis. *Result:* Cured. *Remarks:* A very small lithate of ammonia stone.

Case VII.—A. Gnossil, aged 3; unhealthy; Londoner. *Duration of Symptoms:* Uncertain. *Operation:* April 21, 1866. St. Bartholomew's. Lateral lithotomy; no hæmorrhage. *Treatment and Progress:* Third day after the operation a scarlatinoid eruption appeared; in 14 days all the urine flowed per penem. *Result:* Cured. *Remarks:* Lithic acid.

Case VIII.—J. Newison, aged 6; feeble London boy. *Duration of Symptoms:* Three weeks; a sound grates over a stone at the neck of the bladder; it can be felt from the rectum; had a rigor the day before operation. *Operation:* July 4, 1866. St. Bartholomew's. Median lithotomy; hæmorrhage free; tube and plug introduced; bleeding at once ceased. *Treatment and Progress:* In 48 hours the plug was allowed to fall out. *Result:* Cured. *Remarks:* Small lithic acid stone.

Case IX.—W. Elstead, aged 2½; Londoner. *Duration of Symptoms:* Nine Months; has great irritation about scrotum, the integument of which is pulled out into a condylomatous-looking appendage; urine purulent. *Operation:* Nov. 11, 1866. Children's Hospital. Lateral lithotomy. *Treatment and Progress:* For three days he retained and passed his urine through the wound; in 16 days all the urine passed per penem. *Result:* Cured. *Remarks:* Lithic acid, with thin coating of phosphates, weighing half an ounce, and measuring 1⅖ by ⅘ of an inch. The patient weighed just over 18 lbs.

Case X.—H. Manners, aged 15; from Foundling. *Duration of Symptoms:* From his earliest recollection; it was easily felt from the rectum; was therefore not sounded. *Operation:* Sept. 1, 1866. St. Bartholomew's. Lateral lithotomy; stone lay in a deep fossa behind prostate; easily removed; no hæmorrhage. *Treatment and Progress:* Uninterrupted recovery; nine days after the operation all the urine was passed through the urethra. *Result:* Cured. *Remarks:* A large lithic acid stone, coated with phosphates, measuring 2½ by 1⅝ of an inch.

Case XI.—S. Wiggins, aged 4½; Londoner. *Duration of Symptoms:* For some time very severe; urine purulent; sleeps on his face to gain ease from his pain. *Operation:* August 31, 1867. St. Bartholomew's. Lateral lithotomy; free hæmorrhage at once restrained by plug. *Treatment and Progress:* Plug removed 48 hours after operation; uninterrupted recovery. *Result:* Cured. *Remarks:* Moderate sized lithic acid stone.

Case XII.—J. Bearwash, aged 8; feeble boy; Londoner. *Duration of Symptoms:* Two months; rather severe; hæmaturia. *Operation:* Oct. 19, 1867. Children's Hospital. A tube introduced. *Treatment and Progress:* Day after operation a scarlatinoid eruption appeared; third day, symptoms of pyæmia, which recurred on fourth day; after 10 days all urine passed through the penis; a month later he was readmitted with purulent urine and enlarged spleen; discharged cured a fortnight later. *Result:* Cured. *Remarks:* A small lithic acid stone, weight 14 grains.

Case XIII.—W. Greenfield, aged 5; from Holloway. *Duration of Symptoms:* One year. *Operation:* Oct. 26, 1867. Children's Hospital. Lateral lithotomy; tube and plug introduced; slight hæmorrhage. *Treatment and Progress:* Plug removed 48 hours after operation; a tubular slough formed in the wound; in 18 days all urine passed per penem; two days after operation, a scarlatinoid eruption. *Result:* Cured. *Remarks:* A very small lithic acid stone, weight eight grains.

Case XIV.—A. Rose, aged 5; Newport Pagnell. *Duration of Symptoms:* One year. *Operation:* Oct. 30, 1867. St. Bartholomew's. Lateral lithotomy; no hæmorrhage; plug and tube introduced. *Treatment and Progress:* Plug removed after 48 hours; some cystitis followed the operation; in seven days could hold his urine, and in 14 days all urine passed per penem. *Result:* Cured. *Remarks:* Lithic acid stone, weight 30 grains.

Case XV.—S. W. Blaxter, aged $3\frac{11}{12}$; London boy. *Duration of Symptoms:* Long but uncertain duration. *Operation:* Nov. 22, 1867. St. Bartholomew's. Lateral lithotomy; no hæmorrhage; plug and tube introduced. *Treatment and Progress:* Plug removed in 48 hours; in six days could hold his urine; in 10 days all urine passed through the urethra. *Result:* Cured. *Remarks:* Moderate sized lithic acid stone.

Case XVI.—T. Parker, aged 5; London boy. *Duration of Symptoms:* Two years; severe symptoms; purulent urine and hæmaturia. *Operation:* Jan. 29, 1868. St. Bartholomew's. Lateral lithotomy; tube and plug introduced. *Treatment and Progress:* In 48 hours the plug was withdrawn; in 10 days the urine flowed naturally. *Result:* Cured. *Remarks:* Two moderate sized lithic acid stones, not in any way mutually compressed.

Case XVII.—J. M. Woodcock, aged 6; country boy. *Duration of Symptoms:* One year; slight hæmaturia. *Operation:* May 2, 1868. Children's Hospital. Lateral lithotomy; very soft stone, which was removed piecemeal; plug introduced. *Treatment and Progress:* In 24 hours plug was withdrawn; in eight days could retain his urine; the wound did not heal until the foreskin had been laid open; wound healed on 25th day. *Result:* Cured. *Remarks:* A large phosphatic stone, with a small lithic acid nucleus.

Case XVIII.—G. Cox, aged 2¼; country boy; rickety. *Duration of Symptoms:* Two years; great irritation; hæmaturia. *Operation:* June 20, 1868. St. Bartholomew's. Lateral lithotomy; plug introduced; no hæmorrhage. *Treatment and Progress:* Twenty-four hours after operation plug removed; second day, a scarlatinoid eruption beginning at the wound; in 10 days all urine passed the right way; had dropsy afterwards, and desquamated. *Result:* Cured. *Remarks:* Moderate sized lithic acid stone.

Case XIX.—T. Smith, aged 3½; country boy; Bedford; delicate and small. *Duration of Symptoms:* Two years and a half; symptoms, severe cystitis; no hæmaturia; prolapsus. *Operation:* July 15, 1868. Children's Hospital. Lateral lithotomy; no hæmorrhage; plug used. *Treatment and Progress:* Plug removed in 48 hours; on eighth day had an attack of mumps; began to hold his urine on 19th day; all passed the right way on 26th day; great cystitis, with mucus in urine; went home in bad health. *Result:* Cured. *Remarks:* Two oval stones cemented together by their apices at an obtuse angle.

Case XX.—C. E. Neale, aged 8; country boy; Tonbridge Wells; epileptic. *Duration of Symptoms:* Five years; complete incontinence; no hæmaturia; prolapsus; urine fetid; is said to have monthly attacks of pain. *Operation:* July 15, 1868. Children's Hospital. Lateral lithotomy; stone drawn forwards, and, being too large to escape, wound in the bladder enlarged slightly; plug introduced. *Treatment and Progress:* In 24 hours plug removed; 48 hours afterwards began to pass urine by the urethra; a week later some still urine flowed through the wound. *Remarks:* Stone, lithic acid, weight 7½ drachms, measuring 1¾ by 1 $\frac{1}{10}$ of an inch.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE XII.

BEFORE going into the final questions respecting the structure of the skull, Professor Huxley considered it necessary to review the leading facts respecting the nervous and vascular systems. Accordingly, the twelfth lecture was devoted to a description of the Development of the Cerebro-spinal Axis, and of certain Nerves—a process full of significance.

Returning to the earliest condition, we find the primitive groove, which soon becomes an elongated straight rod, with a longitudinal internal cavity—a condition which persists in Amphioxus.

Very early, however, the brain becomes differentiated from the spinal marrow (as the skull does from the vertebral column), the anterior part of the nervous rod enlarging into three hollow vesicles—1, the fore-brain; 2, the mid-brain; and, 3, the hind-brain. In all above the Lampreys, this stage of development is accompanied by a bending down of the fore-brain and mid-brain in front of the anterior end of the notochord.

The spinal marrow, or myelon, is formed by the enlargement and thickening of the primitive nervous rod, behind the brain. This thickening reduces the included cavity more and more, till only the minute *canalis centralis* is left; at the same time, two longitudinal grooves are formed—one on the dorsal side of the myelon, the other on its ventral aspect. The tissue of the dorsal and ventral laminæ in the neighbourhood of the myelon becomes modified at intervals, and transformed into the dorsal and ventral roots of the spinal nerves, and into those nerves themselves; and thus we see that these nerves have quite a different origin from what the myelon itself has.

In the embryo we have, besides the dorsal laminæ, the bifurcating ventral laminæ, which latter form the body-wall and the alimentary canal, with its suspending mesentery — the pleuro-peritoneal cavity being enclosed (as described in the third lecture) between the bifurcations of each ventral lamina. Such being the case, we might expect, *à priori*, that a branch from each nerve-root would ascend into the dorsal lamina, that another would pass directly outwards, and two others would follow the two plates formed by the bifurcation of the ventral lamina—one passing along the body-wall (or external plate), the other going down the mesentery to the alimentary canal (the internal plate); and this is what we find to be really the case.

The nerves which pass from the roots of the spinal nerves down the mesentery constitute the so-called sympathetic system, which is really no peculiar and distinct system, but is merely a special modification of part of the cerebro-spinal system. The longitudinal commissures, which connect together the sympathetic ganglia beneath the spine, are parelleled in Fishes by others, which similarly connect together undoubted spinal nerves. This is effected by the "lateral nerve," which is often spoken of as a branch of the fifth nerve; but nerves do not grow like the roots of a tree, but are formed by the metamorphoses of preexisting tissue along certain lines.

In Snakes, the sympathetic system is no more independent than are the dorsal spinal nerves of an ordinary Fish.

Turning, now, to the development of the brain, or encephalon, we find that the hind-brain grows into two parts. The more posterior of these becomes the medulla oblongata, in which the dorsal groove of the myelon is so widened out, and the laterally expanded *canalis centralis* has come so near the upper surface, that it is only bounded above by a most delicate sheet or nervous tissue. The anterior part of the hind-brain grows up above into the cerebellum, while below it forms the pons Varolii. The mid-brain has its upper wall more or less thickened to form the optic lobes, or corpora quadrigemina, while its much thickened floor becomes the crura cerebri. At the anterior end of the roof of the mid-brain, transverse fibres are developed, and form there the posterior commissure. The fore-brain grows out below into the pituitary body; while above a mass of cells, on the outside wall of its tegumentary covering, constitute the pineal gland. The side-walls of the fore-brain thicken immensely, and become the optic thalami, while its anterior wall (which is the normal anterior end of the brain) becomes the lamina terminalis. The cerebral hemispheres arise as outgrowths, one from each antero-lateral wall of the fore-brain, and from these again the olfactory lobes grow out, which at first (and permanently in some animals) contain a cavity directly continuous with that of the cerebral hemisphere of the same side, and (by the foramen of Monro) with the cavity of the fore-brain, or third ventricle. The anterior commissure is formed by a thickening of the lamina terminalis.

The optic nerves are outgrowths of the sides of the anterior cerebral vesicle, and they so remain in the Lamprey; the nerve of each eye growing out from its own side of the brain. The crossing of the optic nerves, or the formation of a chiasma, is a secondary superinduced condition.

The fornix comes to assume its peculiar shape and condition in the higher animals, through the great backward extension and sweep-round of the cerebral hemispheres.

The corpus callosum is an exclusively Mammalian structure, and is produced by the growth of transverse fibres, which pass between the adjacent sides of the two cerebral hemispheres, and thus, as it may, shut in a portion of external space. This space so appropriated is the fifth ventricle; and the two very delicate lamellæ which enclose and constitute the septum lucidum, are the much attenuated external walls of the cerebral hemispheres at that part.

The fibres of the corpus callosum always lie on the roof of the cerebral ventricles.

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ST. BARTHOLOMEW'S HOSPITAL.

FRACTURE OF THE BASE OF THE SKULL: FORMATION OF ABSCESS IN THE BRAIN AFTER APPARENT CONVALESCENCE: DEATH.

(Under the care of Mr. SAVORY).

S. L., aged 35, a carman by occupation, was brought to the Hospital on the 27th of August, 1868, a bale of cotton goods weighing three hundred-weight having fallen from a cart on his head. He was unconscious, and had a discharge of serous fluid from the right ear. He was very violent and had to be strapped down for nearly a fortnight, during which time he remained unconscious. His right eye was blackened; and he had paralysis of the right facial nerve. About two months after admission, a small collection of matter formed behind the right ear, which was let free. Up to this time, he had progressed favourably, and become quite conscious, less deaf, more clear in his intellect, and the facial paralysis less marked; the discharge from the ear had quite stopped. He was dieted on milk and beef-tea, with light puddings, and had occasional doses of castor-oil to keep his bowels open. About the beginning of November, Mr. Savory gave him permission to sit up, which he did for half an hour on three occasions. But from this time he became worse. He suffered from headache, the pain passing from over the right orbit back to the occipital bone. His bowels became constipated; he became more dull, and put out his tongue in a slow trembling manner, but his pulse was quiet and his temperature normal. His breath was very offensive; and he had a slight discharge of fœtid matter in his mouth, but no opening could be found; he had also some difficulty in opening his mouth. His wife observed that he did not take so much notice of her, or ask after his children in his usual manner. The pain in the head increased, and he became more sleepy. After November 21st (nearly three months after admission), his pulse, temperature, and respiration began to decline, his pulse being 60, temperature 94, and respirations 20. This continued up to November 24th, when they again rose slowly till December 3rd, the day before his death. His pulse then increased to 124, temperature 101, and respirations 44.

On December 4th, Mr. Sankey was called to him in the morning about 7 A.M., when he found him quite unconscious, his skin hot and breathing rapid. He died in the course of the morning.

POST MORTEM EXAMINATION.—On removing the scalp and temporal muscle on the squamous portion of the right temporal bone, a thin plate of bare bone the size of a shilling was found, with a small quantity of pus lying on it, and a fracture running through and completely across it. When the skull-cap was removed, the veins in the dura mater were much congested; and when the brain was lifted up the olfactory bodies were found soft and yellow, especially that on the left side, and a little further back was found a quantity of greenish pus, which came from two abscesses in the middle lobe of the *right* side. The membranes about the seat of fracture were red, soft, and separated from the bone by some inflammatory fluid.

ST. GEORGE'S HOSPITAL.

TWO CASES OF FRACTURE OF THE ASTRAGALUS.

(Under the care of Mr. PRESCOTT HEWETT.)

WE have been kindly furnished with the details of these cases by Mr. William Leigh, Surgical Registrar.

CASE I. *Fracture of the Astragalus; Removal of the Upper Half of the Bone; Good Recovery.*—J. D., aged 24, a labourer, was admitted into Oxford Ward on the 15th of March last, under the care of Mr. Hewett. The account he gave was that, whilst at work on a scaffold, he slipped off and twisted his right ankle. The height of the scaffold he estimated at about sixteen feet.

On admission, the right foot was dislocated outwards from the tibia. The inner malleolus could be felt very prominent, and the skin over it so tense that great fear existed as to whether it would not give way in attempting to reduce the dislocation. Immediately below and behind the inner malleolus, there was a prominence of bone to be felt firmly fixed. There was, also, considerable swelling about the ankle-joint. Reduction was attempted, but without success. The patient was then put under the influence of chloroform, and reduction again attempted, but with no better result. No crepitus could be detected. As it was thought unadvisable to interfere any further, the skin being very tense, and somewhat discoloured at the inner side, the limb was placed on an outside leg-splint, and Goulard's lotion applied. The swelling of the part subsequently increased; vesicles formed on the inner side; the skin gave way, and abscesses formed both on the inner and outer sides of the ankle-joint. These were laid open. As, however, the constitutional symptoms continued to increase, it was thought advisable, after consultation with the other surgeons, to lay the joint freely open, so as to ascertain the exact condition of the bones; to remove, if possible, the broken astragalus and save the foot; and, if not, to amputate the leg. On the 30th April (the morning of the operation), a serious complication arose; hæmorrhage of an arterial character suddenly made its appearance through the incision on the outer side of the ankle, to such an extent that it became necessary to apply a tourniquet to the femoral artery. It remained for solution whether the posterior tibial artery had not been laid open by ulceration, and the blood thus allowed to escape into the abscess behind, and thence through the wound at the point mentioned. Notwithstanding the complication, Mr. Prescott Hewett first laid the parts freely open by two very free incisions at the back of the malleoli. The incision at the back of the inner malleolus led directly into the ankle-joint, and there a piece of bone (the upper half of the astragalus) was found lying loose; this was removed with a pair of strong forceps; the remaining portion of the astragalus, which was still firmly attached by its ligaments, was left. The foot was brought into good position; the tourniquet was removed; and, as there was no further hæmorrhage, the limb was placed upon an Assalini's fracture-box. After the operation, the patient's health improved; the wound granulated, though at one time the skin threatened to slough. The wound, however, gradually filled in; and, when the patient was discharged from the hospital, on August 5th, it had quite healed. The foot was slightly turned out, with considerable thickening about the joint. The union was firm, and the joint apparently stiff. A light splint was applied to the ankle to give it support.

Since his discharge, the patient has presented himself at the hospital on several occasions. When last seen, about two months ago, he was walking well, with an elastic support. There was slight motion at the ankle, and the foot was still slightly everted.

CASE II. *Fracture of the Astragalus; Good Recovery.*—J. F., aged 37, a railway porter, while opening the doors of a railway train which had just arrived at the station, stumbled over a piece of wood which lay on the platform, and fell, his right foot being jammed between the platform and the step of a carriage.

On admission, the right foot was dislocated inwards; the outer malleolus was almost through the skin; and, on moving the foot, crepitus could be felt in the region of the astragalus. The thigh and leg were bruised and chafed in various places. Extension was made, and the foot placed on an inside splint in very fair position. There was subsequently considerable swelling and discoloration of the skin over the outer side of the ankle; but, by raising the limb well, and by the application of Goulard's lotion, this subsided. On August 1st, twenty-nine days after the accident, the leg was put up in pasteboard-splints, with gum-bandages, and the patient allowed to move about on crutches. When seen about eight weeks later, he was walking about well (the splints having been removed), with but slight inversion of the foot.

GREAT NORTHERN HOSPITAL.

TRANSVERSE FRACTURE OF FEMUR: DEFORMITY RESULTING FROM NEGLECT IN A LITTLE BOY AGED SEVEN YEARS.

(Under the care of Mr. GAY.)

H. L., aged seven, was admitted into the hospital on September 30th, with transverse fracture of the middle of the right femur. He was treated in the usual manner now adopted at the Great Northern with the long splint, extension being made by means of the weight and pulley. At the end of six weeks, the long splint was removed: there was perfect union with no shortening, and the limb was perfectly straight; a short gutta-percha splint was applied, as usual in these fractures, extending from the ribs to the knee, fixing the hip-joint, and giving a good support to the limb. He left the hospital with strict injunctions, as usual, to be brought once a week for some time. However, nothing was seen of the child for a period of two months, when the father brought him to the surgery, and the femur was then found to be bent at the seat of fracture at a considerable angle. Upon inquiry, it was found that the child had had the splint removed directly it left the hospital, and had been allowed to use the limb constantly without any support; consequently, it gave way at the seat of fracture, and was then much deformed. Mr. Gay wished to refracture the bone, which was, however, objected to by the parents. Nothing more was seen of the case at the hospital. In the JOURNAL of March 27th, there is an account of the same case treated by Mr. Holmes Coote, which makes it appear to have been badly treated. On the contrary, when the boy left the hospital no limb could have been united better. In proof of it being straight, the house-surgeon is in possession of the short gutta-percha splint, which was returned upon request by the father. It is very rare to have any shortening after fracture of the femur when treated by the above mentioned means of extension. We are indebted for the details of this case to Mr. Philip D. Hopgood, House-Surgeon.

ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.

DIVISION OF THE SUPRAORBITAL NERVE.

By J. Z. LAURENCE, F.R.C.S., M.B.

M. A. V., aged 48, was admitted into St. Bartholomew's Hospital, Chatham, October 24th, 1868. Some time previously she had received a blow immediately below the left eyebrow, and ever since had felt a continual pain in the ball, and in the circumorbital and nasal regions of that side. I found the lens dislocated downwards, the iris tremulous, a certain degree of scleritis and cyclitis, one sign of which were two lines of marked tenderness situated at the inner and outer margins of the cornea, from which they were distant about a line. The tension of the globe was normal; the uninjured right eye was also very slightly inflamed, somewhat intolerant of light, and ached and watered when she attempted to use it for reading. She also suffered slight pain in the right circumorbital region. With the injured eye she read CC at one foot; with the right eye X, at ten feet; 5½, at ten inches; and, with 20-inch convex glasses, 1½, at eleven inches. At shorter distances her reading power was much diminished. On October 26th, I divided the ciliary nerves in the two lines of tenderness of the left eye. By the 29th, the lines of incision had healed, the circumorbital pains around both eyes had diminished, and the asthenopic symptoms of the right eye were considerably lessened. By December 7th, considerable pain had recurred in the left eyeball and in the adjacent orbital regions. On pressing the inner and upper part of the ridge of the orbit she shrank back, and palpation with a probe revealed the most exquisite tenderness of the inner and upper part of the globe. In these regions I again divided the ciliary nerves; but, by the 25th of January, 1869, the pain in the eyeball, and in the orbital and nasal regions, had recurred with greater intensity than ever. As a last step, to endeavour, if possible, to relieve her without having recourse to removal of the eyeball, I divided the supraorbital nerve at the point where it lay in the supraorbital notch. From this time onwards she steadily improved. On February 4th, the circumorbital and nasal pains had all but disappeared; but, when the inner angle of the operation wound which, at that point, was still unhealed, was touched, she experienced a pain proceeding upwards in the direction of the sagittal suture to the vertex. The left frontal and parietal regions were quite benumbed. All vascularity had disappeared from the eye; which, however, retained mere perception of light. I last saw her on March 1st; previously to that there still remained a slight pain on the vertex, which, however, had disappeared under the application of a blister, and the internal administration of the iodide of potassium.

REVIEWS AND NOTICES.

A Treatise on the Transport of Sick and Wounded Troops. By Deputy Inspector-General T. Longmore, C.B., Honorary Surgeon to Her Majesty, Professor of Military Surgery in the Army Medical School, etc. London: 1869.

This is the most careful and thorough work on the transport of sick and wounded troops which has been published in any language. It consists of 514 closely printed pages, and is illustrated by nearly 200 woodcuts. As it is printed by Government, its price is only five shillings, and it is therefore likely to be placed on the shelves of every good medical library. It gives an exhaustive account of the modern system of transport in war, including full particulars of the proper positions of wounded men; and it enters into a minute account and criticism of all sick-transport conveyances. The author is well known as one of the most able military surgeons in the service, and is probably better acquainted with the subject than any one else in Europe. The work has both an historical and a present practical interest. It gives an account of every invention and appliance proposed for the transport of sick and wounded men; notices the good points, and indicates the bad. But it does far more than this; it lays down the principles of a complete organisation for meeting the casualties of active service; and if in any future war our army is found deficient in arrangements for sick and wounded (as was the case in the Crimea), it will not be Professor Longmore's fault. This book ought to render impossible such scenes of mismanagement and fatal incapacity as were seen after the battle of the Alma; but whether it will do so, depends not on Professor Longmore or on the Medical Department, but on our military rulers. It is evident from this book that our army is still without a proper system of transportation for war, and that, if peace were broken to-morrow, we should scarcely be better off than we were in 1854. No; we recall this sentence. In one respect we should be much better off, for we have now officers, of whom our author stands first, who thoroughly know what should be done. We look upon this work, published by Government, as a proof that the War Department is thoroughly aroused to the necessity, once for all, of introducing a complete and efficient system of transport for sick and wounded. They cannot do a wiser thing than call on Professor Longmore to organise this system, and to bring his knowledge and administrative powers to bear on a matter which is of vital moment to the army, and of the deepest interest to the community at large. The care for sick and wounded in war is now attracting the attention of every European power. It is felt by all, that if wars must be, their stern features must be at least tempered with mercy. Any power which in the next war allows its wounded soldiers to die untended on the field of battle, or who permits a transport loaded with sick to strew the ocean with corpses of men who had died without the least medical aid, will not merely lose military prestige as a power who knows not what war is, but will be held to offend against the very instincts of humanity. We refer to this matter, because in reading Mr. Longmore's book it is impossible not to see that he is by no means satisfied with things as they are. A great change is evidently necessary, if our means of transport of sick and wounded in war are to be commensurate with our mechanical skill, and with the scientific knowledge of our military surgeons. The whole transport department of the hospitals must be placed under medical control, and the army surgeon must be put in a position to carry out effectively this important part of his duty. To this we are evidently coming; but we hope our national slowness will not leave all arrangements till the last moment, when the tempest of war is upon us. In these days no man can tell how soon the thunder may burst from a clear sky, and it behoves every nation to stand guarded if it would preserve its honour and its national life.

Both for the copious information it gives us, and for the earnest of future improvement which it contains, we thank the author of this book, and we assure him that in our opinion he has done honour to his own service and to the profession at large by publishing it.

The Laryngoscope in Diseases of the Throat: with a Chapter on Rhinoscopy. By Sir George Duncan Gibb, Bart., M.D., LL.D. Third Edition. London: John Churchill and Sons. 1868.

When a practical book on the Laryngoscope in throat-diseases reaches a third edition, it requires but little notice from us, especially when the name of the author and the subject treated by him are together almost household words in the profession. We, however, state that the present edition, like its predecessors, is fully up to the present time, and contains all the information required, so far as useful directions and matter are concerned to make the student or practitioner an expert laryngoscopist.

We shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, MAY 15TH, 1869.

CONSTITUTION OF THE MEDICAL COUNCIL: DEPUTATION OF THE OBSTETRICAL SOCIETY.

A deputation from the Obstetrical Society of London waited on the Home Secretary on Tuesday, May 11th, to represent the grave defect in the constitution of the General Medical Council resulting from the want of adequate representation of obstetric medicine in that body. The deputation, which was accompanied by Dr. Lush, M.P., Mr. Finnie, M.P., and Mr. R. N. Fowler, M.P., was introduced by Dr. Lyon Playfair, M.P., and consisted of the President, Dr. Graily Hewitt, and the following members of the Council of the Society: Drs. J. C. Langmore, E. J. Tilt, Tyler Smith, J. Hall Davis, R. Barnes, J. Braxton Hicks, G. C. P. Murray, H. Gervis, A. Meadows, W. S. Playfair, C. Holman, F. C. Cory; and Messrs. J. M. Burton and J. Scott. Dr. Graily Hewitt said that the Obstetrical Society was a body of gentlemen interested in the cultivation of obstetric medicine, numbering nearly six hundred members, and including the most eminent practitioners in this department in Great Britain and the colonies. The Society had been in existence for ten years, and had effected much in furtherance of the cultivation of this branch of medicine. Dr. Barnes then directed the attention of the Home Secretary to the memorial presented by the deputation. Mr. Bruce received the deputation with much courtesy, and expressed his opinion that the matter now brought before his attention was one of great importance, and promised that it should receive his best consideration. The memorial presented was as follows.

1. The Obstetrical Society of London begs leave most respectfully to invite the attention of Her Majesty's Secretary of State for the Home Department to the grave defect in the constitution of the General Medical Council, resulting from the want of adequate representation in that body of obstetric medicine.

2. The General Medical Council is constituted of seventeen representatives elected by the Universities, the Colleges of Physicians and Surgeons, and the Apothecaries' Societies; by six nominees of the Government; and by a President elected by the Council itself.

3. Owing to the constitution of the governing bodies of the Universities and Colleges, these bodies have always elected representatives who neither teach nor practise obstetrics.

4. Amongst the members nominated by the Government there is not one who teaches or practises obstetrics.

5. The result is that at the present moment the General Medical Council does not contain a single member who has ever been a public teacher of obstetrics, and only two or three members who actually practise obstetrics.

6. The position and claims of obstetric medicine in reference to the Examining Boards and licence to practice are very unsettled; the provision of competent midwives for the poorer classes and the public services is in the highest degree unsatisfactory. The encouragement of obstetric science and the regulation of obstetric practice are duties of undeniable importance to the public interest.

7. Your memorialists submit that these duties can hardly be efficiently discharged to the public interest, or so as to command the confidence of the great bulk of the profession, by a body from which teachers and practitioners of obstetrics are practically excluded.

8. Your memorialists therefore earnestly pray that the constitution of the General Medical Council may be so remodelled as to make due provision for the appointment of members conversant with, and capable of informing the Council upon, matters relating to the science and practice of obstetrics.

The memorial is signed by Sir Charles Locock, Bart.; Graily Hewitt, M.D.; George Thompson Gream, M.D.; W. Tyler Smith, M.D.; Thomas Spencer Wells, F.R.C.S.; Thomas W. Nunn, F.R.C.S.; G. C. P. Murray, M.D.; William Playfair, M.D.; William O. Priestley, M.D.; Henry Oldham, M.D.; Robert Barnes, M.D.; J. Braxton Hicks, M.D., F.R.S.; J. C. Langmore, M.B.; E. J. Tilt, M.D.; J. Hall Davis, M.D.; H. Gervis, M.D.; Alfred Meadows, M.D.; C. Holman, M.D.; F. C. Cory, M.D.; J. M. Burton, F.R.C.S.; and J. Scott, F.R.C.S.

We give prominence to the proceedings of this deputation, not only from their intrinsic importance, but because they afford a strong support to the arguments urged by the Committee of the British Medical Association in the memorials which were lately circulated in the JOURNAL, for transmission to the Government and to the Houses of Parliament, praying for direct representation of the profession. At present, the corporations do not happen to fortunately include any special obstetric college, and therefore obstetric medicine and education are neglected in the Council. The profession would know how to weigh and apportion value to all interests; and it is not by apportioning individual representatives to each separate interest, and sending one man to represent medicine or to represent surgery, and one midwifery, each to ride his own hobby and fight his own battle of "interests", that an effective and worthy Council will be obtained. It is by providing a fitting direct representation of the profession as a profession—not as members of one College or another, or of its council; not as obstetricians sending an obstetric representative, or apothecaries sending a representative of that interest; but as members of a common profession sending the best men to weigh, debate, and decide on the balanced merits and claims of all interests. In the present state of things, and so long as the Council is made up of separate "interests" and their representatives, the obstetricians have a just right to complain that they are omitted in consequence of the vicious constitution of the Council. We are heartily glad that they have protested in so clear and manly a form; and there can be no doubt whatever that the interests of the poor as well as of the rich demand that earnest attention be given to their claim for a more extended and improved obstetric organisation.

ADMISSION TO HOSPITALS: FREE OR PRIVILEGED?

THIS important question was discussed, on the 5th instant, at a special meeting of the Governors of the Sussex and Brighton Infirmary for Diseases of the Eye, called for the purpose of considering a recommendation from the medical officers of the institution, that its benefits should be extended to out-patients without any letter of recommendation, such benefits to be conferred upon the really indigent poor.

Mr. Jardine Murray proposed, and Dr. Taaffe seconded, the adoption of a resolution in terms of the recommendation of the medical officers. The speakers argued that the sole grounds for admission to the benefits of the institution ought to be sickness and poverty; whereas, under the letter system, the Infirmary was imposed on by persons who were not fit objects of charity. One governor, Dr. Taaffe said, actually gave a letter to his own child; and it was plain that governors appeared to have a general idea that they had a right to send whom they pleased—their domestic servants, etc. Evil effects were also produced on the applicants for letters. The rapid progress which sometimes attended diseases of the eye might render the delay, caused by difficulty in obtaining a letter, very dangerous; and the letter system promoted begging. Again, under the letter system, the letter of a governor was a certificate that the holder was a fit object of charity; and thus the medical officers were placed in a very objectionable position, as on them was thrown the responsibility of refusing applicants. To prevent admission of improper persons, there should be a check by the committee before the patient was admitted to the consulting-room; or a committee of inquiry should, at fixed periods, examine the lists of patients, so as to insure that none but proper objects of charity were admitted.

Mr. Henry Penfold, who supported the resolution, said that loss of sight not unfrequently occurred to the children of poor persons through the parents not being able to obtain letters; and that, if a mechanic had his eyes affected, his wife would be obliged to go in search of a letter, and to hire or pay some one to take care of her children. Mr. Lowdell also brought forward in illustration a case that had come under his notice, where the patient, if not attended to within forty hours, might have lost her sight before she could obtain a letter of recommendation.

The system of governors' letters was supported by Alderman Brigden, who argued that the taking away of the privilege of recommendation from governors would be attended with a falling off in the funds. Many persons who subscribed liked to have the pleasure of presenting the recommendation to the indigent poor who called on them from time to time. The difficulty of obtaining letters might be obviated by having a list of subscribers hung up in the hall. Alderman Brigden was further of opinion, that the proposal was one which abrogated the whole powers of the Committee and Governors to the medical officers. Mr. Tatham also supported the letter system; saying that the Committee had given the medical officers the power of attending to the necessities of any case requiring immediate attention. He referred to the fact that in Brighton, out of a population of 90,000, more than 60,000 persons were relieved gratuitously; and that, therefore, there was no ground for saying that the poor would suffer because the Governors continued to exercise what he believed to be a wholesome and proper privilege. He hoped that the time would come when the funds of the institution would be of such amount that they might open their doors and give relief to all who needed it.

The discussion terminated in the withdrawal of the motion.

We have abridged the account of this important discussion from the *Brighton Daily News* of last Saturday, giving only the principal points mentioned by the several speakers. It will be seen that the arguments on both sides were those which have been already repeatedly brought forward. Although the result of the discussion was to leave matters *in statu quo*, good must ultimately arise from the public expression of the views of the medical officers on the evils attending the system of privileged admission. The question, whether it is expedient to abolish admission by governors' letters, is one which it would be scarcely wise to decide off-hand, or before an efficient system has been devised for the prevention of the abuses of indiscriminate admission. Mr. Jardine Murray, therefore, acted judiciously in withdrawing his proposal; but, as the mouthpiece of the medical officers of the Eye Infirmary, he did good service in bringing it forward; and we hope that—as he intimated at the meeting he would do—he will bring it forward on some future occasion.

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M. VULPIAN has been elected a titular member of the Academy of Medicine in Paris.

DR. JOHN ROSE CORMACK has removed from Orleans to Paris, and has commenced practice in the latter city.

THE St. George's Hospital Convalescent Home, Wimbledon, is so far completed, that it will probably be occupied some time during next month.

THE usual monthly meeting of the Metropolitan Association of Medical Officers of Health will be held at the Scottish Corporation Hall, Crane Court, Fleet Street, on Saturday, May 15th, at 7.30 P.M., when a paper will be read by Dr. B. W. Richardson, F.R.S., "On the Registration of Disease in England."

SUCCESSFUL proceedings have been taken at Bath, under the Vaccination Act, by Mr. R. Biggs, the public vaccinator, against persons whose children had been vaccinated, but had not been brought to his office within the eight days prescribed by the law to see if the operation had been successfully performed.

It is reported that cholera is prevailing on the Gambia, and that many of the natives have died of that disease.

A notification appeared in Tuesday's *Gazette*, that Dr. Robert D. Tannahill, Public Vaccinator at the Royal Infirmary of Glasgow, is authorised to give certificates to persons whom he, at his appointed station, shall have instructed in vaccination.

Elaborate quarantine regulations have been issued, though why we do not know, by the Health authorities of Charleston to be applied to the ports of George Town, Charleston, and Hilton Head, on the coast of South Carolina.

REPRESSION OF CONTAGIOUS DISEASES.

The diminution of these diseases in the districts under the Contagious Diseases Act is becoming very marked. At Devonport, a year and a half ago, sick persons were always waiting for admission to hospital, and a large proportion were affected with the grave forms of disease. In the first quarter of the present year, the total number of persons attending for examination was 4,968; of these, 2,982, or considerably more than half, were pronounced free from disease; 1,034 were not examined; and only 952 cases were admitted to hospital The virulence of the disease has so far subsided, that only 18 per cent. of the cases were of the general or constitutional form. The urgent need for a wider and general application of the Contagious Diseases Act is shown in a paper on these diseases in Dublin in another part of the Journal. During the week ending March 12th, 1869, the garrison of Dublin—5,000 men—sent 49 cases to hospital; while only 22 cases went to hospital in the same week at Aldershot, where 15,000 men are protected by sanitary restrictions.

BITES OF INSECTS.

With the approach of summer weather, this subject has a practical interest for medical men and their patients. The *Journal of Cutaneous Medicine* says:

> "Linnæus informs us that the seeds of the absinthium maritimum are deadly to the flea; and we have likewise heard that the odour of the elder is equally obnoxious to other insects. It is said by the devotees of botany, that, on a hot summer's day, the cattle may be seen to cluster round the elder for protection against the sting of flies; we have thought sometimes, in our summer rambles, that the verdict of the wise was unproven. We entertain, however, a strong belief that the perfume of the chamomile is destructive of the acarus scabiei; and we use it accordingly in our pommades for the treatment of scabies. Bazin was wont to recommend, for the same purpose, an unguentum anthemidis; and our Italian contemporary, the *Giornale Italiano delle Malattie della Pelle*, reminds us that an infusion of chamomile flowers has been recommended as a wash to the skin, for the purpose of protection against gnats. Gnats are said to shun the traitorous perfume; and, if such be the case, it would be easy to convert the essential oil of the anthemis into an agreeable lotion like that of lavender water or eau de Cologne."

RECEPTION OF LUNATICS WITHOUT LICENSE.

At Bow Street police-court on Saturday last, the Rev. G. M. D'Arcy Irvine, of Easthill Terrace, Wandsworth, was summoned for receiving into his house an alleged lunatic, without obtaining the necessary certificates and order from the Commissioners in Lunacy. It was not asserted that the alleged lunatic, a lady, who had been an inmate of Mr. Irvine's household since 1857, for a payment of 200 guineas per annum, was insane when Mr. Irvine first received her, but that some incompatibility of temper or disposition rendered it inconvenient that she should reside with her own relations. In March of this year, however, she was found one night in the Wandsworth Road, evidently in a wandering state of mind. She was taken to the station-house, inquiries were made, and it was found that she had escaped from Mr. Irvine's house while the nurse in charge of her was asleep. It was in consequence of this occurrence that the Commissioners were informed of the case, and that these proceedings were taken. It appeared that on the 1st of September last she had thrown herself from a window, and had broken both her legs. The medical man who attended her on that occasion pronounced her to be insane. She remained in Mr. Irvine's house until March 18th, which was after the Commissioners had taken action in the matter. She was then removed to Dr. Forbes Winslow's asylum at Hammersmith. In consequence of the accident, the payment for the board, lodging, and care of the lady was raised from 200 guineas to 400 guineas. The counsel for the defence contended that the case was not established, as it was not proved that the lady was insane before the 1st of September, when it should be impossible for Mr. Irvine to have her removed. Dr. Sleeman and Dr. Winslow were called, and declared positively that it would have been unsafe to remove the lady even a day earlier than it was actually done, and that as much as a week earlier it would certainly have been fatal. Mr. Irvine was most anxious for her removal, and was put to great inconvenience and expense. The increase of payment from 200 to 400 guineas would by no means meet the additional charges. Ultimately, Mr. Flowers committed Mr. Irvine to take his trial upon the charge, accepting his own recognisances without requiring him to find sureties.

UNIVERSITY OF LONDON.

The annual meeting of Convocation was held on Tuesday in one of the rooms of the new building. The principal discussion of the evening took place on the report of a special committee which had been appointed last year to consider some of the standing orders. An amendment was proposed that the standing orders should not be altered, and this was carried by a large majority—41 to 7. The report was very incomplete, and only two out of the five appointed on the committee seemed to have framed it. A resolution was passed thanking Dr. Neil Arnott for his generosity in giving £2,000 to the University for endowing an exhibition of the value of £40 a year, tenable for two years, and to be given for proficiency in experimental physics. This subject will, for the future, be separated from chemistry in the Honours Examination at the Preliminary Scientific and First B. Sc. Examination; and an exhibition of the same value will be given in each branch. No alteration will be made this year in the regulations, but next year medical students, who wish to try for honours in chemistry, can take up that subject singly. A bronze medal will be given to the first and second candidate in the honours examination in experimental physics. This is the first endowed scholarship in the University, and it is gratifying to learn that the Government will not diminish the grant (which is annually voted in the House) in consequence of Dr. Arnott's great liberality. Mr. E. Hearne moved that it would be conducive to the interests of the University to abolish the existing regulations restricting the admission to the examinations for medical degrees to the students of certain specified medical schools. This was left to the consideration of the Annual Committee. It is proposed to collect a fund from which portraits of distinguished members of the University may be purchased. An unexpended balance of £111 : 18 : 3 in the hands of the old Franchise Committee has been handed over for this purpose; the first portrait is to be that of the present Vice-Chancellor, Mr. George Grote. Already more than £100 has been collected from the graduates of the University.

RUM AND MILK.

This rather favourite morning staff of invalids is not without its dangers apparently, as appeared from the result of an inquiry held last week at Manchester into the allegations of drunkenness made against the perpetual curate of Haslingden, which was announced on Saturday last. Dr. Bayford read the judgment. The charges were all dismissed, on the ground that the evidence for the defence, on the whole, outweighed the evidence on the other side. "At the same time, it was remarked as a curious circumstance, and one evidently open to misconstruction, that the defendant should have persisted in the use of such a medicine as rum and milk, instead of adopting some remedy equally efficacious and less equivocal."

ST. LUKE'S HOSPITAL FOR LUNATICS.

THE Report of the General Committee of Governors of St. Luke's Hospital for 1868 is being circulated in print this week. It announces that "a further sum of £3,000 Consolidated Three Per Cent. Annuities has been sold for the payment of the tradesmen's Bills." At this rate, it will not take many years to eat up the whole of the capital of the charity. The Report also refers to the want of appreciation by the public of the advantages afforded by this hospital as an asylum for the middle classes. This want of appreciation may probably be explained by defects in the management to which we have recently been compelled to draw public and professional attention. We are very glad to learn, however, that the internal management of the hospital is undergoing active remodelling; and the Report refers to one great improvement—the addition of a well-planned airing-ground.

THE MEDICAL CLUB.

THE usual monthly dinner took place at the Medical Club on Wednesday last—Dr. Richardson, F.R.S., in the chair. The party consisted of between thirty and forty; and, amongst the visitors and members present, were Professor Macdonald, Mr. Joseph Knight, Mr. Marshall, President of the Medical Society; Sir William Fergusson, Sir Charles McGregor, etc. Dr. Richardson, in proposing "Success to the Medical Club", said that the club, though by name medical, was, in fact, cosmopolitan in its character. The promoters of the club had done all they could to remove every trace of a narrow and exclusive spirit. Medicine alone presented a basis sufficiently broad, scientific, and social, on which to place permanently an institution such as the Medical Club. Medically, the club was a centre for the representation of physic in all parts of the empire; and every man, known or unknown, who joined it, was sure, whenever he was able to visit the club, to make some new friend, and receive some new social advantage. The monthly dinners tended effectually towards this very desirable object of bringing members of the profession, who were widely separated at most times and seasons, into friendly communion, and of making them acquainted also with men of mark and stamp in other professions. The gradual and safe increase of members shewed clearly that the principles of the club were sound; and nothing now was required but time and patience to perfect what had been so happily conceived, and up to this time so faithfully carried out. The finances of the club were in a satisfactory state. At the next dinner, Wednesday, June 2nd, Mr. Erasmus Wilson had kindly consented to preside.

THE CHAIR OF PHYSIOLOGY AT KING'S COLLEGE.

IN addition to Dr. Rutherford of Edinburgh, and Drs. John Harley and Yeo, already mentioned as candidates for the Chair of Physiology at King's College, we hear that Dr. Spencer Cobbold, F.R.S., Lecturer on Botany and Comparative Anatomy at the Middlesex Hospital, Dr. Braidwood of Liverpool, who gained the Astley Cooper Prize for his Essay on Pyæmia last year, and Dr. Gedge, of Caius College, Cambridge, an old pupil of Dr. Beale's, have appeared in the field.

A PROVIDENT DISPENSARY FOR THE SOUTH-WESTERN DISTRICT.

A PRELIMINARY meeting of some of the proposed governors and medical officers was held at 41, Denbigh Street, Pimlico, on the 29th April. Dr. C. J. B. Aldis, Medical Officer of Health to St. George's, Hanover Square, presided. After some able remarks by the Chairman on the need for such an institution in the district, and to the effect that its establishment could not be considered as opposing any of the existing charities, as its operation would rather serve to relieve them from the claims of persons willing to assist themselves, it was proposed by Mr. Scott, seconded by Mr. Bicknell, and carried unanimously, "That, in the opinion of this meeting, it is desirable to establish a provident dispensary, to be called the "South Western Provident Dispensary," and that the gentlemen whose names are on the prospectus before this meeting, constitute the medical staff of the institution." A Treasurer, Secretary, Dispenser, and Collector, were also nominated, and certain Governors elected as members of a Committee of Management, with power to add to their number. Amongst those present were—Dr. Lovejoy; H. P. Bannister, Esq.; C. Cass, Esq.; Mr. Bicknell, Mr. Scott, Mr. Bishop, etc. Letters expressing interest in the success of the institution were read from H. E. Bellew, Esq.; J. de Rochford, Esq.; Dr. Tatham; L. R. Cooke, Esq.; and other gentlemen. The institution will open for reception of out-patients on Monday, May 31st, at 3 P.M.

OPENING OF THE MIDDLESEX HOSPITAL HOME FOR NURSING.

THIS important institution, which bids fair to revolutionise in some measure the system of nursing in the country, was opened on Thursday afternoon by Her Royal Highness the Princess Teck, in the presence of a large and fashionable assemblage. We have previously given a detailed account of the building, and need only now state that its chief features are that the Home contains accommodation for about sixty nurses. Each nurse is provided with a separate and comfortably furnished compartment. There are a large refectory, kitchen, scullery, and bath-rooms complete; and, in addition, there are four rooms to be used as hospital wards for sick nurses. The Governors trust that, by offering separate accommodation for each nurse, ladies and a superior class of women generally may be induced to offer themselves as nurses. Her Royal Highness, accompanied by His Serene Highness Prince Teck, was received by Alexander Ross, Esq., Chairman of the Weekly Board; Viscount Enfield, M.P.; Dr. Francis Hawkins, and the members of the Weekly Board and Medical Committee, and conducted to the Board Room, where religious services were celebrated, and the choir of St. Andrew's Church, Wells Street, sang an anthem composed expressly for the occasion. The Princess then visited the Home and the wards of the hospital, which were tastefully decorated with flowers. Mr. De Morgan, Dr. Murchison, Mr. Moore, Mr. Nunn, Mr. Lawson, and Mr. Hulke accompanied the party, and explained the cases of interest in their wards. Refreshments were provided in the garden. Her Royal Highness expressed herself as highly pleased with the Home and general arrangements of the hospital.

CHARING CROSS HOSPITAL DINNER.

THERE has been no festival in aid of the funds of the above institution for the last nine years, and accordingly the great room at Willis's was quite filled on Wednesday evening, nearly two hundred guests sitting down, under the presidency of the borough member, W. H. Smith, Esq., who was supported by the Duke of Wellington, several members of Parliament, and other men of position and influence. The amount of money subscribed and contributed was very large, upwards of £2,500 having been collected before the close of the dinner. This will enable the authorities to carry out still further the reforms which have of late been so noticeable in connexion with this institution. From its central position, the good done by this charity is diffused over an area as wide as any other in London, and is very considerable. The timely aid afforded by the large contributions just received will be most welcome.

UNIVERSITY OF LONDON: PRESENTATION FOR DEGREES.

THE annual presentation for degrees took place in the new buildings of the University, Burlington Gardens, on Tuesday afternoon. Earl Granville, Chancellor of the University, Mr. Grote, Vice-Chancellor, Mr. Lowe, Chancellor of the Exchequer and Member of Parliament for the University, and other distinguished personages, were present, besides a large assemblage of friends and others interested in the ceremony. After the graduates had been presented, the Chancellor reviewed the position and progress of the London University during the last year. He spoke of its increased value to the higher education of the country, and alluded to the satisfactory result shown last week by instituting examinations for women, nine candidates having presented themselves. He referred in warm terms to the munificent gift of Dr. Neill Arnott, who had presented £2,000 to the University, to be applied by them as they thought fit, in such a way as to encourage the study of experimental philosophy. This sum was part proceeds of the sale of Dr. Arnott's well-known treatise on the subject which he now wishes to see as much advanced as possible in the country. The Chancellor congratulated the University on having now buildings of its own. Her Majesty had expressed her wish to lay the foundation-stone, but circumstances made it inconvenient for her to do so. He hoped, however, that Her Majesty would open the buildings next year, when they were completed. There was one feature in the ceremony which was not appreciated by the general audience—the annoyance caused by the rather ungenerous applause of the students of one school in particular.

LOCK HOSPITAL AND ASYLUM, WESTBOURNE GREEN.

THE annual dinner of this most important institution took place at Willis's Rooms, St. James's Street, on Tuesday; His Royal Highness the Duke of Cambridge in the Chair. A large and influential company of friends and governors sat down to dinner. His Royal Highness, after the usual toasts, proposed "The Lock Hospital and Asylum" in eloquent terms, claiming for it a large public support, to which its great usefulness and importance entitle it. Mr. Lane, senior surgeon to the hospital, replied in fitting terms to the toast of "The Treasurers, Medical and other Officers of the Institution." The sum of £1,300 was announced during the evening.

SOCIETY FOR RELIEF OF WIDOWS AND ORPHANS OF MEDICAL MEN.

THE annual meeting of this society was held at 53, Berners Street, on Wednesday, April 28th—Thomas Hammerton, Esq., V.P., in the chair. At the meeting, Henry Sterry, Esq., was elected a Vice-President, and the following gentlemen Directors; viz., Nathaniel Grant, M.D.; Francis Bissett Hawkins, M.D.; Henry Pye L. Drew, Esq.; Erasmus Wilson, Esq.; James Hinton, Esq.; and Frederick G. Reed, M.D. The statement of accounts read showed a total of £2,504 10s. granted in relief during 1868; an increase of £261 over that of the preceding year. At the end of the year, 52 widows and 27 children were receiving relief in sums from £50 to £20 per annum for the widows, and from £25 to £5 for the children. During the year, 6 widows and 11 children had been adopted; 6 widows receiving grants had died, and 2 children had become ineligible. The Secretary stated that already during the present year applications for assistance had been received from 5 widows and 18 children. The meeting was brought to a close by an unanimous vote of thanks to the Court of Directors for their trouble and zeal in managing the affairs of the society.

SCOTLAND.

TWO wards have been opened in the proximity of the Paisley Infirmary for convalescent patients. Subscriptions to the amount of £3,000 have been already collected, to enable the managers to support permanently the valuable addition to their institution.

THE MORISON LECTURES, ROYAL COLLEGE OF PHYSICIANS, EDINBURGH.

THE President of the Royal College of Physicians has appointed Dr. Arthur Mitchell, Assistant-Inspector in Lunacy, to deliver the six annual lectures on mental diseases for the next three years.

THE ANDERSONIAN UNIVERSITY, GLASGOW.

DR. WOLFE, recently appointed lecturer on ophthalmic surgery, delivered his introductory lecture on Thursday of last week, before a large and influential medical audience.

MORTALITY FROM SMALL-POX IN GLASGOW.

IN 1787, when Glasgow contained about 50,000 inhabitants, and when the aggregate mortality reached 1,759 persons, small-pox carried off not fewer than 484, being nearly one out of every three and a half deaths, whereas now the deaths from small-pox have fallen, during 1868, to six, and in the other seven chief cities and towns of Scotland combined they only amounted to five; thus, in an aggregate town population of above 800,000, the deaths from small-pox did not exceed eleven—all in infancy.

COUNTY AND CITY OF PERTH INFIRMARY: NEW CONVALESCENT HOSPITAL.

THIS building is now completed, and will be opened for the reception of patients in a few days. The hospital or east wing of the Infirmary is a single detached building on the approved pavilion principle, similar to the west wing for fever wards, and is connected with the central building by an enclosed corridor. The wards are four in number, and are arranged in pairs; two on the principal floor and two on the upper, and contain ten beds each. The wards are lofty, and warmed by ventilated stove-grates, and have every sort of convenience attached. The Infirmary-grounds have also been considerably extended, and two enclosed airing-courts have been provided. The estimated cost of the new wards was £5,000, and this estimate has only been exceeded to a limited extent.

DR. GAIRDNER AND THE EXCESSIVE MORTALITY IN GLASGOW.

IN an elaborate report prepared by Dr. Gairdner for the Board of Police on the health of Glasgow during the last quarter, and with special reference to the excessive mortality of March which properly alarmed the inhabitants, he clearly points out the chief root of the evil—viz., the shameful crowding and inferior house-accommodation which has of late years become notoriously connected with Glasgow. It was expected that the vast demolitions which were being carried out would redeem the character of the city; but it appears that up to this time the authorities have done almost nothing to afford civilised dwellings to those who have been turned out by the so-called improvements. No doubt a few dwellings have been erected by private individuals as matters of speculation; but they are totally insufficient, and the result is that the overcrowding has increased with, of course, a terrible and shameful mortality, which could certainly be largely prevented, if the authorities in Glasgow seriously set about providing proper accommodation for the poor classes. There is one fact mentioned in the report, however, of a most anomalous description, and which we can scarcely credit—viz., that the sanitary officers and committee upon whom the city must depend for sanitary suggestions are not consulted by the Improvement Commissioners in the question of house-accommodation. Such a piece of short-sightedness, to say the least of it, is unworthy of Glasgow; and we cannot but believe that, on second thoughts, they will formally take into their counsel a body of men whose opinion would be of the greatest value, and which can boast of a sanitarian so distinguished as Dr. Gairdner.

IRELAND.

LECTURES ON HYGIENE.

PROFESSOR CAMERON'S popular lectures will be commenced in the College of Surgeons on next Tuesday. We feel sure that many ladies, as well as students of the profession, will attend the course.

ROYAL COLLEGE OF SURGEONS.

THE Council of the College have unanimously passed a resolution expressing regret at the retirement of Mr. Wilmot from that body. Sir W. Wilde, Mr. E. Hamilton, Dr. Kirkpatrick, and Dr. Quinan, the indefatigable Secretary of the Irish Medical Association since its foundation, seek the vacant seat. The President entertained at dinner the Examiners on Tuesday, and the Council on Thursday last, at his residence, Merrion Square North.

TOWNS IMPROVEMENT BILLS—SLIGO.

AFTER contests before Parliamentary Committees during three successive sessions, a favourable decision has been obtained in the House of Commons, but the opposition will be renewed in the Upper House. Several thousands have been thus expended, and the sewerage and water supply of the town still remains unimproved. Under a comprehensive health act, and if a central authority existed, the sums spent in litigation would have carried out the works. Notwithstanding such palpable defects, the inquiries of the Royal Sanitary Commission do not affect Ireland.

PHYSIOLOGICAL EFFECTS OF ELECTRICITY.

On Tuesday last, a lecture on the Physiological Effects of Electricity, was delivered at the Royal Polytechnic Institution by Dr. Richardson, F.R.S., before a large audience of medical men. Dr. Richardson began by stating that, on seeing the large induction machine at the Institution, it had occurred to him that by means of it something might be done towards settling some doubtful points in relation to the effects of electricity on the animal body; especially with regard to the phenomena of death from lightning. In response to his application, the Directors had most liberally placed the instrument at his disposal; and he had also, in his daily investigations, received much assistance from Mr. Pepper.

The apparatus, made by Mr. Apps of the Strand, was one of enormous power, and was, indeed, quite unique. It had a primary coil of above 3,000 yards of wire, and a secondary wire of 150 miles in length. It worked by a Bunsen's battery of 40 cells. Four kinds of discharge could be obtained from it, of which three were physiologically important. The stroke of the first order was produced by the discharge of the electricity between the primary and secondary wires. The discharge was capable of developing a spark twenty-nine inches long, which consisted, as in the lightning stroke, of two flashes, producing different effects. By breaking the current, a stroke of the second order was produced; this was the stroke of the ordinary induction coil in an intensified form. The third form of stroke was the discharge from a battery of Leyden jars charged by the apparatus.

The lecturer then proceeded to illustrate the action of the three forms of discharge by experiments on animals narcotised by bichloride of methylene. He said that anæsthesia, while it rendered the experiments painless, did not interfere with their success. As regarded the discharge of the first order, it might be expected that a spark twenty-nine inches in length would be immediately fatal to a large animal; but, in fact, it was very difficult to kill with this discharge. In illustration of this, the discharge was sent several times through a bird. It was not injured, beyond a slight burning of the feathers; and Dr. Richardson said that twenty-five discharges might be sent through the bird without producing any symptoms. The same thing occurred in the rabbit and cat. In smaller animals, such as the toad, a singular form of anæsthesia, attended with muscular contraction, was produced; but recovery always followed in one or two hours. It might be supposed that the reason why the animal escaped injury was that the current of electricity did not pass through the body, but around it; in the same way as the discharge from the machine—as was shown by experiment—might be sent through an ordinary looking-glass without breaking it, the amalgam of the mirror serving to carry off and distribute the discharge; but death was not produced even if the current was sent by means of needles through the body of an animal. Dr. Richardson had passed fifty shocks through the body of an animal in different directions, without killing it. Death would probably be produced if the effects of the battery could be concentrated on the medulla oblongata; but this would be nothing more than might be produced by puncture or by blow on the back of the head. This point was difficult to settle by experiment; because death was likely to be produced by the mere introduction of the needles intended to guide the current.

A shock of the second order, produced by breaking the current, gave rise to burning of the feathers of the bird, with temporary difficulty of breathing and slowness of the heart's action. When a shock of this kind was sent several times through the animal, the only effect on the nervous and muscular systems was increased muscular action, producing (with insensibility for a short time) spasmodic breathing; and, if the applications were continued, apnœa or asphyxia was produced, but not death—the animal being in a condition resembling angina pectoris.

The effect of the Leyden battery was next shown. Franklin appeared to have an idea of the effects of electricity condensed in Leyden jars. When the battery had received four charges from the apparatus, three shocks from it were more than sufficient to kill an animal. When it was supplied with two charges, death was not produced, but only a state of anæsthesia, from which the animal recovered; voluntary muscular action and sensation being suspended, while the action of the involuntary muscles continued.

Dr. Richardson summed up the results of his experiments in the following propositions. 1. Nature carefully protects the bodies of animals that are most exposed to lightning—such as birds. 2. The lightning shock which kills is one of great intensity, resembling that from the Leyden jar. 3. There were two kinds of shock: one producing muscular contraction with difficult breathing, followed by recovery; and another which killed the animal outright. 4. The experiments explained certain phenomena noticed in injury from lightning. Sometimes death was produced without a trace of external injury; while in others, even though death was not produced, there was much disfigurement. Dr. Richardson had notes of a case in which, of two men who were struck by the same flash of lightning, one was killed, while the other was only much burnt. The latter had received the flame-flash only.

The lecturer then noticed some of the phenomena after death by electricity. In 1792, John Hunter said that animals killed by electricity did not become rigid after death. He could not find on what ground that statement was based; but it seemed an illustration of Hunter's weakness whenever he departed from direct observation, and stated facts on mere common authority. The fallacy of this statement was demonstrated several years ago at the Polytechnic Institution by Dr. Thudichum, by means of the hydro-electric machine; and Dr. Richardson had also shown, in his Lettsomian Lectures delivered before the Medical Society of London, that *post mortem* rigidity was not prevented by death from electricity. In fact, rigidity being dependent on favourable conditions of the muscle, with a certain temperature, its production was favoured by electricity when this raised the temperature. In death from lightning, rigidity might be diminished or increased according to the medium in which the body happened to be. Heat favoured rigidity; cold prevented it.

With regard to the effect of electricity on the coagulation of the blood, the influence on the blood drawn from the body was in proportion to the increase of temperature from the resistance of the blood to the passage of electricity. Experiments in illustration of this were described and shown.

It had been alleged that the bodies of animals and men killed by lightning putrefied rapidly. This, however, was contrary to Dr. Richardson's observation; but rapid decomposition might be expected as a coincidence, in cases where death from lightning occurred during warm weather.

A vote of thanks to the Directors of the Institution, acknowledged by Mr. Pepper, terminated the proceedings.

CONNECTION OF ENTERIC FEVER WITH CONTAMINATION OF DRINKING WATER.

The following history supports the theory which traces the epidemic spread of enteric fever to contamination of drinking water with excreta.

A fever having lately broken out at Ackworth, and at the "Flounders Institute" in that village, Dr. Clifford Allbutt of Leeds was requested to investigate the nature of the disease and its causes. The disease was found to be enteric fever; and an elaborate examination shewed it to be connected with the contamination of the water-supply. In a report to the Trustees of the Flounders Institute, Dr. Allbutt states that he found the supply to be from a well on the premises, and also from a well in the village, described as "the Water Troughs." He does not consider that the well on the premises was contaminated by excreta from patients; but recommended that the tubes connected with the well should be protected. The water contains 19.88 grains of solid matter per gallon, including 4.9 grains of chloride of sodium—the large amount of which salt Dr. Allbutt considers to be probably due to some geological peculiarity. Respecting the "water troughs," he writes:—"It appears that this water, which is very bright and pleasant, has been chiefly or entirely used for table purposes in your household. As your Institution is conducted upon the principle of total abstinence, this village water has been largely consumed by your inmates. The watering troughs supply a favourite drinking water not only to yourselves but also to that part of the village of Ackworth called Ackworth Moor Top. It is a remarkable fact, which I hear from Dr. Wood, that those persons in the village who have suffered first and most severely are also total abstainers, and have drunk largely of the attractive water of the troughs. The watering troughs, and the small well or drinking trough a little above them, are all supplied from one stream, and the analysis of the water as made by Mr. Wilson is as follows: 'The water from the spring at the watering troughs is inodorous, very bright and clear, and has a scarcely perceptible saline taste; it forms no deposit on standing. An imperial gallon contains—fixed salts, 22.12 grains; organic and volatile matter, 5.04 grains; total solid matter, 27.16 grains. Nitric acid is present in unusually large quantity. It also contains 6.21 grains of chloride of sodium.' It will be clear, from the above analysis, that the water of the trough is, in spite of its beautiful appearance, very impure, and, indeed, there is no doubt of its being seriously contaminated by the infiltration of animal refuse. Dr. Wood and myself have requested, therefore, that the ladle be removed from the troughs, and a notice put up, warning persons not to drink of the water. The area of the enteric fever is curiously conterminous with the area supplied by the troughs. Ackworth consists of three parts—High Ackworth, Ackworth Moor Top, and Low Ackworth. The troughs are situated in Ackworth Moor Top, Low and High Ackworth derive their water from other sources. In High Ackworth there is no enteric fever. In Low Ackworth one case only has occurred. This one case occurred in a boy whose father works at Ackworth Moor Top. The boy was in the daily habit of walking to Ackworth Moor with his father's dinner. On his way there and back he has been wont to play at the troughs, and invariably drank of the water as he passed. No other person from Low Ackworth was in the habit of drinking the water." Dr. Allbutt then goes on to describe the source of supply of the "water troughs" as tracted by him. "A beautiful stream runs by several channels through a basin of excavation, the channels themselves then combining to form a main stream which supplies the watering troughs. The basin is filled with made earth, upon which again are placed six or eight dwellings, with foul privies, pigstics, sumps, and other receptacles of filth. The contents of these places drain at once into the porous soil and into the stream, thus accounting at once for its pollution." To prove this, he had the source of the stream fouled; and the pollution was distinctly shewn at the troughs an hour afterwards. To give a further idea of the rapidity of percolation, he states, that on the day of my visit a heavy rain has fallen, which ceased during his survey of the village. "Surface water at the close of the shower was standing deeply in the hollows of the soil and footpaths behind the cottages. In less than an hour nearly the whole of this rainwater had disappeared; and on my noticing this, the natives assured me with pride that 'no water never stands long here.'"

By a curious coincidence, Dr. Allbutt has been called in to see a case of enteric fever occurring in a part of Leeds where no other case exists, and in a person who visited at Ackworth Moor Top—the fever district —at the very time when, it is calculated, he must have been poisoned, allowing for the duration of his illness and the time of incubation.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet in LONDON, on Wednesday, the 9th day of June, 1869, at 3 o'clock P.M., *precisely*.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.
13, Newhall Street, Birmingham, May 11th, 1869.

BATH AND BRISTOL BRANCH.

THE sixth ordinary meeting of the Session will be held at the York House, Bath, on Thursday evening, May 27th, at 8.15 P.M.; R. N. STONE, Esq., President, in the Chair.

R. S. FOWLER,
CHARLES STEELE, } *Honorary Secretaries*.
Bath, May 11th, 1869.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

THE next meeting of the above Branch will be held at the Fountain Hotel, Canterbury, on Thursday, May 27th, at 3 P.M.

ROBERT L. BOWLES, *Honorary Secretary*.
Folkestone, May 9th, 1869.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE annual meeting of the above Branch will be held, in conjunction with the East Anglian Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. FISHER, M.D., Downing Professor of Medicine, President. By the permission of the Masters and Fellows, the meeting will be held in the Hall of Gonville and Caius College.

Gentlemen intending to read papers or cases, are requested to communicate with the secretaries of these respective Branches, at their earliest convenience.

With the permission of the Master, Professors, and Fellows, the dinner will be served in the Hall of Downing College.

P. W. LATHAM, M.D., *Honorary Secretary*.
17, Trumpington Street, Cambridge, May 5th, 1869.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the above Branch will be held at the Hen and Chickens Hotel, Birmingham, on Friday, June 18th, at 3 P.M.; J. VOSE SOLOMON, Esq., President, in the Chair.

Dinner will be on the table at 5 P.M. punctually. Tickets, including waiters and dessert, 7s. 6d. each.

T. H. BARTLEET, *Honorary Secretary*.

SOUTH MIDLAND BRANCH.

THE thirteenth annual meeting of the above Branch will take place at the Northampton General Infirmary, on Tuesday, June 29th, at 1.30 P.M.: WILLIAM NEWMAN, M.D. (Stamford), President, in the Chair.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same, forthwith, to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton }
G. P. GOLDSMITH, Esq., Bedford } *Hon. Secs.*
Northampton, May 1869.

CUMBERLAND AND WESTMORLAND BRANCH: GENERAL MEETING.

THE Spring Meeting of the above Branch was held at the Crown and Mitre Hotel, Carlisle, on Wednesday, April 21st. The President, Dr. T. BARNES, took the Chair at one o'clock; and thirty gentlemen, members of the Society and visitors, were present.

New Members.—The following gentlemen were elected members of the Association and Branch: W. Brown, Esq., Hesket Newmarket; W. Jephson Weldon, M.B., Millom. The following members of the Association were elected members of the Branch: J. Tweddle, Esq., Keswick; J. G. Whitehead, Esq., Cockermouth.

The PRESIDENT, in opening the proceedings, congratulated the members on the continued prosperity of the Branch, which already includes about two-thirds of the total number of practitioners residing in the two counties. Having been an original member of the parent Association, and for a long time almost the only one in this district, he had been much pleased to see a local Branch formed. He regretted that the state of his health had prevented him from attending and presiding at the Whitehaven meeting; and, as this was the first meeting he had been able to attend, he begged to thank the members for the honour they had done him in electing him as their first President. He then made a few remarks on the progress of medical science, and on the changes that had taken place in medical practice during his prolonged experience, dwelling chiefly on the changes in the treatment of fevers and acute inflammations. Formerly, blood-letting was too freely practised in these diseases; but now, he thought, we had run to the opposite extreme, and did not bleed our patients often enough, but gave them too many stimulants.

Direct Representation of the Profession in the General Medical Council.—Dr. I'ANSON (Whitehaven) moved the adoption of a petition to Parliament in favour of a direct representation of the profession in the General Medical Council. The motion, being seconded by Dr. ELLIOT, and supported by Dr. CLOUSTON and Mr. REEVES, was unanimously adopted.

Papers.—Dr. GREEN (Kendal) read a paper on the Treatment of Diphtheria. After trying various plans, he had found that the best results were obtained by alterative purgatives, bran poultices to the throat, and the administration of ten grains of carbonate of ammonia and fifteen to twenty grains of chlorate of potash every two hours. On the second day, the fever would generally be found to have abated, when the medicine might be given every three hours; and, on the fourth day, the fever and diphtheritic exudation on the tonsils would generally be found to have disappeared entirely. Convalescence then set in, and was promoted by tonics, iron and quinine, and change of air, especially to the seaside.—This paper led to an interesting discussion, in which the President, Dr. Walker, Dr. Fidler, Dr. Carlyle, Mr. Reeves, and Dr. Lockie, took part.

2. Mr. REEVES (Carlisle) brought forward a successful case of Disarticulation at the Hip-joint. The patient, a boy aged six years, became affected with acute necrosis of the femur, extending from one end to the other. During the course of the disease, fracture occurred about three inches from the lower extremity of the bone. The patient became much exhausted, and amputation of the thigh was resolved upon; but, finding the femur diseased through its entire shaft, Mr. Reeves ran the knife up along the side of the bone, and disarticulated. The patient rapidly recovered, and was present at the meeting.

3. Dr. LOCKIE (Carlisle) related a case of Cross Paralysis, the result

of a fall on the back of the head, in which the lingual branch of the fifth, the sixth, the portio dura of the seventh, and the glosso-pharyngeal portion of the eighth cerebral nerves, were involved on the right side; and on the left, the third, the facial branches of the fifth and the ninth cerebral nerves, and all the spinal nerves.

4. Dr. Astles (Millom) and Dr. Robinson (Ulverstone) gave the particulars of a case which has been described in the local journals as one of Trance. The subject of the case was a little girl aged eleven years, and of strumous diathesis. She has been in a comatose state for several months, and is said not to have taken any food, nor to have passed anything from the bladder or rectum, for more than three months. Dr. Astles, who saw the case in its early stage, attributed the symptoms to tubercular disease of the brain. The patient is now rapidly sinking, and is very much emaciated. Dr. Robinson, who is now in attendance, thinks the symptoms are due to uræmia.—An interesting discussion followed.

There was also an exhibition of Surgical and Scientific Instruments, sent by Mr. Wood, York; of Pharmaceutical Preparations, by Mr. Brady, Newcastle; Pathological Preparations and Microscopic Specimens, by Drs. Clouston and H. Barnes; painted Casts of Morbid Specimens, by Dr. Maclaren, Carlisle.

Dinner.—The members and their friends afterwards dined together, under the presidency of Dr. Taylor of Penrith, President-elect; and brought to a close a highly successful meeting.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

Tuesday, April 20th, 1869.

Richard Quain, M.D., President, in the Chair.

The late Mr. Bruce.—Razor-grinders', etc., Lungs.—Fibroid Disease of Thyroid Gland.—Transverse Processes of and Vertebra expectorated.—Epithelioma of Œsophagus.—Microcephalic Skull.—Joined Twins.—Club-foot from the Hare.—Gall-stones.—Cystic Tumour with Intracystic Growths.—Prostatic Calculus: Fistulous openings in Bladder and Rectum.—Special Meningitis.

The President referred in feeling terms to the death of Mr. Alexander Bruce, and expressed what he believed to be the unanimous feeling of every member, deep regret at the early death of one who was so active a member of the Society, and who gave every promise of a brilliant career.

Dr. Greenhow shewed characteristic specimens of Razor-grinder, Flax-dresser, Copper-miner, Stonemason, and Colliers' Lungs. In such cases the bronchitis set up by the particles of coal, flax, etc., results in interstitial pneumonia, the lungs become increased in density, and parts completely consolidated, shewing no vesicular structure whatever. These parts, and also the crepitant tissue of the lung, are usually intersected by fibrous bands, some evident only by the microscope. They can sometimes be traced into, and sometimes they quite surround, the cell-wall, and are the result of a new growth, springing from the connective tissue between the lobules and around the vessels and tubes. The tubes become dilated and thickened. In all cases there are signs of former pleurisy, and in some cavities are found. Emphysema of the lungs is rarely present to any marked extent. The lungs are almost always deeply pigmented black, but sometimes red, as described by Zenker, from inhaling red dust; a microscopic specimen of which Dr. Greenhow exhibited. The pigment is found in the air-vesicles and around the tubes, frequently in the cell-walls, and in every case in the subserous connective tissue, and is seen to exude freely from the lungs and bronchial glands on section. The pleura is frequently studded with projecting nodules of pigment. The question as to the origin of the pigment had received considerable attention from various writers. Dr. Pearson had long ago shewn that it was largely composed of black soot. Dr. Thompson, Dr. Crawford, Dr. Gregory, Dr. Hamilton of Falkirk, and others, have investigated the subject with similar results; and lately Knauff, by experiments, has demonstrated beyond doubt that soot not only forms a great part of the pigment in the lung, but that it penetrates even into the pleura. The pigment is found in cells lying loose in the air-vesicles or tubes, and in the tubes.—Dr. Greenhow, in answer to Dr. Crisp, stated that tubercle is not very often found in these cases.—Dr. Moxon thought that the pleural pigment was not in all these cases due to soot, because he had seen isolated spots with hæmatine crystals.—Dr. Wilson Fox believed it indisputable, that some of the pigment was hæmatine or hæmatoidine, derived from the blood. He remarked on the comparatively small number of the cases which were affected by tubercle, but stated that several of Zenker's were distinctly tubercular. It was a question, however, whether there was not in these cases a predisposing cause.—Dr. Bastian objected to the name *interstitial pneumonia* proposed by Rokitansky, and now retained by Dr. Greenhow, on the ground that, where such tissue-change was found in organs, there was, in a very large number of cases, not the slightest evidence, either from the clinical history or from the subsequent examination of the product, that inflammation had existed. It was, he believed, admitted by all, that the tissue-change in these cases which had been brought before the meeting by Dr. Greenhow—in which there was some ground for believing that the pathological condition had a more or less proximate relation to inflammation of the bronchi—was in every way similar to that met with in cases of cirrhosis of the lung. From a very careful examination of the details of almost all the recorded cases of this disease, it seemed evident that, in a very large number of them, no inflammation, in the ordinary sense of the term, had existed. What seemed to have taken place was rather an actual *overgrowth* of the fibrous tissue of the lung—though why this occurred in these cases was at present wholly unknown to us. But the result was that the proper tissue of the lung was obliterated and stamped out, and in its place there remained a new growth of fibre-tissue. This change might then be described as one of *fibroid substitution*—thus the mere fact would be stated, and no theory implied. There was no more reason for saying that such a new growth of tissue was a direct result of inflammation, than there would be for stating that any fibrinous tumour occurring in the body was a result of inflammation.—Dr. Greenhow said he referred to the pigment of soot and coal only, and not to the pigment of blood, which was common enough. He believed that it was only when the tissue was diseased that particles entered the interstices. Only a small proportion of the cases suffered from the excessive changes seen in the specimens brought before the Society. He differed from Dr. Bastian as to the pathology of the interstitial lung-change.

Dr. Semple shewed a case of Fibroid Disease of the Thyroid Gland. The lung was full of tubercular masses breaking down.

Dr. Mackenzie shewed the Transverse Processes of the second or third Cervical Vertebra expectorated during life. The ulcer in the throat healed up.

Dr. Mackenzie exhibited a specimen of Epithelioma of the upper part of the Œsophagus. There was complete dysphagia, although the canal was little interfered with.

Dr. Langdon Down shewed a Microcephalic Skull of unusually extreme dimensions from a young man nineteen years old, who possessed, as is general in similar cases, more than a comparative amount of intelligence. Dr. Down stated, however, in answer to Dr. Hare, that they did not shew an average amount of intelligence.

Mr. Pick exhibited a specimen of Joined Twins. The children were joined somewhat in the same way, though to a much greater extent, as the Siamese twins; in fact, instead of being joined by the ensiform cartilage alone, the whole length of the sternum was involved. There was only one thoracic cavity common to the two children, containing two hearts in a single pericardium, and two pair of lungs. The malformation of the hearts was peculiar, as they were joined together by the left auricle of one with the right auricle of the other, and there was a direct communication between these two cavities. One of the hearts contained only a single ventricle and two auricles; the other heart was natural. In the abdominal cavity the two livers were joined together, but were perfect in other respects.

Mr. Pick also shewed a specimen of Club-foot from the Hare.

Dr. Murchison brought forward two cases of Gall-stones that caused death. In one case death was due to enteritis caused by impacting of the gall-stone into the gut. In the other case the patient, a female, had suffered for three months with pain and swelling in the right thigh. When admitted, she had vomiting, and was in a state of great weakness. There was no jaundice, but bile pigment in the urine, and hepatic tenderness. The right femoral vein felt hard. There were neither sweating nor rigors, and the temperature throughout was about normal. She vomited altered blood on the day previous to her death. After death, the femoral vein was found choked by a firm coagulum, and a cavity communicating with the cystic duct full of gall-stones, and ulcerated. The liver was full of pyæmic deposits. Dr. Murchison brought forward this case mainly as an example of many similar cases which he had seen in which there was pyæmia from internal causes, and no elevation of temperature.

Mr. Birkett shewed a Tumour composed of Cysts with Intracystic Growths removed from the mammary gland of a patient, fifty-one years old. It had been observed during a period of ten years. Ulceration of the skin had taken place at two places, allowing the intracystic growths to protrude. A section displayed two structures; 1, a large quantity of cysts of various sizes filled with intracystic growths; 2, a solid tuber without any well-defined cyst. In the centre was a tissue of fibro-cartilaginous firmness, and even a gritty substance as hard as bone.

Mr. **BIRKETT** also exhibited from a man, forty-nine years old, a portion of the Bladder, Rectum, and Prostate Gland, the last thinned out and occupied by a large Calculus which had probably been there from boyhood. Two openings through the walls of the bladder, and one through the capsule of the prostate, allowed the urine to pass into a pouch between those organs and the rectum, through the anterior wall of which a fistulous opening enabled the urine to flow into that canal, to be ejected at the anus.

Dr. **DICKINSON** brought forward a case of extensive Spinal Meningitis from an infant, six months old. There were no purpuric spots, and no typhoid symptoms. He believed that spinal meningitis was anatomically not very uncommon, as many as four cases having come to the Children's Hospital, Great Ormond Street, within the last three or four years.

SURGICAL SOCIETY OF IRELAND.

FRIDAY, MARCH 19TH.

MR. WHARTON in the Chair.

Diseases of the Upper and Lower Jaw Requiring Operation.—Mr. **CROLY** read a paper containing an account of some cases in which he had operated for disease involving the upper or lower jaw. The first case was one of secondary cancer, involving the entire submaxillary gland and the lower part of the inferior maxilla from the symphysis to the angle. Mr. Croly had removed an epithelioma from the left side of the lower lip about thirteen months previously, at which time there existed a small gland in the submaxillary region, which was also removed. At the right side, a very small gland, which was difficult to feel, was not removed; but the patient was enjoined to come to town if this increased in size. In October last, the patient returned with a tumour at the right side of the size of an orange, occupying the digastric space and extending upwards on the jaw, and forwards beneath the symphysis; it was hard, fixed, painful to the touch, and could be felt through the mouth extending along the internal side of the jaw. At the earnest request of the patient that something might be done to give even temporary relief, Mr. Croly, assisted by his colleagues, on October 12th, removed the tumour. A simple incision was made from the angle of the jaw to the symphysis; and, the integuments having been dissected from the tumour, and the facial artery divided between two ligatures, the tumour was separated from its inferior attachments by a silver knife, then drawn forward by a double tenaculum and detached posteriorly, chiefly by the use of the fingers. An artery which spouted from the bottom of the cavity was tied. The lower part of the inferior maxilla, being diseased, was removed, leaving the teeth and alveolar process. The patient was dressed with carbolic acid and syringed several times daily with a solution of the same. He made a good recovery. He was 53 years of age. The second case was one of a cystic tumour of the size of an egg, situated on the lower jaw, corresponding to the outer side of the molar teeth. It was of seven months standing, fluctuated, and was surrounded by a thin shell of bone. Puncture, by a large exploring needle, gave exit to an oily glairy fluid which again rapidly collected. The operation consisted in raising the anterior wall of the cyst and removing a circular piece with a pair of scissors; glairy fluid, as formerly, escaped, and, on introducing the finger, the cavity was found to extend deeply into the jaw. A fang of a tooth which was felt in the cavity was removed by the elevator. There was little hæmorrhage. The cavity filled up quickly without deformity. The third case was one of cystic tumour of the antrum, in a woman aged 36. Cure was effected by drawing off with a trocar a quantity of glairy fluid. The fourth case was a large epulis of the right superior maxilla, corresponding to the last four molar teeth. The patient was a female aged 36; she stated that on two occasions "lumps" of a smaller size had been removed from the site of the present tumour. The jaw having been forcibly retracted, the gum in front of the tumour was divided and the alveolar process sawn through. A similar incision was made behind the tumour, which was removed by a single stroke of a powerful pair of cutting pliers. The blow-pipe gas cautery was used to arrest bleeding and to destroy any part of the disease which might remain in the gum. The patient made a good recovery.—Mr. **COLLIS** thought that the case of removal of the submaxillary gland was a most interesting one. It was by no means a promising case, the original disease having been epithelioma, and the Society would look with interest to the future record of it. He had removed the submaxillary gland for cystic disease; the case, though not cancer, was very malignant. Bleeding from a large artery which was torn during the removal of the tumour gave rise to much trouble. He was glad to find Mr. Croly holding to the good principle of conservative surgery in these cases. The removal of the lower half of the jaw, saving the teeth, was a most valuable one; mortality was much lessened by it; in fact, to the division of the jaw he attributed the great mortality in Syme's operation for partial excision of the tongue. The absence of support, the constant irritation, and consequent increase of purulent deposits, all lead to unfavourable results. The mode which Mr. Croly described of treating cysts of the jaw was a most important one; it was only necessary to remove a portion of the cyst sufficient to get out the contents.—Dr. **MAPOTHER** gave some details respecting a case of epithelioma of the lower lip with glandular disease on the surface of the submaxillary gland which had come under his care in St. Vincent's Hospital. He had removed the epithelioma but did not think it right to remove the submaxillary gland. Since the operation, the secondary disease of the glands had extensively progressed. Ulceration had taken place, and nearly half a pint of blood had been lost. The patient had pressed strongly for the operation, and, for that reason, he performed it.—Mr. **CROLY**, in reply, said he would furnish the future details of the first case when they came to his knowledge. He was not in favour of operation; but, as the man pressed for it, and his colleagues thought the man should get the chance, he did not wish to refuse. The wound healed with great rapidity for an old man. In checking hæmorrhage in this region, it should be remembered that deep plugging was often mischievous. The curious point in the case was that the epithelioma was at one side, and the secondary tumour at the other. He had known cases of this kind where the tumour, having been punctured, gave exit to a dark coloured fluid of bloody serum, which, on examination, was found to be cancerous. In this case he avoided puncturing the tumour in order that this cancer juice might not escape and extravasate into the neck. The man became better rapidly, but he would not be surprised to hear of a return of the disease.

MANCHESTER MEDICAL SOCIETY.

WEDNESDAY, APRIL 7TH, 1869.

THOMAS MELLOR, ESQ., Vice-President, in the Chair.

Cancer of the Liver.—A New Stethometer.—Excision of the Ankle.—Movements of Tapeworms.—Diseased Heart.—Foreign Bodies in the Bladder.

MR. **CLEMENTS** showed a specimen of Cancer of the Liver, in a man aged 62, of temperate habits. The symptoms had existed six months; there was no jaundice; and no similar deposit was found elsewhere in the body.

Mr. **RANSOME** exhibited a new form of Stethometer which he had devised for the purpose of registering the movements of any point on the walls of the chest, simultaneously, in three dimensions. He noticed the instruments hitherto in use, but thought that they did not fulfil all the requirements of chest measurement. He mentioned especially the observations of Dr. William Roberts as to the importance of measuring not only the forward, but also the upward and outward movement of the chest during any one act of respiration, and pointed out the mode by which these objects were attained by this instrument. Mr. Ransome stated, also, some of the physiological and pathological observations which he had made by its use, and mentioned that it would be useful especially to consulting physicians and in hospital teaching.

Dr. **HARDIE** showed a case of Excision of the Ankle, in a boy aged five years. The operation was performed three months previously, and no deformity had resulted, save some general thickening which would, doubtless, soon disappear.

Mr. **SMART** made some remarks on the Movements of individual joints of Tapeworms. He said that the well known occurrence of joints escaping outside the sphincter ani at other times than during the act of defæcation, was owing to the power of movement inherent in each separate joint. He had lately had an opportunity of witnessing this power in a joint which he had the fortune to see just after escaping from the bowel. The various forms assumed had been drawn on paper and were exhibited. It elongated and contracted itself, raised up its anterior extremity, as if groping for something. It could make the two extremities touch, and once turned itself completely over. When the movements stopped they could be re-excited by warming it. It was left exposed during the night, and in the morning was dead.

Dr. **MORGAN** showed the Heart of a man who had had a rheumatic history in which two of the aortic valves appeared to have become detached from the orifice of the vessel and then to have become re-united on a lower level than formerly. The septum between them had also disappeared, and they had joined together so as to constitute only one valve. Dr. Morgan explained how, by the formation of a gelatinous substance of the nature of a blastema over the surface of the valves, the former phenomenon might be accounted for.

Mr. **LUND** read a paper on the Detection and Treatment of Foreign Bodies in the Bladder, with remarks on the use of the Endoscope.

CORRESPONDENCE.

EXPLANATION REGARDING THE REPORT OF THE ACTION OF MERCURY.

SIR,—In the Report of the Edinburgh Committee on the Action of Mercury, which appeared in the JOURNAL of May 8th, it is stated that "all the operations" for biliary fistulæ were performed by me. In this matter, the reporter has fallen into error. Of the thirty-three operations, one was performed by Dr. Fraser, two by Dr. Gamgee, and the rest by myself. The *first* operation was done by Dr. Gamgee, who, when the Committee began its work, was more familiar than any of us with the operative procedure necessary. I did most of the operations, not because I was possessed of any unusual skill in such procedures, but simply on account of Dr. Gamgee and me agreeing that, while he should undertake the chemical work, I should attend to the surgery required in the research. I am, etc., WILLIAM RUTHERFORD, M.D.

Edinburgh, May 1869.

MEDICAL BENEVOLENT SOCIETIES, AND GRATUITOUS MEDICAL SERVICE.

SIR,—While the subjects "Hospital Administration" and "General Practice" are prominent in your JOURNAL, and otherwise before the public, it may be well to view the matter in reference to the provident and benevolent institutions in aid of medical men, their widows, and orphans.

Since the late Mr. Newnham organised the Benevolent Fund of the British Medical Association, and subsequently during the career of the Epsom College, multiplied cases of great distress have been pressed on the notice of the Committees and Council. The address just issued from the Society for the Relief of Widows and Orphans, notices the growing calls on its funds, and applies for more succour, particularly from those in the profession who can subscribe or give rather from benevolent than from prudential motives.

A rather long and reflective life has forced me to see how few men who had worked hard, and were long reputed successful, realised provision for old age, unless supplemented by such resources as family legacies, or a wife's jointure. That much distress exists among members of all professions, owing to the mutation of fortune, is simply the lot of humanity; but surely there is something superadded to the degree of that which surrounds ourselves. This is the more marked when we call to mind the industry, the good moral character, acquirements, and great frugality of our body. The statistics of professional work done, of professional recompense lost, as lately recorded in the JOURNAL; the important facts recited in recent numbers by Dr. Stephens of Brighton, and Mr. Fairlie Clarke (each might be amplified by most of us), awake fresh interest, and demand corresponding action. Probably under three heads may be recorded the causes which lead to these sad results: A want of union through medical ethics or etiquette, and the advantage taken of this by the public: Gratuitous medical services, and a faulty hospital administration: The inroads of dispensing druggists, and the impolitic system of many men declining to supply the requisite medicines to their patients. (Such medical men feel, perhaps, the apothecaries' duties and style of pay "unprofessional.")

It grieves me beyond measure to notice these things; to see how they have increased, are increasing; to see how much and how widely the intelligence, cultivated taste, and scientific knowledge of my professional brethren is used and abused by thousands around us; how much their humanity and love of doing good, their physical power, and often their moral obligations to their wives and families, are sacrificed to the Moloch of gratuitous medical service, under the specious cry "assist the afflicted"—"relieve the suffering poor who cannot relieve themselves"—what countless evils grow up! injurious to medical men, demoralising to all, especially to all those who "sail under false colours" in or out of the profession. It requires but a little analytical faculty to detect the pseudo-philanthropy which originates many of our special hospitals and humanitarian institutions.

Men of ordinary calibre should look on with delight and pride to find superior talent and attainments crowned with laurels—tribute given to whom tribute is due—even to find, now and then, that a little good luck has cast on an average man "wealth, dignity, and fair renown." All should remember the snare which surrounds those who "make haste to be rich"; none should forget that, before honour, humility. Let me express again my regret at the erroneous views of many in late years who consider their interests and their dignity promoted by ceasing to supply medicines from their own houses to their patients in all classes of life. The simple mode in which medicines are now supplied; the assistance given by the wholesale druggists and others down to "Silverlock", render private dispensing at once expeditious and easy. Other practice is only consistent with the position of the "pure surgeon", or the physician in consultation; only conducive to the interest of the chemist and his counter-practice, and prescribing under the auspices of the Pharmaceutical Society.

It is true that "life is short and art is long"; that there are better things in life than money; still we should do well openly to blend the mercantile spirit with the professional; to claim and to obtain good pay for good work; the *quid pro quo* from every one who can furnish his quota to the professional fund. This would save many in our ranks from the degradation of "puffing and pretence", and give to every qualified, honest working-man among us the means of sharing "in all the joys of sense, health, peace, and competence."

I am, etc., CHARLES F. J. LORD.

DR. SCHEFFLER ON DEFECTS IN VISION.

SIR,—In the notice that you have been good enough to take of my translation of Dr. Scheffler's *Theorie der Augenfehler*, you impute to me that in places I "have failed to grasp the precise meaning of the author." Fidelity to meaning is the first duty of a translator; and therefore I consider the charge a serious one.

Will you allow me to say that, before writing my translation, I submitted to the author a considerable list of suggested corrections in the original, most of which he was pleased to adopt; and which he subsequently enlarged; so that I may be said to have worked from a revised edition. Furthermore, in every passage about which I had the slightest doubt, I referred my doubt to the author, and received his own solution of it. I trust, therefore, that the opinion formed by your reviewer may be due to authorised changes in the text, rather than to errors of mine in its interpretation.

I should be glad, however, to point out one very curious error, that has been mentioned to me, and that until now seems to have escaped observation. I refer to Fig. 36, which represents an impossible condition. The error does not extend to the text; and, probably for this reason, does not seem to have been perceived. I can now only express my surprise that it was not noticed by the author, and my regret that it was not noticed by myself.

I am, etc., ROBERT BRUDENELL CARTER.

Princes Street, Hanover Square, April, 1869.

REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

SIR,—I observe, with some surprise, in a letter from Dr. M. L. Johnson, in the last number of the JOURNAL, that he claims for Dr. Prosser James the "honour" of having originated the scheme of indirect representation of the profession in the Medical Council. I know not the date of the plan thus attributed to Dr. James, but I undoubtedly proposed that mode of representation in the columns of the *Lancet* as long back as 1858,—at a period when, I believe, Dr. James had only just entered the profession. His state of health having, I regret to read, compelled him to seek for awhile a southern clime, perhaps Dr. Johnson will kindly state the *date*, and the *record*, of the alleged proposed scheme to which he refers.

I may add that, at the time to which I refer, my proposal attracted a good deal of attention, and a committee was formed, with Dr. Brady, M.P., as chairman, and myself as honorary secretary. Several meetings were held at the Freemasons' Tavern, and legal opinion was taken affirming the undoubted legal rights of the fellows and members of the Royal College of Surgeons of England, under the provisions of the Medical Act in relation to that corporate body, to vote for the representative of their College in the Medical Council. This mode of representation might more properly be named *direct;* it being the representation of the profession, as fellows and members of the College to which they belong and whereby they are recognised as qualified practitioners in the *Register* issued by the authority of the Medical Council. Even quite recently, I have strongly advocated this simple and natural mode of representation in the BRITISH MEDICAL and in the other medical journals. I am, etc.,

FREDERICK J. GANT, F.R.C.S.

Connaught Square, April, 1869.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

POOR-LAW MEDICAL SERVICE.

DARLINGTON.—The Guardians have appointed Mr. W. H. Arrowsmith to be medical officer of the Union in the room of Mr. S. E. Piper, resigned.

WEST HAM.—The Guardians received a letter from the Poor-law Board, urging them to increase the salary of Mr. Kelland, the medical officer for Plaistow Marsh; but they preferred to divide the district, and appoint an additional medical officer.

ST. LUKE'S.—A letter has been received from the Poor-law Board, sanctioning a re-arrangement of the medical district, with a view of rendering the work more equal.

SHOREDITCH.—The Infirmary and Dispensary Committee submitted a report describing the alterations they proposed to make at the suggestion of the medical officers, in order to render the work more equal. The recommendations were adopted.

SHEFFIELD.—The Chairman (Alderman Saunders) has given notice of motion that the assistant vaccination prosecutors be no longer continued, but that instead the chief inspector's whole time be engaged. He maintained that a saving to the Union of £300 a year would be thus effected.

ISLINGTON.—The Poor-law Board regret that the Guardians have not appointed one vaccinator for the whole parish; but they will now make no opposition to the appointment of four, as resolved upon by the Guardians. Drs. Ducat, Simpson, and Greenwood, and Mr. Harston, the four district medical officers who lose their office as vaccinators under the new arrangements, attended the Board to point out the loss they sustain, and to complain of the office of vaccinator being given to those medical officers who had sent in the highest vaccination returns during the year. They maintained that this was no test of diligence, as the Guardians supposed, but resulted from the character of the population of each district. The Guardians replied that they came too late, and no action was taken.

ST. PANCRAS.—Dr. Saul has been temporarily appointed medical officer of the Workhouse.

HOLBORN.—The Guardians have appointed a committee to carry out the Dispensary Clauses of the Metropolitan Poor Act 1867.

MEDICO-PARLIAMENTARY.

HOUSE OF LORDS.—Tuesday, May 11th, 1869.

THE CORONER'S INQUEST.—Lord KINNAIRD called the attention of the House to the state of the law in Scotland as to inquiring into the causes of sudden death by accident or violence. In Scotland, he showed, there was nothing analogous to the English coroner's inquest, but only an occasional inquiry by a procurator-fiscal. The Scotch law required amendment.—Lord MORLEY thought the Scotch system of secret precognition succeeded in producing practically the same useful results as the public procedure in England by means of coroners' inquests. A comparison of the criminal statistics of the two countries showed that the secret system was perhaps even the more successful. It was certainly more benevolent, protecting as it did persons finally turning out to be quite innocent against the invidiousness of a public inquiry.—Lord DALHOUSIE thought the Scotch system, on the whole, a good one, but that some compulsory means were required in order to secure that all cases of sudden death should be reported to the procurator-fiscal.—The Duke of MONTROSE objected to any compulsory machinery.—Lord MINTO thought there was always a danger of abuse, and still more danger of suspicion of abuse, where the procedure was secret, as at present in Scotland.—Lord COLONSAY highly praised the existing jurisdiction of public prosecutors in Scotland, and pointed out the danger of meddling with so successful a system. There might be inefficient officials, but so there would be under any system. He justified the refusal of the Commission now sitting on Scotch legal procedure to consider this subject directly. Incidentally, it had considered it.—Lord KINNAIRD concurred in commending the institution of public prosecutors. But there were defects in the existing system. One was, that those officers were now allowed to practise privately.

OBITUARY.

JAMES S. CLUFF, M.R.C.S.

WE regret to record the early loss of a surgeon of the highest promise (James S. Cluff, Esq., M.A., Trinity College, Dublin), who was drowned on the 7th instant near Belfast, while bathing. Mr. Cluff was Demonstrator of Anatomy at University College, where his career as a student of medicine had been most brilliant. His untiring pursuit of knowledge led him to study every minutia of his profession. He was a singularly painstaking dresser and physician's clerk, and subsequently an admirable house-surgeon. Mr. Cluff had taken the member's diploma of the College of Surgeons, and had passed the anatomical and physiological sections of the examination for the fellowship with extreme credit; at the first M.B. examination of the University of London, he carried off the three exhibitions for anatomy, physiology, and chemistry. He was a most successful teacher, endearing his pupils to him by his gentle patient disposition and happy faculty for adapting his explanation to their comprehension. Though possessed of copious information on all subjects, his unusual modesty and pleasant manners rendered him a charming companion for men older than himself. Had he lived, his integrity, talents, and industry would have raised him to a most conspicuous and honoured position in our profession.

MEDICAL NEWS.

BRISTOL MEDICAL SCHOOL.

THE annual distribution of prizes at this institution took place recently. Dr. MARTYN addressed the students. He commented on the tedious introductory addresses with which the *annus medicus* is commenced at almost all English schools of medicine, and the custom in Bristol on meeting at the end of the winter's work, to give a few words of encouragement and farewell wishes to those whose studies are over. It was the custom just now very much to disparage the system of teaching by lectures, as opposed to the experimental, practical, and clinical methods. Without detracting from these modes of study, there were great advantages in the lecture or professorial system. The number of lectures had been sufficiently reduced, and every one now, in chemistry, physiology, botany, anatomy, or medicine, etc., was illustrated practically throughout in various ways. All science, as a body of general truths, must be taught a good deal in abstract form; while medical literature is now so enormous as to make the *resumé* in lectures a positive saving of labour. In the educational system of Prussia, mere crammed results, as tested by final examinations, are now being abandoned in favour of an exact curriculum. There was also much good in the sort of regular drill of daily attendance and collegiate study. Dr. Martyn combated the tendency to discourage gratuitous medical advice in hospitals, etc., though no doubt some received it who could afford to pay. The profession was not like an ordinary business in its commercial relations, for it tolerated no secret remedies, nor any exaggerated puffing in advertisements. The medical man must identify himself with his clients' interests, though his own often suffered by so doing. All good done in putting down disease resulted in loss to the profession. As to a precise money *quid pro quo*, there could be none for medical advice any more than for good legal advocacy, religious minstrations, or labour in fine arts; and the best work in science, art, and literature had been very poorly remunerated. All workers in these things must be somewhat careless as to accurate adjustment of payment. It could not be too strongly urged that life did not "consist" in things which a man possessed, neither in the accumulation of intellectual nor material wealth, but rather in knowing how to do something, and in doing it so as to conduce to the good of man's estate. On behalf of the medical faculty, he congratulated the students on the warm competition for the prizes and the general excellence of their papers, concluding by wishing God speed and a successful, useful career to those about to leave. The following is a list of the adjudications:—*First year's prize* (books to the value of £3), Mr. W. A. Sturge. *Certificates of Honour*, Messrs. A. B. Rees, A. E. A. Lawrence, B. J. Massiah, and W. J. Cole. *Second year's prize* (books to the value of £5), Mr. W. T. Benham. *Certificate of Honour*, Mr. A. E. Prockter. *Third year's prize* (books to the value of £7), Mr. L. W. Marshall. *Certificates of Honour*, Messrs. E. T. Hale, H. M. Chute, and W. Hodges. The prizemen of the first and third years are pupils at the General Hospital. The prizeman of the second year is a pupil at the Royal Infirmary

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 4th:—

Attwater, Arthur Wm., Brondesbury Lodge, Kilburn (St. Bartholomew's)
Broom, Henry John, Llanelly, South Wales (University College)
Cheyne, William R., Nottingham Place (University College)
Darby, John Thomas, Derby (University College)
Edwards, Wm. Henry, Antigua, West Indies (St. Bartholomew's)
Etheredge, George Ernest F., L.S.A., Starston, Norfolk (St. Bartholomew's)
Harris, Andrew, Manchester (Manchester School)
Hart, John, Calcutta (Calcutta and University College)
Hartill, John Thomas, L.R.C.P., Willenhall, Staffordshire (St. Bartholomew's)
Kennedy, Edward, Manchester (Manchester School)
Kibbler, William Ambrose, Hackney (London)
Kipling, William, L.S.A., Romaldkirk, Yorkshire (University College)
Parsons, Thomas E., Islip, Oxon (St. Mary's)
Plaxton, Joseph William, Hull (Hull School)
Reynolds, John, Brixton, Surrey (Guy's)
Ringer, Beverley Stewart, John Street, W.C. (St. Bartholomew's)
Sewell, Allen, L.S.A., Euston Square (University College)
Ticehurst, Augustus Rowland, L.S.A., Hastings (Guy's)
Wade, George Herbert, Plymouth (St. George's)

Admitted members on May 5th:—

Betts, James Oliphant, L.S.A., Calcutta (University College)
Calantarients, Johannes A., Armenia (University College)
Caldecott, Randolph, Rugby (King's College)
Davies, William Henry, L.S.A., Newbridge, Monmouth (University College)
Edwardes, Lewis, Wimbledon, Surrey (Guy's)
Fielding, James, M.D., Toronto (Toronto and St. Thomas's)
Fleming, David Gibb, M.D., Toronto (Toronto and St. Thomas's)
Harris, Robert, Hackney (Guy's)
Hosford, Thomas Stroud, Clapton Park (London)
Howse, Frederic, L.S.A., Kilburn (Charing Cross)
Hughes, Arthur H., M.B., Toronto (Toronto and St. Thomas's)
Kenyon, John Kelsham, L.S.A., Ditton (St. Mary's and Guy's)
Moor, Alfred, Durham (Guy's)
Parkinson, Charles Henry W., Wimborne, Dorset (Guy's)
Pughe, John Eliot Howard, Liverpool (Liverpool School)
Robathan, George B., Risca, Monmouth (St. Thomas's)
Shaw, Josephus, Lees, near Manchester (St. Bartholomew's)
Shewin, Alfred, Sevenoaks, Kent (University College)

It is stated that three candidates out of the forty-seven examined on the 4th and 5th inst. failed to acquit themselves to the satisfaction of the Court, and were referred for six months further hospital study.

The following gentlemen passed their primary examinations in anatomy and physiology, at a meeting of the Court of Examiners, on May 11th; and, when eligible, will be admitted to the pass examination.

Messrs. Cleland Lamminian, W. W. Dove, G. E. Cheyne, Edwin Barnes, Charles Grimes, J. F. Weatherhead, E. A. Ferminger, and J. H. T. Penkivil (St. Bartholomew's); Benjamin Tubb, C. S. Ticehurst, H. E. Waddy, H. J. Hibberd, and E. G. Younger (Guy's); J. H. More, J. J. Barnes, Edmund Lee, and R. T. Parkinson (Manchester); A. J. England and Robert Adams (University College); H. M. Kemmis and M. J. Kelly (Dublin); R. W. Parker (St. Thomas's and London); C. S. Charlesworth (Leeds); John A. Cowan (Edinburgh); J. G. Mainwaring (Birmingham); James Bullpit (London); and J. G. Purcell (Dublin and Manchester).

The following gentlemen passed on May 12th:—

Messrs. R. H. Hutchings and T. H. B. Rodwell (Guy's); G. D. Beadwell, A. J. Owen, J. E. Gabb, and Robert Gibbs (St. Bartholomew's); Jeremiah Doyle, H. T. Jones, and H. J. Saunders (Dublin); T. Scoresby-Jackson and W. H. Higgins (Edinburgh); S. R. Phillips (Westminster); James Tomlins (Manchester); George Berry (St. Thomas's); W. F. McBrien (Toronto); G. M. Cole (St. Mary's); W. F. Terry (New York).

Fourteen out of the fifty-eight candidates examined on the above named days failed to acquit themselves to the satisfaction of the Court of Examiners, and were referred for a period of three months' further anatomical study.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 6th, 1869.

Anderson, Richard Benjamin, Theddlethorpe
Cuffe, Alfred Gordon, Haverstock Hill
Haynes, Horace Eyre, Evesham
Lucas, Robert Harry, Burwell, Cambridgeshire

At the same Court, the following passed the first examination.

Allen, Matthew Septimus, Birmingham General Hospital
Allwork, Charles, Guy's Hospital

As Assistants in compounding and dispensing medicines.

Goodwin, Felix, Crowland, Lincolnshire
Gudgen, Frederick George, Kimbolton, Huntingdonshire
Ward, John Slinger, Stockton-on-Tees

MEDICAL VACANCIES.

The following vacancies are declared:—

ALTRINCHAM UNION, Cheshire—Medical Officer for the Altrincham District.
ARDNAMURCHAN, Argyleshire—Parochial Medical Officer and Public Vaccinator (£80 per annum, and Vaccination Fees).
BRISTOL DISPENSARY—Medical Officer.
CARLOW UNION—Medical Officer and Public Vaccinator for the Borris Dispensary District (£100 per annum, and Registration and Vaccination Fees).
CARMARTHENSHIRE INFIRMARY, Carmarthen—Physician.
CASTLEBAR UNION, co. Mayo—Medical Officer for the North Division of the Castlebar Dispensary District (£90 per annum, and Registration and Vaccination Fees).
COOTEHILL UNION, co. Cavan—Medical Officer for the Workhouse and Fever Hospital (£80 per annum).
DALKEITH, Edinburghshire—Parochial Medical Officer.
DENBIGHSHIRE INFIRMARY AND DISPENSARY—House-Surgeon and Secretary (£75 per annum, with board and residence).
ELGIN COUNTY LUNATIC ASYLUM—Medical Officer.
FARRINGDON GENERAL DISPENSARY AND LYING-IN CHARITY, Bartlett's Buildings, Holborn—Surgeon.
GLAMORGANSHIRE AND MONMOUTHSHIRE INFIRMARY AND DISPENSARY, Cardiff—Dispenser (£30 per annum, with board, lodging, and washing).
GREAT WESTERN AND BRISTOL AND EXETER RAILWAYS PROVIDENT SOCIETY—Medical Officer for the Yeovil District.
HARTLEPOOL HOSPITAL—House-Surgeon and Secretary (£80 per annum, with board, lodging, and washing).
HOSPITAL FOR WOMEN, Soho Square—Assistant Physician.
LEAMINGTON PROVIDENT DISPENSARY—Dispenser.
LEICESTERSHIRE AND RUTLANDSHIRE LUNATIC ASYLUM, Leicester—Assistant Medical Officer.
LINCOLN COUNTY HOSPITAL—Physician.
METROPOLITAN FREE HOSPITAL, Devonshire Square—Surgeon.
MIDDLESEX HOSPITAL—Surgeon and Lecturer on Surgery.
MULLINGAR UNION, co. Westmeath—Medical Officer, and Registrar of Births, etc., for the Ballynacargy Dispensary District (£90 per annum, and Registration and Vaccination Fees).
NEWCASTLE-UPON-TYNE INFIRMARY—Physician; Four Assistant-Surgeons; Senior House-Surgeon; Junior House-Surgeon.
NEW ROSS UNION, co. Wexford—Medical Officer and Public Vaccinator for St. Mullins Dispensary District (£70 per annum, and Registration and Vaccination Fees).
NORTH RIDING INFIRMARY, Middlesborough-on-Tees—House-Surgeon (£70 per annum, with board and apartments).
NORTH STAFFORDSHIRE INFIRMARY, Stoke-upon-Trent—Resident Medical Officer (£80 per annum, increasing £10 a year, with board, lodging, and washing).
READING MEDICAL DISPENSARY—Resident Surgeon (£120 per annum, furnished residence, coals, and candles).
ROYAL KENT DISPENSARY, Greenwich—Three Medical Officers for Deptford; a House-Surgeon.
ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Manchester—Resident Medical and Surgical Officer (£40 per annum, with board and lodging).
SHEFFIELD GENERAL INFIRMARY—House-Surgeon (£100 per annum, with board, lodging, and washing).
SHEFFIELD PUBLIC HOSPITAL AND DISPENSARY—Physician.
SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Physician.
THURLES UNION, co. Tipperary—Medical Officer, and Registrar of Births, etc., for Holycross Dispensary District (£100 per annum, and Registration and Vaccination Fees).
TRINITY COLLEGE, Dublin—Professor of Zoology and Director of the Museum.
WEST LONDON HOSPITAL, Hammersmith—Dispenser.
WESTMINSTER GENERAL DISPENSARY, Gerrard Street, Soho—Physician.
WEST SUSSEX, EAST HANTS, AND CHICHESTER INFIRMARY AND DISPENSARY, Chichester—House-Surgeon (£80 per annum, with board, lodging, and washing).
YORK DISPENSARY—Resident Medical Officer (£100 per annum, with coals, gas, and allowance for servant).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

Drury, C. D. H., M.B., appointed House-Surgeon to the Sunderland Infirmary.
Middlemist, R. P., Esq. appointed Obstetric Surgeon to the St, George's and St. James's Dispensary.
*Payne, Joseph Frank, M.B.Oxon., appointed Assistant-Physician to the Hospital for Sick Children.

BIRTHS.

Cowan.—At Musselburgh, N.B., on May 12th, the wife of Michael W. Cowan, M.D., Surgeon R.N., of a son.

Day.—On April 28th, at Wakefield, Yorkshire, the wife of *W. Henry Day, L.R.C.P.Edin., of a son.

Ellis.—On May 4th, at Redcliff Parade West, Bristol, the wife of *R. W. Ellis, Esq., Surgeon, of a daughter.

Madge.—On April 25th, at 32, Fitzroy Square, the wife of *Henry M. Madge, M.D., of a son.

DEATHS.

Ellis.—On April 29th, at Redcliff Parade West, Bristol, aged 6, John Ridler, eldest surviving son of *R. W. Ellis, Esq., Surgeon.

Simpson.—On May 2nd, aged 14 months, Herbert Willmott, youngest child of *Henry Simpson, M.D., Manchester.

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George Purdy, a potted-meat manufacturer, carrying on business in Waterloo Place, Chester Street, Birkenhead, has been convicted of having on his premises, four quarters of beef, a cow's head, and a cow's belly, "which were then and there deposited for the preparation for sale, and intended for the food of man." The details were most revolting, and the stipendiary magistrate (Mr. Preston) sentenced the defendant to six weeks' imprisonment with hard labour, refusing to inflict a pecuniary penalty when appealed to by the defendant's advocate to do so.

A New Lunatic Asylum is to be built at Whittingham to accommodate 1000 patients, at an estimated expense of £120,000.

East Suffolk Hospital.—The Committee have received a legacy of £100, free of duty, under the will of the Rev. E. Ward.

Railway Medical Appointment.—Mr. Morton of Brightside has been appointed district surgeon for the Manchester, Sheffield, and Lincolnshire Railway, for Tinsley, Meadow Hall, and Broughton Lane Stations.

Odontological Society.—The monthly meeting of this Society was held on Monday, May 3rd; the President in the chair. The discussion on Mr. Vasey's paper on Filling Teeth with Gold was renewed. The subject is of great importance to both the public and the dentist; and an animated discussion took place. A prominent feature in it was the question of payment, and the general sentiments of the Society on this subject appeared to be expressed by one of the speakers as follows: "The public can never gain the highest result of our art so long as they reward our labours with the stereotyped fee of a guinea. It does not require an elaborate calculation to see that we cannot spend two hours and from seven to fifteen shillings on gold which many cases require, and to be sufficiently recompensed by a guinea." The speaker proposed to adopt the principle of charging for time. The other points discussed were of a technical nature. The paper at the next meeting will be on Electricity as an Anæsthetic in Dental Extractions.

OPERATION DAYS AT THE HOSPITALS.

MONDAY	Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY......	Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY..	St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY....	St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY........	Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY....	St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Pathological Society of London, 8 P.M.—Anthropological Society of London.

THURSDAY.—Harveian Society of London, 8 P.M.—Chemical Society.—Royal Society.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the Journal, *to be addressed to the* Editor, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

We cannot undertake to return Manuscripts not used.

Correspondents not answered are requested to look to the Notices to Correspondents of the following week.

To Purchasers.—To insure attention, it is requested that all orders sent to the Office for extra copies of the Journal, be accompanied with stamps for the amount.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Appeal to the Benevolent.

The widow of a member of our profession has recently, by the death of her son, been deprived of all means of support. Her husband was for long engaged in active practice in a country district in Norfolk, where he was able to make a certain amount of provision for the future. Through an event over which he had no control, his savings were, however, entirely lost. Her son, also a surgeon, subsequently maintained his widowed mother, and, to a considerable extent, a sister also. The death of this son, six months ago, has left the widowed lady, now advanced in years, wholly without means of subsistence. Her friends hope to obtain for her a small annuity, and thus qualify her for admission into the Medical Benevolent College, to which they hope subsequently to obtain her election. Believing that the case is one which commends itself to the benevolence of our profession, we, whose names are undersigned, venture to make this appeal. We shall be glad to receive donations of money or promises of votes, and shall also be happy privately to give any further information that may be wished.

(Signed), Andrew Clark, M.D., 23, Montagu Place, W.C.
Jonathan Hutchinson, 4, Finsbury Circus, E.C.
Edwin Lankester, M.D., F.R.S.

Notice to Advertisers.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

The fact that the members of the medical profession are able, by an annual subscription of a guinea, to provide for themselves so powerful an organisation for scientific, social, and political purposes, as the British Medical Association, and at the same time a weekly Journal, which it is not necessary that we should compare with others sold at a much higher price than the total subscription to the Association, has always powerfully affected the minds of the proprietors of several medical journals; and as during the last year or two the profession have seen more and more the economical and professional advantages of joining the Association, the proprietors of these medical papers have become more excited in their efforts to prove to them that it is much better to subscribe thirty shillings, more or less, to a journal without any other advantages, than twenty-one shillings to an Association and Journal. In proving such a case, as arguments are not easily to be found, abuse must needs take its place, and that is plentiful just now; but very little philosophy is needed to regard with complacency attacks which are in fact only covert compliments to the management and very complete proofs of the success of the Association. There is an irresistible logic of facts. Since the Journal has assumed its present character, the Association has nearly doubled in numbers. Upwards of six hundred members have joined this year. At no period has it been occupied more briskly or usefully in the public relations of medicine or in advancing its scientific interests, nor has it ever identified itself more thoroughly with the popular interests of the profession. At the same time, it has won the warm adhesion of all the most eminent and illustrious medical authorities. The value and necessity of a weekly medium of communication is, we have reason to believe, felt every week more completely; and all experience has proved that, in proportion to the increased efficiency of the Journal, the prosperity, numbers, and usefulness of the Association increase. That it is an increasingly formidable rival to its more highly priced contemporaries, is, we fear, true—*hinc illæ lacrymæ*. But why do not these friends, who are so grieved that our members get so little for their annual subscription, show a good example? why not deeds instead of words? Let the proprietors of the weekly journals lower their price to a guinea a year, offer to pay seven or eight hundred a year to cover the expenses of the Association, and then to devote a surplus to charitable or scientific purposes. It will be possible then to suppose that they are in earnest, and that they desire something else than the destruction of the Journal and the dissolution of the Association.

Life Assurance: Non-Forfeitable System.

Sir,—Your reference to life assurance, in the Journal for April 3rd, was in good place; for, were provident habits general among medical men, their families and their professional brethren would be saved from the appeals for aid which are occasionally made in the medical journals.

In addition to the Prudential Assurance Company, alluded to in your notice, a Scotch office, the Life Association of Scotland, Edinburgh, has adopted the "rare plan" which you commend. It is called the Non-Forfeitable Premium System. By this plan, the whole sum assured is payable at the death of the person named, whenever it may happen; but the policy-holder ceases to pay any premium after the ten, fifteen, twenty, or thirty years agreed on, and only if he live so long. Further, should he resolve to discontinue the policy at any time after two payments, he will receive in exchange a paid-up policy for as many 10ths, 15ths, 20ths, or 30ths of the original policy, as he has paid premiums. Thus, as the prospectus of the association intimates, if the policy be £1000, by annual payments for ten years, it may be exchanged for a paid-up policy, requiring no further payments, of the following amount; viz., after two years' payments, £200; three years, £300; four years, £400; five years, £500; six years, £600; seven years, £700; eight years, £800; nine years, £900. The paid-up policy will participate in the profits of the association.

By this non-forfeitable system, not only is the policy-holder assured for the whole amount of the policy from the commencement, during and after payment of the agreed-on number of premiums; but further, by each payment after the first, he secures unfailingly a proportionate part of the policy, whether or not he go on with the remaining payments; the sum assured being placed beyond the reach of any mistake in the payment of premiums. The policy-holder is thus protected against loss of premium, if, from accidental omission or want of money, he discontinue the payments for his policy.

Although Insurance Companies do not encourage the practice of surrendering policies, the association has an office value for surrendered policies. I coincide with your remark, that policies on the plan referred to are well worthy the attention of persons about to insure. I am, etc.,

W. Whitelaw, M.D., Policy-holder, Life Association of Scotland.

Kirkintilloch, N.B., April 1869.

The Smallman Fund.

Sir,—Allow me to acknowledge the following:—W. Spencer Watson, Esq., 10s.; ditto (April 21st), £1:1. I am, etc., Barr Meadows.

49, Dover Street, Piccadilly, W., May 8th, 1869.

The Fees of an Edinburgh M.D.

Mr. R. J. Walford, Dispensing and Family Chemist, Weymouth, writes the following curious letter. "I shall be obliged if you will forward to me a list of legal fees of medical men, especially of an M.D. Edin."

*** Who will answer our inquisitive correspondent?

Pluralities.

Sir,—The following statement may excite inquiry in these days of hospital abuse and plurality of appointments.

Dr. Grindley Pearse, a Vaccinator and Teacher of Vaccination at the Tottenham Court Road Station and at Marsham Street, Westminster (*vide* list from Privy Council Office), has just been appointed by the Guardians sole Public Vaccinator in the Westminster District, which comprises the parishes of St. Margaret and St. John, containing a population of 68,000 souls.

Is this fair to the late vaccinators? I am, etc.,

London, May 1869. Justitia.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

SPECIAL HOSPITALS.

SIR,—At a time when you are directing your efforts to place medical ethics, and the relations between the profession and the public on a sounder basis, it will be well even at the risk of appearing somewhat personal, to bring under professional notice any specific cases which appear to bear on medical morality. An advertisement which appears repeatedly in the daily press, informs the general public, among other matter, of the following interesting facts. 1. There is a National Institution for Diseases of the Skin, having two branches: one in Gray's Inn Road, and one in Mitre Street, Aldgate 2. The Physician is Dr. Barr Meadows. 3. He attends 900 cases weekly. 4. His private address is Dover Street, Piccadilly. To these published statements I may be permitted to add. 5. That the Mitre Street Branch (of the Western Branch I know nothing) was established but a few years since, in close proximity to the Metropolitan Free and not far from the London Hospital, in a district well provided with medical men. 6. That the poorest patients are attended gratis, but that the rest have to make weekly payments according to their means. On these facts I only ask leave to make two brief comments.

1. Such institutions must cease to exist, or all medical men must be allowed to advertise equally loudly, if they are to compete on equal terms with such institutions and with each other.

2. Any medical practitioner might, by way of private speculation, found such a dispensary as this, give it a similar name, and advertise it in similar terms. Of course, nothing could be farther from me than any desire to insinuate that Dr. Barr Meadows (of whom personally I know nothing) has done anything of this sort, but the profession, which is justly jealous of its character, has an undoubted right to expect a full explanation of the whole matter from Dr. Barr Meadows, and I hope he will be ready to give it. I am, etc., ALBERT KISCH.

Finsbury, April 1869.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, May 5th; The Western Daily Press, April 27th; The Lincoln Journal, May 4th; The Brighton Times, May 8th; The Bath Express, May 8th; The New York Medical Gazette, April 24th; The Indian Medical Gazette, April 1st; The Boston Medical and Surgical Journal, April 22nd; The North British Daily Mail, May 6th; The Brighton Daily News, May 8th and 10th; The Somerset Gazette and Bristol Express, May 8th; The Cheltenham Chronicle, May 11th; The Glasgow Herald, May 11th; Jackson's Oxford Journal, May 8th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. W. Hyslop, Church Stretton; Mr. Harry Leach, London; Mr. A. Walker, London; Dr. R. L. Bowles, Folkestone; Dr. Falconer, Bath; Dr. Blanc, London; Dr. J. G. Dudley, London; Mr. T. Clifford Allbutt, Leeds; Mr. T. Davenport, London; Mr. A. Kelsey, Red Hill; Dr. W. Rutherford, Edinburgh; Mr. H. Pepper, London; Mr. J. E. Burton, Liverpool; Mr. R. J. Walford, Weymouth; Mr. W. Smith, Clifton, Bristol; Dr. W. O'Connor, London; Dr. J. Ellis, London; Mr. J. K. Hyland, Dublin; Dr. Gairdner, Glasgow; Dr. Parkes, Netley; Mr. Berkeley Hill, London; Dr. J. Thompson Dickson, London; Mr. Wanklyn, London; Mr. Kinnaird, M.P., London; The Secretary of the Dialectical Society of London; Mr. R. Davy, London; Dr. A. Clark, London; Dr. E. Lankester, London; Mr. Hutchinson, London; Caustic, Yeovil; Dr. E. F. Hall, Prescott.

LETTERS, ETC. (with enclosures) from:—

Dr. Bastian, London; Mr. R. W. Ellis, Bristol; The Honorary Secretaries of the Bath and Bristol Branch; Mr. F. Workman, Reading; Vindicator, Bath; The Honorary Secretary of the Harveian Society of London; Dr. H. Simpson, Manchester; Dr. J. F. Payne, London; Dr. Bäumler, London; Mr. R. P. Middlemist, London; The Honorary Secretary of the Odontological Society of London; Dr. W. H. Day, Wakefield; Dr. S. Martyn, Clifton, Bristol; Dr. Paul, London; Dr. J. Beddoe, Clifton, Bristol; Dr. Barr Meadows, London; Dr. W. Tyndall Watson, Tottenham; Mr. T. H. Bartleet, Birmingham; Dr. G. F. Elliott, Hull; Dr. J. S. Holden, Glenarm; Dr. A. Wiltshire, London; Mr. Lawson Tait, Wakefield; Dr. J. Morgan, Dublin; Dr. R. W. Crighton, Leamington; Mr. P. C. Delagarde, Exeter; Mr. J. Gardner, Box, Wilts; Dr. F. Brittan, Clifton, Bristol; Mr. T. Watkin Williams, Birmingham; Mr. W. J. Marsh, Littlemore, Oxford; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. Mulvany, Portsmouth; Mr. Wm. Draper, York; Mr. Holmes Coote, London; Mr. F. Davies, Pershore; Dr. C. D. H. Dury, Newcastle-on-Tyne; Mr. David Biggar, Thornhill; Dr. Chalmers, Thornhill; The Secretary of the Society for the Relief of the Widows and Orphans of Medical Men, London; Mr. J. C. Brough, London; Dr. E. D. Mapother, Dublin; Mr. Furneaux Jordan, Birmingham.

BOOKS, ETC., RECEIVED.

St. Luke's Hospital for Lunatics. Established A.D. 1751. Reports for the Year 1868. London: 1869.

The Annual Report of the Committee of the Manchester and Salford Sanitary Association: being a Summary of their Proceedings for the year 1868. Manchester: 1869.

The Annual Report of the Southport Convalescent Hospital and Sea-Bathing Infirmary for the year 1868. Southport: 1869.

Transactions of the Odontological Society of London. Vol. x, for the year 1868. London: 1869.

The Report of the Northampton General Lunatic Asylum, from January 1st, 1868, to December 31st, 1868. Northampton: 1869.

Cases illustrative of the Antiseptic Use of Carbolic Acid. By Joseph Bell, M.D., F.R.C.S.E. Edinburgh: 1869.

Report of the Medical Officer of Health for Merthyr Tydfil. May 1869.

Report on the Health of Glasgow for the First Quarter of 1869.

Results of Meteorological Observations, for the week ending Saturday, May 8th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND.										RAIN.	
																Number of days it blew in certain directions.											
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.582	0.910	53.6	51.1	48.7	83	66.2	34.3	31.9	58.7	45.3	108.0	..	8.0	6.3	..	0.3	2.3	1.7	0.3	1.7	0.3	..	0.4	4.0	6	1.92
BOURNEMOUTH Dr. Compton, F.M.S.	29.640	0.890	51.7	49.9	48.2	88	59.4	36.0	23.4	55.1	46.7	137.0	32.6	7.1	5.9	..	..	1.3	2	0.7	2	0.7	..	0.3	2.0	6	1.51
DUBLIN Dr. J. W. Moore.	29.709	0.895	47.3	45.7	43.9	89	53.7	41.4	12.3	49.3	44.0	..	34.1	8.7	..	..	2.9	1.6	2.5	..	..	..	..	..	2.3	6	3.06
KEW Dr. Treutler, F.L.S., etc.	29.643	0.896	53.9	51.1	48.4	81	63.4	37.0	26.4	59.7	46.3	135.8	29.9	7.1	2.0	..	0.3	1.7	1	0.3	3	0.3	..	1.3	2.1	5	1.10
LLANDUDNO Drs. Nicol and Dalton.	29.551	1.040	49.0	46.5	43.8	82	60.2	39.3	20.9	53.1	42.4	..	..	8.7	..	..	..	4.5	2.5	..	..	..	..	..	1.8	(?)	1.79
MALVERN Messrs. W. and J. Burrow.	29.625	0.982	50.7	48.2	45.6	83	65.6	37.3	28.3	56.4	42.8	103.0	34.9	7.7	3.2	0.3	0.6	1	2	0.3	1.6	..	..	1	0.5	6	2.09
SCARBOROUGH Dr. C. Fox, M.R.C.P., etc.																											
SIDMOUTH Dr. Mackenzie, F.M.S.	29.607	0.914	52.1	49.4	46.6	82	58.5	36.6	21.9	56.5	46.1	..	..	4.7	5.1	1	..	..	1	2	1	1	..	..	0.9	7	2.73
WORTHING W. J. Harris, Esq., M.R.C.S.E.	29.687	1.850	51.5	49.8	48.1	89	58.0	37.9	20.1	55.3	46.3	..	29.0	6.0	7.0	..	0.3	1.3	1.3	1.3	1.7	0.3	..	0.7	2.6	5	1.55

REMARKS.—There has been a general and considerable decrease in atmospheric pressure during the week; while the range has been much greater, amounting in the case of Worthing to more than one inch and three quarters. Temperature has diminished at all stations, and its range has also been less; the degree of humidity, on the other hand, has been much above that of last week. Winds have been light and somewhat variable, though their prevailing direction has been between N.E. and S.E. The rainfall has been general and very considerable, so much as three inches having fallen in Dublin; of this 1.32 inch fell on the 3rd and 1.08 on the 6th; the least amount was collected at Kew, but it nevertheless exceeded 1 inch. The amount of clouds has been greatly in excess of that of last week, while ozone has been variable in quantity. Generally the weather has been mild, or cool, with a cloudy sky, especially at night, and the week has been marked by the heaviest rainfall of the present year. The state of the public health is reported as good.

Plants first seen in flower at Kew.—Carpinus Betulus; Pyrus Malus; Brassica Napus; Erodium cicutarium; Nasturtium officinale; Arenaria serpyllifolia; Viburnum Opulus; Alopecurus pratensis, etc.

N.B.—The mean height of the barometer last week at Bournemouth should have been 30.200 instead of 30.020.

Kew, W., May 12th, 1869. W. J. TREUTLER.

REMARKS

ON

THE "MUSCULAR SENSE", AND ON THE PHYSIOLOGY OF THINKING.[*]

By H. CHARLTON BASTIAN, M.A., M.D., F.R.S.,
Professor of Pathological Anatomy in University College; Assistant-Physician to University College Hospital, and to the National Hospital for the Paralysed and Epileptic.

But there is another consideration which deserves our attention in this place, and which of itself also militates against Professor Bain's view that the estimation of weight or resistance is arrived at principally through a "muscular sense" or active mode of sensibility. It is this. It is generally admitted that we can in some way acquire permanent standards of weight which shall be recoverable in idea at will—a fact which Professor Bain well expresses in this way (*loc. cit.*, p. 93): "Absolute weight implies a permanent standard, and a permanent impression of that standard. When I lift a weight, and pronounce it to be seven pounds, I make a comparison between the present feeling and the impression acquired by handling the standard weight of seven pounds or things equivalent thereto. This absolute comparison, therefore, implies the enduring and recoverable sensibility to impressions of resistance, which is also a fact of the human constitution. . . . A receiver of posted letters contracts an ingrained sensibility to half an ounce, and can say, of any letter put into his hand, whether it produces a sensibility equal to or under the standard." Now, seeing it to be admitted that precisely the same parts of the brain, the same nerve-cells and the same nerve-fibres, are always concerned in the ideal recall, as were concerned in the elaboration of the original impression; and seeing that Professor Bain maintains that these impressions of resistance were originally concomitants of that outgoing motor current which excited the muscles to act,—we may well ask whether it would be possible that the mere concomitant could be revived alone, without the muscular action of which it is supposed to be the sign. We know that, when the ideal recall of a past feeling of resistance is brought about, the muscular action which originally took place does not recur, and therefore we cannot believe that the molecular agitation occasioning this ideal recall has occurred in precisely the same circles that were concerned in the production of the original impression. But this would be a conclusion which I am sure Professor Bain would not be prepared to admit. It is one of the fundamental positions of physiological psychology which he has strongly enforced,[†] that a renewed feeling or idea must depend upon the action of precisely the same parts as the original feeling. Therefore it seems to me, since the ideal recall could never be supposed to comply with these conditions if the original sense of resistance had been derived through the motor nerves by means of a "muscular sense", even this method of reasoning would compel us to reject Professor Bain's conclusions on this subject,[‡] if there were not the other points of evidence tending in the same direction. But, if we assume that our perceptions of resistance have been acquired in the way I have indicated—that they are partly made up of tactile impressions, and partly of passive sensations emanating from the muscles, and of inferences founded upon these—then all difficulties vanish. These passive sensations can, of course, be easily recalled in idea, without any recurrence of the muscular actions by which they were originally occasioned; so that the possibility of forming a *recoverable* ingrained standard of weight is perfectly conceivable. We experience certain feelings of pressure combined with certain sensations in the muscles, and we gradually come to associate certain combinations of these with the sensations produced by handling certain standard weights. The notion of expended energy may well be one which is subsequently superadded to the original sensation; and, of course, any intense state of consciousness, as a mere state of consciousness, does involve an expenditure of energy.

I am not singular in the opinions I have just expressed as to the nature and origin of our "feelings of movement"; for much doubt has arisen in the minds of others who have carefully considered the question, as to the very existence of any conscious impressions which can be said to be appreciable only by means of a "muscular sense". Trousseau has been one of the most prominent objectors to the recognition of this so-called sixth sense, on these grounds. He says: "When, after shutting our eyes, we execute without effort a pretty extensive movement, we are unable, even on paying the strictest attention, to feel the contraction of our muscles, although we may feel the movement communicated to the levers by the contracted muscles. This fact is so true that, when we ask an intelligent person, who knows nothing of anatomy and physiology, which is the seat of the movements through which the fingers are flexed and extended, he immediately points to the hand, and never to the forearm. It is only when the muscular effort is considerable, or is kept up for a long time, that it is perceived where the contraction really occurs. Normally, then, we have no consciousness of muscular activity, but merely the consciousness of the movement itself, which is a perfectly different thing" (*loc. cit.*, p. 159). Then, again, *the feelings during passive movements of a limb are almost precisely similar to those which occur during weak voluntary movements of the same limb.* Our consciousness of the movements in the latter case depends partly upon an inference, and partly upon actual local sensations of the passive kind. He says, further on: "If we shut our eyes whilst we move one hand, for instance, we feel in the palm, and in the palmar surface of the fingers, a sensation of dragging when the hand is opened wide, and a sensation of relaxation when the hand is closed, in addition to a special sensation in the joints themselves, which latter is always striking, and even painful, when we wake up from sleep. As to muscular sensations, they only exist when the contraction is extreme, or when the muscle is in a painful condition, as after a contusion or great fatigue, for instance." I must confess that it seems to me very difficult to understand how persons competent to judge of the evidence can come to any other conclusion; and, practically, very many physiologists are agreed upon this point, up to a certain extent. Müller, Wundt, and Ludwig all admit (and in this respect Professor Bain is opposed to them) that the impressions of the "muscular sense" do not reveal themselves in consciousness as feelings derivable from the movement itself. They maintain, rather, that these sensations are in some way an appanage of the volitional act which occasions the movement; that they are due to the mind's consciousness of its own outgoing energy. And, when Ludwig says of them, "They are not like the organic sensations of muscle, localised by us in the muscle, and looked upon as possessing the characters of a sensation," Professor Bain adds (*loc. cit.*, p. 79): "Ludwig thus appeals to our consciousness as presenting the feeling of muscular energy in a characteristic form, and distinct from the feeling of muscular pains. And in this he seems to be right; for, if consciousness be a safe guide in the matter, we should say that, in the case of a voluntary effort, the feeling is as of power going out of us, and not as of a surface of sense stimulated by an external agent, and transmitting an impression inwards to the nerve-centres.[*]" Notwithstanding this, however, it does appear, from the note at page 99, that Professor Bain believes there is some feeling of the amount of contraction of a muscle "bound up with our sensibility to movement".

What, then, are we to think of Professor Bain's exposition of the "feelings of movement", as a distinct class of sensations differing materially from the sensations of the five senses, and corresponding with those which "are often regarded as proceeding from a sense apart, a sixth, or muscular sense"? We can only say, after a careful analysis, it seems absolutely certain that he has included under this one heading things which it behoved him to have kept distinct and separate; that very many of those sensations which he seems to consider derivable through an active mode of sensation or "muscular sense", are obviously not so, and can be resolved at once into modes of passive sensibility; and, therefore, that the philosophical theories which he hangs upon his supposed facts—on the supposition that those are active modes of sensibility which we have shown to be passive—having lost their former props, must find other support, if they are not to fall to the ground. For, in accordance with his philosophical views, he wishes to bring out prominently the "great antithesis of movement and sensation throughout the whole mental system"; and he dwells upon "the total opposition of nature between states of energy exerted and states of passive stimulation". If, therefore, he could have shown that this psychological distinction had its root in some physiological difference; that our feelings of movement were even totally different from our passive sensibilities; that they were what we may call *active* modes of sensibility, whose existence was dependent rather upon the action of the motor nerves than upon that of sensory nerves,—then his theories would have seemed to derive an additional value and completeness. But we trust that Professor Bain will see that he has not been adopting the most approved methods, when he includes under one head positive sensations which are undoubtedly purely passive, with other sensations presumed to be different and of a so-called "active" nature; when he treats almost entirely of these ordinary passive sensibilities, though he gives his readers reason to believe that he is speaking of a peculiar kind of "active" sensibility; and then, applying the knowledge derivable in great part, if not entirely, through our passive modes of sensibility, on the erroneous supposition that it has been derived through the supposed "active" mode of sensibility, he comes to the conclusion that there are two distinct states of consciousness—an *object* attitude, in which "we are not self-conscious, but are engaged in knowing certain purely object facts, called force, extension, etc."; and a *subject* attitude, answering to consciousness in its ordinary acceptation. If there be good philosophical reasons entitling Professor Bain to make some such distinction, I venture to think he must do it upon somewhat different grounds from those which he has brought forward.

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[*] Continued from page 439 of last number.

[†] He says (*loc. cit.*, p. 338):—"What is the manner of occupation of the brain with a resuscitated feeling of resistance, a smell, or a sound? There is only one answer that seems admissible. *The renewed feeling occupies the very same parts, and in the same manner, as the original feeling, and in no other parts, nor in any other assignable manner.*"

[‡] Sir Wm. Hamilton's doctrine was somewhat different, though also, as I think, untenable. It is fully set forth in a note appended to p. 864 of his *Dissertations on Reid.* We are in accord so far, that the "feelings of movement" are derivable from purely passive modes of sensibility; only, he maintains, that in addition to these notions of a subjective kind thence derivable, we get our objective notion of "resistance" from our consciousness of expended energy in volitional action (in the same way, in fact, as Müller, Ludwig, Wundt, and Bain, imagine that we derive our impressions pertaining to the muscular sense). Hamilton stated his view in this way:—"The consciousness of the mental motive energy, and of the greater or less intensity of such energy requisite in different circumstances to accomplish our intention, would of itself always enable us to perceive the fact, and in some degree to measure the amount of any *resistance* to our voluntary movements." Now, the simplest way of testing this statement is to ask a man, whose lower extremities are completely paralysed, whether, when he ineffectually wills to move either of these limbs, he is conscious of an expenditure of energy in any degree proportionate to that which he would have experienced if his muscles had naturally responded to his volition. He will tell us rather that he has a sense only of his own utter powerlessness, and that his volition is a mere mental act, carrying with it no feelings of expended energy, such as he is accustomed to experience when his muscles are in powerful action, and from which action and its consequences alone, as I think, he can derive any adequate notion of resistance.

[*] But, whilst Professor Bain expresses this opinion in the note at page 79, and there apparently agrees with Ludwig and Wundt, in the body of the work, as we have seen, he almost uniformly speaks of the "feelings of movement" as belonging to a distinct class, corresponding with what has been spoken of as pertaining to a sixth sense.

I maintain, therefore, that all the information which Professor Bain considers to have been revealed to us by the activity of our locomotive organs, has been derived from modes of passive sensibility (occasioned, it is true, by this activity), and from inferences which have gradually been built up upon these. But, as it is desirable that there should be as little doubt as possible upon this important point, I will endeavour to show what additional evidence may be obtained from a rigid inquiry into the nature of the stages by which a complex volitional movement is brought about.

In voluntary movements, whether simple or complex, there are two distinct classes of nervous action involved. There are the cerebral nervous action, and the spinal nervous action; and we must determine accurately what is the province of each. Speaking generally, under the first head comes (1) the cerebral incitation to the movement—the *volition;* and, under the second head, the immediate execution of the movement by means of properly co-ordinated muscular action; this execution being supposed to be essentially dependent upon (2) the co-ordinating functions of the cord and (3) the guiding influence of the "muscular sense".

1. In our inquiries upon this point, we must bear in mind that in Voluntary acts we have not merely to account for the production of a movement, but of a movement of a certain kind, in which the action of each set of muscles brought into play is duly regulated so as to lead to the exact result desired. And, seeing that the volition or desire to bring about such and such movements is purely cerebral in its origin, so we are bound to admit that such qualities of movement as are contained under this head must also depend upon cerebral influence. Hence the strength, the continuance, the rapidity, and the direction of movements, are variable according to the precise nature of the cerebral incitation or volition. As Jaccoud says, "The strength of the movement is regulated by the strength of the initial motor impulse; the extent depends in reality upon the same influence; the rapidity results from the more or less rapid succession of voluntary impulses; and the direction is determined by the voluntary localisation of the incitation upon certain groups of muscles." Then it is important to recollect also that, in the execution of a complex movement, any alteration that we may desire to bring about, in respect of any one of these volitional qualities, is, by the mere change in the volition itself, immediately effected with reference to the movement as a complex whole. Jaccoud illustrates this as follows: "I am walking, and then I wish to walk more quickly. Hardly have I conceived the desire before the mode of walking is changed; it has become, in short, more rapid. This intervention of my will manifests itself, therefore, by a change in the movement of locomotion as a whole. This change is the final result of a series of partial modifications which have been brought about in the original movement: this is incontestable. But I have not needed a parallel series of volitional acts; a single volition has sufficed. I have willed to walk more quickly, and I have then walked more quickly, without knowing anything, without even requiring to know anything, of these intermediate modifications" (*loc. cit.* p. 594). In the same way, alterations in any one of the other volitional qualities of a complex movement are found to have direct bearings upon the movement as a whole. These seem to be the principal facts that should be mentioned with regard to the mere volitional act; and I am quite disposed to agree with Landry when he says, in opposition to the views of several physiologists previously mentioned, that the volition itself includes only an incitation to a specific kind of movement, and that we must execute this movement in order to become acquainted (inferentially) with the quantity of nervous action brought into play. The feeling of expended energy, therefore, by which we obtain our ideas of resistance, and of an external world, is not contained, as we think, in the volitional act itself, but is derived from the moving organs themselves during the actual accomplishment of movements. But here Landry and I part company. He says that the feeling of expended energy and the knowledge of the degree of contraction of the muscles is the peculiar and special revelation of the muscular sense; whereas I say that this feeling of expended energy is dependent upon our purely passive sensibilities, from inferences dependent upon our tactile sensations, upon sensations from our joints, and upon sensations of the passive kind from our muscles themselves.

2. But besides these *qualities* of the movement which are determined by the volition, we have to consider the execution of the movement itself as a compound of several simple movements, brought about by the simultaneous and successive contractions of different muscles, which are perfectly harmonious and constant in their mode of action. This machine-like precision of action—the result of what is usually known by the name of *co-ordination*—is now admitted by most physiologists to depend upon certain pre-established, though gradually acquired, nerve-connections between the different elements of the spinal cord. The movements are machine-like, inasmuch as they depend upon certain organic combinations in the spinal cord, and after these connections have been formed the will interferes no more with them; the movements ordinarily take place in a definite manner, and the will qualifies their execution only. It requires a special exercise of mental power, in fact, in order to execute certain complex movements in a way different from that which has become habitual. But in these cases, as well as when we are learning to execute a new complex movement, we give no attention whatever to the muscles by which the movement is effected—the states of these do not fall within the scope of our consciousness; in our tentative efforts we think only of the movements themselves—how to combine the more simple, so as to produce the more complex. The kind of movement produced is evidently dependent upon the *distribution*, in the medulla and spinal cord, of the volitional impulse; and, in a complicated motor act, its incidence upon particular groups of cells, which are the organic representatives of certain potentialities for simple movements, gives rise to the production of the complex movement. The more frequently such a complex movement has been executed, the more completely may we suppose these various groups to become bound together into one system by connecting fibres, and the more possible is it for the movements which they represent to occur in the most thoroughly automatic manner, and without the least need of cerebral intervention. The mechanism of co-ordination is, therefore, purely spinal. This fact was fully recognised by Volkmann (Art. "Nervenphysiologie" in Wagner's *Handwörterbuch*. 1844) even five and twenty years ago, as appears from the following quotation: "The physiological accomplishment of movements has nothing to do either with consciousness or with unconsciousness, for the mind has not the least notion of the details of this operation; and even in voluntary movements it knows nothing concerning the nerves or the muscles by the intervention of which the process is accomplished. In fact, the mind does nothing in this case but give the incitation; and if this incitation has for an effect any co-ordinated movement, it is altogether simply because the organ which receives the incitation is arranged in such a fashion that it necessarily produces a co-ordinated movement." Precisely the same views as these were also expressed, at about the same time, by Arnold and Müller.

3. Thus the work of co-ordination is entirely spinal and organic; the movement itself depends upon the spinal cord, though its particular qualities of force, rapidity, etc., are dependent upon the cerebral or volitional influence. The cerebrum may, therefore, also be said to exercise a kind of co-ordination—it co-ordinates or adapts the movement which is organically represented in the spinal cord, so as to make it accord qualitatively with the aim conceived. But in order that the cerebrum may exercise this power, it seems perfectly obvious that it should be instructed from moment to moment as to the qualities of the movement actually produced, so that it may know whether to continue in its present mode of action, or whether to vary the quality of its volition, in

order better to attain the desired end. Now, according to Jaccoud, the cerebrum obtains these necessary guiding impressions from different sources. He says: "These indispensable notions the brain obtains directly through the sense of sight; or, instead, it deduces them indirectly from the instructions which reach it as to the situation of the parts which move, and the condition of the contractile organs which move them; these instructions are furnished by impressions through the muscular sense, and through the sense of touch."* The sense of sight is what we chiefly rely upon in early years, and in acquiring new movements generally; how long it is before a person learning to play upon a musical instrument can do without the aid of this guiding sense. At last, however, his tactile sense, and perhaps also his "muscular sense", has become so educated that he is able to do without guidance from the sense of sight; and, as a rule, he does without this primary aid as soon as the execution of the movement has become perfectly easy. Jaccoud calls the second mode of appreciation indirect, because it does not, as in the case of the sense of sight, depend upon a simple perception of transmitted sensations, but upon an interpretation of sensations. As he says (p. 601): "The sensorium requires, as a preliminary, to have learned the relations which unite the various conditions of the muscles or of the tactile organs to the different sensations perceived; it is only at the termination of this apprenticeship that it can conclude from the sensation perceived as to the statical or dynamical conditions of the parts whence the sensation springs. This education proceeds correctly, by means of the direct appreciation through the sense of sight, thanks to which the individual can compare at each instant the movement effected with the sensation perceived." After this preliminary education has been finished, the knowledge so acquired becomes as available and as efficacious as that derivable from the sense of sight. It can be brought into action also with just as much rapidity and exactness, so that the sense of sight is no longer needed to inform us as to the position of our limbs, and as to the nature and degree of their movements.†

Jaccoud, therefore, thinks that the power which healthy persons enjoy of performing, with facility, movements that are at the same time habitual and complex depends, in the first place, upon the integrity of their "muscular sense", and, in the second, upon that of their sense of touch. Impressions are derived through both these channels, whereby the brain becomes informed as to the amount and kind of movement which it has called into action, and so we learn whether, to obtain the end in view, it is desirable to continue with the same volition, or to qualify it in any way. Jaccoud, in common with other physiologists, thinks that we are *conscious* of the impressions of the "muscular sense"; and, as we have previously seen, that our power of appreciating differences in weight is dependent upon the exercise of this sense. I have already stated my reasons for rejecting this opinion, and have endeavoured to show how, in reality, these estimations are inferences based upon previous sensory impressions of the passive kind—upon impressions emanating from the skin, from the joints, and from the muscles themselves, so that, in my opinion, there are *no* conscious impressions derivable through the "muscular sense." This, as I think, is not to be considered as an appanage of the intellect, but rather as an unconscious organic guide in the performance of voluntary movements. Why, it may be asked, do I not, as Trousseau has already done, deny its existence altogether? And to this I should reply by saying, Although there is no evidence to lead us to believe that we derive any conscious impressions through the intervention of this so-called "muscular sense", there *is* evidence to shew that the brain is assisted in the execution of voluntary movements by guiding impressions of some kind, which, whilst they differ from the impressions producible by means of the ordinary cutaneous and deep sensibility, may differ still further from these, owing to the fact of their not being revealed in consciousness to all. How, unless we grant something of this kind, are we to account for some of the phenomena of disease? How can we account for the phenomena observed in such a case as that recorded by Dr. Bazire, and in many others of a similar kind, where all the modes of ordinary sensibility being unimpaired, the patient is unable to execute voluntary movements when the eyes are closed, but can execute them as perfectly as ever under the guiding supervision of the sense of sight? There is clearly a loss of something in these cases, of a something which serves as a guide in the execution of voluntary movements, but whose absence can be compensated for by the supervision of the visual sense; and this is, in great part, the meaning which physiologists attach to the functions of the "muscular sense." So much, I think, we are compelled to grant; but my position is that the impressions of the muscular sense are *unconscious* impressions, and that the conscious impressions which have usually been stated to fall within its province are really derivable from modes of ordinary cutaneous and deep sensibility. These unconscious impressions of the "muscular sense", travelling to the cerebellum or the cerebrum, would be almost exactly comparable with other unconscious impressions which pass from one point of the spinal cord to another—such impressions, as in all reflex acts depending alone upon the spinal cord, must pass from certain sensory nerve-cells in the posterior cornua (whose afferent fibres emanate from the portion of the skin excited) along what has been termed "an intermediate system" of fibres (see *Jaccoud*, p. 100) to certain motor nerve-cells, the excitation of which, by this unconscious impression, brings about the accustomed reflex action. But, as we have seen, the "muscular sense" is called into operation as an aid to the process of cerebral co-ordination, and is not concerned in the work of spinal co-ordination. The "muscular sense" furnishes those unconscious impressions by which the quality and maintenance of the volitional act is determined with the view to the accomplishment of a definite end, so that the anatomical structures concerned are related to the process of cerebral co-ordination of movements in precisely the same way that the system of intermediate fibres are related to the purely reflex co-ordinated movements which take place through the instrumentality of the spinal cord alone. In the process of cerebral co-ordination, therefore, one set of impressions, those of the "muscular sense", are completely monopolised, whilst the impressions of touch or common sensibility are made use of in the process of spinal as well as in that of cerebral co-ordination, only with this difference, that the impressions of touch which enter into the evolution of purely reflex spinal co-ordinated movements are impressions impinging upon the spinal cells, and therefore such as do not arouse our consciousness, whereas those similar impressions of touch which in other cases pass onwards from the spinal cells to the brain do reveal themselves as conscious states. In order that that education should take place which I have before spoken of as growing out of the associations built up between the visual and tactile impressions derivable from our various movements, it was essential (if desirable that we should be able to execute movements without the constant supervision of the sense of sight) that some of the ordinary impressions which are to serve as the monitors for the regulation of our volitions should be conscious impressions; whilst it would seem also more than desirable that the principal guides which are to be made use of throughout life should be impressions which did not reveal themselves in consciousness, and which, therefore, did not allow all the details connected with the action of our muscles to disturb our processes of thought. Precisely such unconscious impressions are those which, as I conceive, pertain to the activity of the so-called "muscular sense."

[*To be concluded.*]

Purpura in Children, and its Treatment by Secale Cornutum.—Dr. Bauer describes two forms of infantile purpura; and states in the *Deutsche Klinik*, No. 35, that he has had frequent opportunities of treating this affection in young patients. The most common form is the purpura simplex, which occurs in suckling infants and young children belonging to the rich as well as the poor classes of life. This affection is generally very slight, and seldom requires any special treatment. The second form, purpura hæmorrhagica, which is much more severe, is characterised by hæmorrhages from the nose, lungs, intestines, and womb. For this affection, which is generally very obstinate and resistent to remedies hitherto proposed, Dr. Bauer has administered, with marked and speedy results, ergot of rye, either as powder or in an infusion. The usual dose is from eight to ten grains, given, according to circumstances, once, twice, or thrice in the day. Under the influence of this drug, hæmorrhage is arrested, and the effused blood absorbed in from one to three days, or, at the very latest, by the sixth day. The use of ergot does not, however, guard against relapses.—Schmidt's *Jahrbücher*, No. 1, 1869.

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* In its widest sense.

† When we commence a movement, we initiate it with certain predetermined qualities of force and extent; and this, of course, is simply a result of our past experience and education. I know that certain objects have hitherto given me certain impressions of weight when I have previously handled them, and therefore my previous education now enables me, when I see such an object again and desire to handle it, to give the volitional act its necessary qualifications. This power has been variously termed "*l'instinct locomoteur*", "*conscience musculaire*", and "*l'aptitude motrice indépendante de la vue*", and has been made the subject of much mystification, though it is a simple result of education, and should not be confounded with the functions of the "muscular sense". When I see a simple bundle of wool on a table, as a result of previous education I can at once nearly accurately determine what ought to be the quality of the volition necessary to enable me to raise it. As a result of this education, I am enabled to initiate a movement deemed appropriate. But supposing in the case just cited, that the supposed simple bundle of wool was not a simple bundle, that it contained a heavy leaden weight in its centre, then my initial volition would have been inadequate, I should have been deceived, and the impressions that I then received from my sense of touch and from my muscles would have instructed me that a stronger volitional effort was necessary; and it is in this way always that the sense of touch and the muscular sense are supposed to intervene. By this supposed locomotive instinct, we know, as Jaccoud puts it, *what force we ought to employ*, whilst by ordinary sensibility and the "muscular sense" we are taught *what force we have employed.*

ON CARCINOMA OF THE LIVER.

By JOHN RICHARD WARDELL, M.D., F.R.C.P.,
Physician to the Tunbridge Wells Infirmary.

G. B., a tall thin man 60 years of age, who had long pursued the occupation of a gardener, applied as an out-patient, May 7th, 1867. Three years before that date he was stout and well furnished, and had always enjoyed good health. At that time, he had an attack of bronchitis, which was followed by a good deal of general debility. He lapsed into a state of continued indisposition, lost flesh, and became weak: he attributed this declension from his former robustness to indigestion, as the appetite failed, and he had a weight in the stomach after meals. He never had jaundice. For some time he had complained of this uneasy feeling of weight and heaviness, occasionally increasing into absolute pain, especially in the right hypochondrium and scrobiculus cordis. On admission, he had a markedly cachectic look, the sclerotics were blanched and bloodless, and the features shrunken, anæmic, and tinged with a dusky yellowish hue. He was evidently much emaciated, and the history of his ailment and present appearance very ominously pointed to malignant disease. The cardiac and pulmonary signs were natural; the pulse 80, and regular, and the respiration 23, easy and unembarrassed. On inspection of the abdomen, the epigastrium was full and prominent, and preternaturally resonant on percussion. The superficial abdominal veins were not notably enlarged. The ordinary hepatic lines of dulness were found to be exceeded at the right mammary and axillary lines, and the free margin of the right lobe of the liver could be distinctly felt a couple of fingers' breadth below the right false ribs. Between the costal cartilages and the mesial line pressure at once gave pain. He said that the sense of weight and fulness in this situation had latterly become far more urgent, and that the pain and flatulence now occasioned a good deal of distress. He sometimes had sickness and vomiting. The tongue was covered with a thin creamy fur, its edges being pale and indented. The bowels were and had been constipated; and the alvine dejections generally exhibited a deficiency of bile-pigment. The urine, with the exception of containing bile and an excess of lateritious and some purpurous deposits, presented no other abnormal characteristics under the ordinary tests. He was for some weeks treated with cinchona, hydrocyanic acid, belladonna, bismuth, lime-water, and the alkalies in combination with various bitter infusions, and occasional opiates; and the bowels were, from time to time, relieved by mild aloetic medicines. He was placed on a regulated diet, and he took a moderate allowance of wine. Under this treatment, for a time, he expressed himself as being decidedly benefited, but, as I had anticipated, the relief was only temporary; the gastric symptoms were not really ameliorated, and the tissue-waste evidently continued. At length he became unable to come to the Infirmary, and he was subsequently attended at his own home by the House-Surgeon, Mr. F. Manser.

On July 28th, he was in a very weak and an emaciated condition. He complained much of great weight and fulness at the pit of the stomach and in the right side. The attacks of sickness and vomiting were more frequent, and the retention of his food had become much more difficult. The edge of the right lobe of the liver projected fully three inches below the costal margin. There could, at this date, be distinctly felt two nodules, which were hard, smooth, of spheroidal configuration, of the size of a Spanish nut; and these were manifestly situate on the convex surface of the liver. There was no particular bulging of the organ, but, as above remarked, it abnormally depended. The superficial abdominal veins were full and easily traced, but not so turgid as to indicate any great amount of portal obstruction. He had not much pain on moderate pressure, but the jar of percussion at once gave pain. He was ordered hydrocyanic acid, morphia, alkalies, and opiate and belladonna epithems; and the pain and sickness were relieved by these remedies. He gradually declined, and died August 11th, 1867.

The examination was made on August 13th, forty-eight hours after death, the autopsy being performed by Mr. Manser. The body was greatly emaciated, and the surface generally tinctured with a dusky yellowish tinge. On opening the abdomen, no serum flowed from the incision, but a small quantity of effused yellowish green fluid was contained in the abdominal cavity. The stomach lay in its proper position, but was smaller than in health; and, on removing it, its parietes were found to be much attenuated, and the orifices normally patulous. The liver was large, and occupied considerably more than its usual space; it covered the stomach, filled up the left hypochondrium, and protruded very notably below the thoracic border. Its convex and concave surfaces were crowded with round spheroidal or ovoid clearly defined nodules, which were of a yellowish straw or fawn colour. Some of these tumours were slightly elevated and perceptibly flattened or indented; and, where these flattenings and indentations were in apposition to the hepatic peritoneum, the serous membrane was less transparent or more milky looking than where it indued the intervening and natural surface of the organ. The nodules varied greatly in size, some being not larger than a swan-shot, a pea, or a hazel-nut, others being as large as a filbert or a pullet's egg. They were slightly adherent to the peritoneal investment by a delicate diaphanous filamentous structure. On removing the liver, and making numerous sections of its substance, these heterologous masses were found in every part of the viscus, differing in size in the same manner as they differed in size on the surface. Each growth, on careful examination, was found to be enveloped in the fine transparent investment above described, which constituted an easily divided band of union between the morbid product and the hepatic parenchyma. The formations were so numerous as to have very obviously encroached upon and abolished much of the tissues in which they were deposited. On cutting them open, the divided surfaces very closely resembled the colour of their superficies. Their consistence was that of old cream cheese; they were quite homogeneous, devoid of vascularity or other conditions of organisation. There were no fibrous zeolite-like radiations from one or more central points towards the periphery which these bodies sometimes present, nor yet any fractuous lines passing through their substance. They bore moderate pressure between the fingers, but were more or less friable. Portions of these depositions being placed under the microscope exhibited an abundance of nucleated, elongate, or caudate cells, free nuclei, cells containing bile-pigment, a few scattered plates of cholesterine, some amorphous granular matter, and innumerable fat-molecules.* The intervening hepatic parenchyma was of dirtyish light red colour. The ducts were pervious, and the gall-bladder was small and filled with light-yellow bile. The spleen was small, and, on being divided, its central portion was dark, pulpy, and semi-diffluent. The pancreas was atrophied, but not indurated. The kidneys were normal. The gastro-hepatic omentum was utterly devoid of fat, and had assumed the appearance of a red fibro-vascular membrane. On close examination, it contained innumerable small, hard, granular bodies, varying from the size of a millet-seed to that of a pea, and the microscope showed them in their elementary constituents, though of more fibroid tendency, to resemble the ultimate cellular and molecular components of the larger morbid products discovered in the liver. The other abdominal organs were healthy. The thoracic viscera were not examined.

The above recorded case is a typical example of one species of carcinoma not unfrequently discovered in the liver, and which recent writers on pathological anatomy have described with much accuracy. The morbid conditions of this organ during life are often, even under the eye of the most expert diagnostic, ambiguous and difficult; and the causes of this want of certitude in the distinguishment of hepatic complaints can, upon a cursory reflection, be well understood. The viscus, in its healthy condition, by lying beneath the concave surface of the diaphragm, and under the thoracic wall, is almost as hidden from sight and touch as the encephalic mass is hidden by the cranium. Again, it may be gravely affected without its normal lines of dulness being extended; or there may be a greater or less degree of its dislocation, simulating tumescence, when it is in nowise diseased. Its enlargement may be resembled when empyema of the right thorax pushes down the diaphragm, when an encysted kidney is in apposition with its lower margin, in organic diseases of the stomach, and in cancer of the omentum. Malignant disease may be imitated by an impacted colon, by hydatids, and by tropical and pyæmic abscesses. Sometimes tumours will be formed in the right hypochondrium with such rapidity as to confer doubt as to their hepatic origin, and sometimes fundamental and fatal changes may have been established in the substance of the liver, when the outward and visible sign of jaundice has not been apparent; or there may be hyperæmic tumidity and icterous discoloration when the disorder is functional and comparatively unimportant, and when no organic mutations have been instituted. The form of the liver may be varied by tight lacing, and by abnormal configuration of the lower part of the thorax; and its axis may be altered by the accumulation of gas in the stomach and intestinal canal, by ascites, by pericardial effusion, and by pulmonary emphysema. That renal should have been rendered far more precise and perfected than hepatic pathology may be easily comprehended, when it is taken into consideration that the ultimate structure of the kidney is less complicated, that its secretion can be obtained without admixture and with facility, and subjected to chemical and microscopical examination, which is not the case with the bile, and that the morbid products, from which essential inferences may be deduced, are contained in the uriniferous tubes. And, if a passing comparison be made between the other larger solid organ—the spleen—and the liver, in respect to pathologic recognition, it may be held as a rule that absolute enlargement, cognisable and often very manifest, is the common condition of splenic disease, because its distensible trabeculæ and pulpy structure, under nearly all forms of its morbid state, render it prone to hyperæmia; and, when chronically affected, as in hypertrophy and purulent accumulation, the history, physical signs, and objective symptoms commonly conduct to a correct diagnosis.

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* In this particular kind of carcinoma of the liver, minute inspection discovers the malignant bodies of every size down to those of microscopic dimensions. Indeed, between the rudimentary nucleated cancer-cells and the normal hepatic cells there is little physical, if any absolutely cognisable, difference. In the fungoid and encephalomatous varieties, the cells are generally larger than the hepatic cells.

The history and symptoms of this man were such as sample closely with what obtains in the ordinary illustrations of the complaints. His once healthy aspect and robustness of conformation prove, as I have in repetition observed, that cancer does not always, as was formerly supposed, come on in such as are of frail and delicate constitution. I have before repeatedly known those who were models of muscular power, and those who have been the verisimilitude of florid, well-furnished healthiness, become the prey of this fell and implacable disease. There is no doubt that the bronchitic attack, by its induction of general debility, disordered digestion, and consequent malassimilation, favoured the development of this morbid process, where the diathetic tendency already existed, and needed but some cause of declension of vital power to act proximately and bring it into noxious existence. The feeling of weight and fulness in the right hypochondrium, the impaired appetite, the flatulence and the hypochondriacal depression, were symptoms highly characteristic; and they are generally experienced in the earlier and more obscure stages of the malady, before any tumour can be recognised, and when it is impossible to declare the real nature of the lesion. The non-febrile condition, the cachexia, and the loss of flesh were significant facts, as they should ever be regarded in such cases. That the liver was large when he first came under my care, palpation and percussion at once rendered evident; but its free border was then smooth and rounded, and such enlargement might be from causes other than malignant deposit, and from this symptom alone a correct diagnosis could not be inferred. He had not had jaundice; but the absence of that symptom counted for little in the consideration of his ailment, because in cancer of the liver it often happens—indeed, it most frequently happens—that icterus does not, from the beginning to the end, supervene. The organ may be rendered three times its normal size from cancerous deposition, and no jaundice be produced. Frerichs says that it is of little value as a symptom, because it is not present in the majority of cases; and, of ninety-one examples of cancer of the liver, given by this authority, in fifty-two jaundice never came on. Of course this event often depends upon the fortuitous circumstance of the heterologous growth pressing upon one or more of the larger ducts; and when it does occur, it never disappears. There may, however, be what Virchow terms hæmatogenic icterus—when it is of blood-origin, an event which this writer considers to be caused by the disintegration of a large number of blood-corpuscles. (Virchow's *Arch.* xxxii Heft. 1865). Sometimes a carcinomatous liver may not be at all enlarged, and a small cancerous mass may be formed within or press upon a duct and cause such obstruction as to give rise to intense jaundice; and sometimes there may be very obvious extension of the hepatic lines of dulness, and great hyperæmia of the viscus consequent upon the pressure of malignant tumour of the stomach, peritoneum, or pancreas, when hepatic cancer is greatly simulated. An apt illustration of what is now asserted was some time ago presented to my notice. A farm-servant, 52 years of age, was admitted into one of my beds in the Infirmary in April 1867; and I at once regarded his case as that of malignancy. He had some slight pain at the epigastrium, but did not complain of sickness; he had a dusky, cachectic aspect, had lost flesh, and was becoming anasarcous. The liver was large, the right mammary line was exceeded, the free border was below the costal edge; the stools were clay-coloured, and the urine contained bile. In the last days of June he became jaundiced; and this symptom, which was strongly marked, continued to the time of his death, which occurred July 12th. The presence of primary or secondary cancer in the hepatic substance was not altogether improbable, from both negative and positive facts; because there had been no broadly marked indications of carcinoma of the stomach, nor could any distinct tumour at the pylorus or other part be felt; because there was little or no epigastric pain, no sour eructations, no sickness; because there had been dull, heavy, dragging pain in the right hypochondrium darting up into the shoulder; and because the liver depended below the costal margin, and deep persistent jaundice came on. The autopsy, however, exhibited, not hepatic cancer, but pyloric cancer which mechanically obstructed the vena portæ and choledochus duct. The liver was large and extremely hyperæmic, but no trace of malignancy could be found in any part of its parenchyma. The dropsy and jaundice were at once explicable.

[*To be concluded.*]

ON THE DANGER TO LIFE FROM LIMB-AMPUTATION IN ST. BARTHOLOMEW'S HOSPITAL.

By HOLMES COOTE, Esq.,
Surgeon to the Hospital.

I TRUST that Sir James Simpson will not think me guilty of want of courtesy in not having sent an earlier reply to his last communication. I still maintain that in London and in other cities there is a necessity for us to aggregate our sick in large hospitals; for I know not where we are to find space enough or money enough to erect a number of detached cottage-hospitals, with all their accessories, standing in their own grounds. That which is possible in America may not be possible here, unless indeed we take to purchasing, for the benefit of the sick poor, the parks of the country gentry, and convert them into convalescent establishments. The sick poor, did I say? "the self-constituted pauper sick" would be a more appropriate term. It was but to-day that I heard of a "pauper" patient assuring his life for two thousand pounds in the same office where the doctor who gave him gratuitous advice was glad enough to assure his life for two hundred. Each hospital we establish spreads ruin far and wide upon the members of our profession. I heard as a fact that the establishment of the Great Northern Hospital (no such large institution) caused three hundred small practitioners and chemists and druggists to shut up their shops. At all events, it is known that they closed their accounts at a large wholesale druggist's and migrated elsewhere.

But, to return to facts of surgical statistics, Sir James Simpson must confess that it is a habit (and a very legitimate habit) for country practitioners to send their worst and most hopeless cases to the London hospitals. The cases are always worse than those seen elsewhere; consequently the comparison as to the death-rate between town and country is scarcely fair.

In the next place, I think that Sir James makes the London death-rate too high. For other purposes, and indeed before I had ever seen Sir James's interesting letters, I had taken a list of all the serious operations performed by myself in St. Bartholomew's Hospital for the year 1864. They were as follows: Amputations of the thighs, 3—all recovered; amputations of the leg, 3—one died; extirpation of the breast for cancer, 1—died; she was near 70; ligature of the femoral artery, 2—both recovered; amputation of the arm, 7—all recovered; cancerous tumours, 2—both recovered. This makes 18 cases of operations of first magnitude and 2 deaths, or 1 in 9. I will, if so wished, give similar statistics for the succeeding years; but this may suffice to shew that we do not lose patients at the rate which other statistics might lead one to infer.

But in the very instance of amputations of the thigh, statistics may lead us far from the true conclusion. "The proportion," says Sir James, "of traumatic thigh-amputations, as compared with other limb-amputations, is smaller in St. Bartholomew's than it is in the statistics of rural practice which I have collected." Against 24 cases of amputation performed at St. Bartholomew's by all the surgeons during a certain period, Sir James puts 22 cases performed by one individual surgeon, and 20 cases performed by another! We may well ask, Are cases requiring amputation of the thigh so much more common in a sparse rural population than in manufacturing London, with its four million of inhabitants? or do some surgeons amputate more readily and under more favourable cases than others? Where is it, in town or in country, that the greater number of injured limbs are saved altogether from operation?

I will not follow this reasoning further, because I am quite prepared to agree with Sir James Simpson thus far, that it is unwise to assemble together too many sick, and that a vast number of patients are indeed gasping for country air. The plan now advocated in London to establish convalescent hospitals will meet this emergency. May they not spread ruin among the rural doctors where they are about to be placed! I will go further, and confess that all sick persons will improve more rapidly, when improvement is possible, by putting them into well-placed detached cottages, surrounded by every luxury, in pure and bracing air with the best medical advice, gratuitously bestowed. But even wer this practicable, which it is not, it would not do away with the necessity of the London hospitals; and I know of no plan better than that upon which St. Bartholomew's is constructed; namely, four detached buildings in the form of a square, raised in stories on an elevation just above that of surrounding buildings.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE XIII.

PROFESSOR HUXLEY next described the most important conditions of the Cranial Nerves, adopting the Continental mode of numbering them —as twelve pairs.

The first pair, or Olfactory Nerves, are not really nerves, but, as before described, prolongations of the cerebral hemispheres. They are always double, even when the olfactory sac itself is single.

The second pair, or Optic Nerves, are developments of fibres from the midbrain, passing to the eye of the opposite side; and, in the Elasmobranchs, Ganoids, and all higher vertebrates, forming a chiasma.

The third pair of Nerves are very singular, and the least accountable of all the cranial nerves. They supply most of the muscles of the eye, and make their appearance on the under surface of the midbrain.

The fourth pair come from the posterior part of the midbrain, and, in almost all vertebrates, go to the superior oblique muscle of the eye exclusively.

The sixth pair arise from the under surface of the posterior, or medullary, part of the hind-brain, and supply the external rectus muscle of the eye.

These eye-nerves are wanting in the Amphioxus; and in the Myxinoids and Lampreys the third and sixth pairs are united, and the place of the fourth is taken by branches of the fifth.

The fifth pair of nerves have very interesting relations, and always make their appearance at the sides of the anterior division of the hind-brain. Each has the well known three main divisions, but the essential relations of these are only made out by the help of the study of development. In this way it is to be seen that the very interesting nasal branch of the ophthalmic division is really a nerve skirting externally the cranial trabecula of its own side; and similarly the outer branch of the ophthalmic skirts the maxillary process. The second division of the fifth nerve follows also the maxillary process on the outer side, while the third division of the fifth skirts the inner side of the first visceral arch.

The seventh nerve, on each side, bifurcates (as mentioned in an earlier Lecture), one branch skirting the border of the first visceral arch, while the other branch skirts the adjacent border of the second or hyoidean visceral arch. The seventh pair arise from the posterior division of the hindbrain, and pass out in front of the auditory capsules. Although really very distinct from the fifth, the two are hardly to be distinguished in Fishes. The chorda tympani is not sympathetic, but is a true branch of the anterior division of the portio dura.

The eighth, or Auditory Nerve, is not an evolution of the brain, but arises directly by differentiation of the tissues in contact with the auditory capsule.

The ninth nerve, or Glossopharyngeal, always makes its exit behind the auditory capsule; its two essential branches skirt respectively the adjacent sides of the second visceral (Hyoidean), and first branchial arches, thus embracing the second visceral cleft between them.

The tenth, or Pneumogastric Nerve, or Nervus Vagus, also passes out behind the auditory capsule, and in Fishes it not only skirts the arches which, according to the analogy of the fifth, seventh, and ninth nerves it should skirt, but it similarly supplies all the succeeding arches, as the nervous branches which go to them spring successively from a trunk which runs directly backwards from the proximal part of the pneumogastric. It is probable, however, that these are distinct nerves, the true origins of which have become quite inconspicuous, while their antero-posterior commissural fibres have become exceedingly developed. The auricular nerve of man appears to answer to the lateral nerve of the vagus of Fishes.

The eleventh, or Spinal Accessory Nerve, is very inconstant, and is absent in fishes. Its origin and connexions are very peculiar.

The twelfth, or Hypoglossal Nerve, is rather to be regarded as a separated portion of the first spinal nerve.

Of all the Vertebrata, the lowest permanent condition by far, of the nervous system, is that presented by Amphioxus. Here the anterior end of the cerebro-spinal axis exhibits a slight dilatation, as also does its contained cavity (the anterior end of the canalis centralis) which probably represents the cerebral ventricles of higher animals. Nervous fibres ascend to a ciliated space on the summit of the head, which is probably the olfactory organ, and may possibly correspond to the pineal gland of other vertebrata. There are one or two eye-spots and to these nerves extend, but there is no trace of any auditory organ. In the Myxinoids, there are no ventricles in front of the fourth ventricle. In the Lampreys, all the main parts of the brain are more or less developed; but the cerebellum is rudimentary, as is also the case in the Frogs. In the Elasmobranchs, on the other hand, the cerebellum is very largely developed.

THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

IODIDE OF POTASSIUM IN SYPHILIS.

By LANGSTON PARKER, F.R.C.S., Consulting-Surgeon to the Queen's Hospital, Birmingham.

THE JOURNAL of May 11th contains a very practical communication from Mr. W. Tyrrell of Great Malvern, on the Dose of the Iodide of Potassium in Reference to the Treatment of Certain Symptoms of Syphilis. I have seen Mr. Tyrrell's statement corroborated in so many instances, that I cannot help bearing testimony to what that gentleman has already said on the subject.

To obtain the wished for effect of the iodide of potassium in syphilis, its use should be limited to a certain class of symptoms which modern syphilographers have termed "tertiary"—such as nocturnal pains in the head and the shafts of the long bones of the extremities; nodes; affections of the bones and cartilages generally; tubercles; gummy tumours; and transition states, by which I mean foul, sloughy, and rapidly spreading ulcers, which succeed to the softening of tumours, of gummata, or the rupture of pustules, etc.

In the primary forms of syphilis, whether in the soft or hard sores, the iodide is utterly useless as a controlling or curative agent; and, in the secondary forms, its effects are most uncertain; but, in the tertiary, it frequently works excellent cures. To accomplish this, however, it must be administered in proper quantities; for we frequently see it powerless in a small dose, whilst it is most efficacious in a larger. The iodide of potassium appears to exert two separate therapeutical influences in cases of syphilis. In the first, it acts as a general tonic in subjects broken down and weakened by long continued disease. Combined with quinine or bark, and given in small doses for long periods, it restores the appetite and recruits the strength. In such cases, the dose may range from five to fifteen grains a day. In the second forms, given in large doses, it acts as a direct antiseptic upon one or more symptoms of syphilis then present in the system. I could multiply examples of its effects in such cases. I give one or two.

A gentleman, thirty-eight years of age, consulted me respecting severe nocturnal pains in the bones of the head, which had harassed him for years, and for which he had taken the iodide for a lengthened period, in doses not exceeding ten grains a day. I recommended him to take fifteen grains three times a day, and to increase it to one scruple in three days. On the tenth day, the pains were gone, and they have never returned. I have seen case after case of exactly the same nature, where the iodide had failed to cure nocturnal pains in small doses, but which had completely and permanently removed them in comparatively short periods when the dose was increased. Vidal (Blackman's translation, page 320) speaks of a young man who had a large tertiary ulcer of the tongue, where the iodide had been taken for six months, in doses of eight grains a day, without effect. It was increased to thirty grains a day, and then to sixty. The ulcer healed in a week. Ricord, in his notes to the translation of Hunter, recommends fifteen grains as a commencing dose, gradually increasing it to thirty.

A patient lately consulted me respecting a swelling just above the inner condyle of the humerus on the left arm; it was as large as a pigeon's egg. It was a gummy tumour, on the point of softening. He had other tertiary symptoms at the same time; amongst others, very severe nocturnal pains. I recommended the iodide with quinine in moderate doses without effect. I increased the dose of the iodide to twenty grains three times a day. In less than three weeks, the ulcer, consequent on the softening of the tumour, had healed; and the nocturnal pains had entirely gone after the fourth dose.

From what has been said, it may, I think, be concluded that the iodide of potassium, although frequently failing to benefit certain tertiary local manifestations of syphilis in small doses, is very frequently curative of the same symptoms when the dose is largely increased.

REVIEWS AND NOTICES.

THE ANATOMY OF VERTEBRATES. Vol. III. Mammals. By RICHARD OWEN, F.R.S., Superintendent of the Natural History Department of the British Museum, etc. Pp. 915. London: Longmans and Co. 1868.

THIS volume completes Professor OWEN's work on the Vertebrate Animals. It consists of chapters on the Muscular, Nervous, Dental, Elementary, Absorbent, Circulatory, Respiratory, Urinary, Tegumentary, Generative, and Mammary and Marsupial Organs; also, on Peculiar Glands, and on Generative Products and Development; and terminates with a Chapter of General Conclusions. The three volumes form a work which can scarcely add aught to the reputation of the author; but which, because of his reputation, and because it contains the systematised result of many years' labour, must hold a place in the first rank in biological literature.

To analyse thoroughly the material of the book—made up as it almost wholly is of details—would be neither practicable here, nor profitable. Criticism we shall not attempt; but will merely say that the arrangement is orderly, the language generally clear, and the general getting up creditable to the publishers. The book, however, cannot be laid aside without a brief notice of Professor Owen's views on some prominent subjects.

The first of these is the Nervous System. The author divides this into the myelon (spinal cord); the epencephalon (consisting of the macromyelon and cerebellum); the mesencephalon; the prosencephalon; the nerves; and the various organs of sense. This brief list, we must remark in passing, affords an example of a practice to which Professor Owen has a strongly marked tendency—that of coining new names, mostly of Greek origin. That his names are well chosen and expressive of what they mean, must be admitted; but we think that a list of them, with derivations and succinct definitions, would have been an useful addition to the book. The encephalon or brain of mammals is described by Professor Owen as consisting of—1, the *epencephalon*, comprising the medulla oblongata, cerebellum, and pons Varolii; 2, the *mesencephalon*, comprising the columnar elements supporting the optic lobes, with the so-called "fillet", "processus a cerebello ad testes", and the "corpora bigemina or quadrigemina"; and, 3, the *prosencephalon*, which consists of the "crura cerebri", the "thalami optici" and "corpora striata", and the mass of the cerebral hemispheres. The epencephalon is further divided into the macromyelon and the cerebellum. (The term "macromyelon" does not denote the "medulla oblongata" of other anatomists, but is applied to the intracranial prolongation of the columns of the cord as far forward as their emergence from the pons or cerebellar commissure; and includes the pons Varolii itself.) In the account of the prosencephalon, a considerable portion is devoted to the description of the cerebral fissures—of which forty-five are called by distinct names—and the extent to which they are developed in the several classes of mammalia. Thus, commencing with the Lyencephala (loose-brained animals) and the Lissencephala (smooth-brained), where the cerebral fissures and convolutions are at their minimum, we have them traced in their more extended development through the various tribes of Gyrencephala—carnivora, cetacea, perissodactyles, artiodactyles, proboscidians, and quadrumana—up to their greatest manifestation in the Archencephalic subclass, to which belongs Man only. The amount of development of the fissures and convolutions is shewn to vary within certain ranges in each order of the Gyrencephala above enumerated; but most of all in the quadrumana, where in *Midas* the cerebral mass has a fœtal smoothness, while in the Orang and Chimpanzee the convolutions attain a development approaching to—but not equalling—that met with in the brain of man. With this progressive increase of the convolutions in the four subclasses of mammals, are associated grades of development of the corpus callosum and other encephalic structures.

In summarising his account of the fissures, Professor Owen says: "The fissures which break the surface of the mammalian brain are of different kinds, degrees, and values. Some, in the course of development and elevation of the primary masses, divide one from the other; as the cerebrum from the optic and olfactory lobes, the cerebrum from the cerebellum, and this from the macromyelon. Some subdivide primary masses into symmetrical halves; as, *e.g.*, the interhemispherical fissure, the interolfactory fissure, and the shallower indent between the mammalian optic lobes or 'nates.' One or two fissures of the cerebrum make folds that project into the hemispheral cavity or ventricle; *e.g.*, the hippocampal, and, in Man, the posthippocampal. Most are confined to its crust or wall, and of these, as I shewed in 1833, some, from their relative constancy, depth, and symmetry, may be termed 'primary', while others are of secondary or inferior rank."

The following appear to be the characters on which Professor Owen depends, as distinguishing the brain of Man from that of the most highly developed Quadrumana.

1. In Man, the lateral lobes of the cerebellum attain their largest proportions, and their greatest complexity of relations with the myelon and with the other parts of the encephalon.

"If it be considered that the maintenance of the erect position in Man demands unusual power of regulating and combining muscular movements, whether with or without the cognisance of the mind, and that he exercises or can exercise a greater variety of modes of locomotion than any lower animal, flight alone being inexecutable, the characteristic size and complexity of the human cerebellum would accord with such view of its functions; and the general results of the experiments of Flourens and Magendie concur with the inferences which, in the main, may be drawn from Comparative Anatomy."

2. The part which in anthropotomy is called the posterior horn of the lateral ventricle, and which in the lower mammals, up to the Orang, retains the capacity of the supracerebellar part of the cerebral hemisphere, but in the Chimpanzee and Gorilla begins to be reduced by the encroachment of the surrounding walls, in Man has its moulding into the form of a "horn" completed, and is further marked by the distinct projection—incipient in Chimpanzee and Gorilla—of the "hippocampus minor."

3. Associated with the hippocampus minor is the appearance of a distinct fissure in the brain of Man—the posthippocampal; and, in addition, the other cerebral fissures, which have already their representatives in the higher Quadrumana, attain in Man their greatest extent.

4. "In Man alone is a bulk of body, greater than in any Quadrumana save Gorilla, associated with a large size as well as with the highest stage of complexity of the cerebral organ. This is, perhaps, the most notable and significant fact in Comparative Anatomy."

We come next to the chapter on the Teeth of Mammalia—a subject to our knowledge of which Professor Owen's labours have largely contributed. The chapter contains 118 pages. In it the author describes the typical dentitions of the various mammalian orders; and offers some remarks on the homologies of teeth. In general, "teeth are referable to the dermo- or entero-skeletal parts of the osseous system"; and, specially, homologies between classes of teeth in different animals have been recognised, giving rise to the terms "incisors", "canines," "molars," and the further division by the Cuviers of the molar teeth into "true" and "false," "carnassial" and "tubercular." According to Professor Owen, however, size and shape are unimportant in the determination of the homologies of teeth; it is to relative position that we must look. He regards the dentition of Diphyodonts—animals in which two sets of teeth are generated—as presenting forty-four teeth as the typical number; and says that, when the clue is afforded to the homologies of the teeth, it infallibly conducts to the knowledge of the nature of the teeth which are retained and of those which are wanting to complete the typical number. Thus, in Man, the second bicuspid in the upper jaw, and the first molar in the lower jaw, are the homologues of the great carnassial teeth of the lion; and the teeth which are wanting in Man to complete the typical molar series are the first and second premolars.

Limit of space obliges us to pass over many chapters, in order that we may be able to give a notice of the interesting one which concludes the book, and in which the author touches on some of the most important questions which have engaged the study of Biologists. He begins the chapter by referring to the debates on the relations of past to present species, which took place in 1830 between Cuvier and Geoffroy St. Hilaire, and to which, in all their bearings, he devoted intense attention; and states that the main collateral questions have appeared to him to be the following:

"Unity of Plan or Final Purpose, as a governing condition of organic development?

"Series of species, uninterrupted or broken by intervals?

"Extinction, cataclysmal or regulated?

"Development, by epigenesis or evolution?

"Primary life, by miracle or secondary laws?"

Regarding the first question—Homology or Teleology?—Professor Owen notices the opposing doctrines of Cuvier and Geoffroy St. Hilaire; the former holding the work of organisation to be guided by final purpose or adaptation, and the latter denying the evidence of design, and contending for the principle which he called "unité de composition." The author was at first disposed in favour of Cuvier's view; but the development of his ideas of the typical vertebrate skeleton, and the perception of the process of "irrelative repetition" of parts in plants and in invertebrates, and apparently also in the vertebrate skeleton, have led him to modify his opinion, and to reject "the principle of direct or miraculous creation—as applied to species"—and to recognise "a natural law or secondary cause" as producing species in orderly succession; such cause being the servant of predetermining intelligent Will.

Is the succession of Species broken or linked? In answering this question, Professor Owen brings forward the evidence afforded by palæontology of the existence of a gradual and connected chain between the *Palæotherium* and the now existing horse and its congeners;—a chain of intermediate forms which Cuvier expressly asserted to be necessary for the support of the doctrine of gradual transmutation of species, and which has been discovered since his time.

The gradation is shown in the dentition and in the formation of the hoof. *Palæotherium* had a functionally developed first premolar tooth, and a foot with three toes. *Hipparion*, another extinct species, had the first premolar tooth smaller than in *Palæotherium*, and the lateral hoofs shortened, and, as it were, dangling by the side of the middle one. In *Equus*, the first premolar tooth is small and soon shed; and the lateral toes are reduced to the condition of hoofless "splint-bones". Between *Palæotherium* and *Hipparion* are two other extinct species—*Paloplotherium* and *Anchitherium*, presenting intermediate gradations. Of these genera, the single-hoofed Horse family cannot be traced further back than the pliocene tertiary period; the tridactyle *Hipparion* belongs to the miocene strata; and the species with three functional hoofs to the eocenes.

The consideration of the manner in which these gradations were produced leads to an examination of the hypothesis of natural selection. On this point, we shall find that Professor Owen has more to say farther on. Here, he bases an argument on the fact that animals of the genus *Equus* occasionally revert to the tridactyle type. Now, he says, the mother of a tridactyle colt might also bring forth a tridactyle filly; and these, pairing, might restore the race of hipparions, with distinct phalanges and hoofs.

"Now the fact suggesting such possibility teaches that the change would be sudden and considerable; it opposes the idea that species are transmuted by minute and slow degrees. It also shows that a species might originate independently of the operation of any external influence; that change of structure would precede that of use and habit; that appetency, impulse, ambient medium, fortuitous fitness of surrounding circumstances, or a personified 'selecting Nature', would have no share in the transmutative act."

Professor Owen, then, holds that the instance of the Horse and its palæozoic congeners shows departures from the parental type, probably sudden and seemingly monstrous, but adapting the progeny to higher purposes —and, in the case of the Horse and Ass, fitting these animals for the use of Man. The origin of new species is not, therefore, to be ascribed to a succession of creative changes; and their disappearance has not been the result of cataclysmal destructions, but has been due to defeat in the contest which the individual of each species had to maintain against surrounding agencies. In this the author agrees with Mr. Darwin, whose knowledge and labours, he says, have furnished large illustrations of the principle regulating the extinction of species.

The author now comes to an examination of the doctrine of Natural Selection as applied to the *preservation* of species; and here he dissents from Geoffroy St. Hilaire's hypothesis of the effect of the "ambient medium" in producing changes, and from the natural selection doctrine of Darwin.. Taking a low form of animal life—the coral-polype—as his text, Professor Owen asserts that it is unnecessary and unreasonable to invoke the aid of a new application of creative power for the formation of every species of coral, or for the transition from the old quadripartite to the modern sexpartite type; that there is no evidence that the coral-polypes that formed the reefs of Wenlock and Cheddar worked in an ocean constituted otherwise than the present; and that an innate tendency to deviate from parental type, independent of inner volition (impossible in the case of the coral-polype) or of outward selection, has been the most probable way of operation of the law of derivation of species.

Extending, now, this doctrine of derivation, Professor Owen asks—in entering on the question of Epigenesis or Evolution—whether the demonstrated series of conversions may not have included that into the vital form. Once a believer in the doctrive of successive development of the simplest forms of living beings from pre-existing germs, he appears now to have abandoned that notion, and to be, in this matter, a follower of Geoffroy St. Hilaire and Pouchet, rather than of Cuvier and Pasteur. He thinks that

"It is more consistent with the present phase of dynamical science and the observed gradations of living things, to suppose that sarcode or the protogenal jelly-speck should be formable through concurrence of conditions favouring such combination of their elements and involving a change of force productive of their contractions and extensions, molecular attractions and repulsions, than that all existing sarcodes or protogenes are the result of genetic descent from a germ or cell due to a primary act of miraculous interposition."

He compares the attractive and assimilative movements exhibited by the *protogenes* or amæba with the phenomena of magnetised substances; and asks whether the amæbal phenomena are so much more different from the magnetic than they are from the mammalian phenomena, as to demand a special miracle, or creative act, for their manifestation.

"It is conceivable that the same CAUSE which has endowed His world with power convertible into magnetic, electric, thermotic, and other forms or modes of force, has also added the conditions of conversion into the vital mode."

The author next notices the phenomena of Mind as associated with brain, and regards thought as bearing the relation to the brain of man that electricity bears to the battery of the torpedo: "both are forms of force, and the result of action of their respective organs." He protests against being charged with materialism because he rejects the hypothesis that an abstract entity produces psychological phenomena by using the brain as a mere instrument; and asserts that his doctrine is not inconsistent with religious belief, and that his "faith in a future life and in the resurrection of the dead rests on the ground of their being parts of a divine revelation." Mental phenomena are, then, but the highest manifestations of life; and life itself—as Locke stated—"is not the substance itself, but an affection of it."

He finally touches on a delicate question—the nature of the soul. Regarding this, he dissents from the ordinary theologian's view; and believes it to be a result of the work of brain—how produced, is a mystery. But he believes that, in the resurrection of the body, soul will again, as now, form a part of the "reintegrated sum of forces". We think that there are many who, admitting the doctrine that the term Life is only an expression denoting the aggregate of the phenomena manifested by living beings, and dependent on a proper amount and quality of matter, and that Mind is the highest manifestation of life, will consider that Professor Owen has not sufficiently distinguished between Mind and that entity of which science can teach little or nothing, but the belief in which, as that in the resurrection of the body, is founded on divine revelation. This is the only comment which we shall make on this highly interesting chapter. Each man who reads it must study it as the expression of opinion on the part of one, from whom some comment on the subjects treated in it would naturally be expected.

Of the work itself, the author's reputation renders praise superfluous, and criticism presumptuous. As science advances, what he has written will be, more or less, confirmed or modified, and some may be even proved to be erroneous. But the work will still remain a monument of patient labour and profound thought, worthy of one who glories in having been a disciple of Cuvier, and the conservator of the museum of John Hunter.

RESEARCHES ON THE INTIMATE STRUCTURE OF THE BRAIN. Second Series. By J. LOCKHART CLARKE, F.R.S., etc., *Philosophical Transactions*, 1868; Part I.

OUR readers will hardly require to be reminded that to Dr. LOCKHART CLARKE we are indebted for the most exact knowledge of the intimate structure of the spinal cord, medulla oblongata, and brain. The *Philosophical Transactions* have been enriched by several essays on this subject from his pen, and in public recognition of the value of his researches they have been rewarded by a gold medal of the Royal Society. The medical literature of the present day further bears witness to the indefatigable industry of our distinguished anatomist. The pathological anatomy of locomotor ataxy, of tetanus, and other structural diseases of the nervous centres, have all been elucidated by the investigations of Dr. Clarke, upon whom the Dublin College of Physicians have conferred the unsought distinction of their membership, in acknowledgement of his services to medical and anatomical science—a graceful act, adding lustre alike to the donors and to the recipient. The monogram now before us consists of descriptions of the morphological changes undergone by the cord in its passage into the medulla, and of the morphological changes whence the nuclei of the medulla are developed out of the elements of the cord. To speak generally, Dr. Clarke shows that the relative positions of the white and grey elements are reversed. The extremities of the posterior horns appear at the surface as the grey tubercle of Rolando; the posterior columns transformed into the posterior pyramids, are shown, being opened outwards, to form the fourth ventricle. The expanded *caput cornu posterioris* becomes the principal nucleus of the sensitive division of the trigeminus; the *cervix* gives origin to the grey matter of the posterior pyramid and of the restiform body, from which the remains of the vagal nucleus go to form the double nucleus of the auditory nerve. The hypoglossal and spinal accessory nuclei are developed in the anterior grey matter of the anterior horn and the intermedio-lateral tract. The author's researches show that the olivary bodies, which appear in the medulla, must be regarded as motor centres through which different movements are effected by sudden or violent impressions on the special senses, as they are connected with all the sensory ganglia of the medulla. The decussations of the pyramids connect the lateral and the anterior columns and the anterior and posterior grey substance; and it is inferred by Dr. Clarke that the anterior pyramids are excito-motors through the grey matter within themselves and the pons. In a physiological point of view, these connections are exceedingly interesting; thus, the several different centres of origin of the spinal accessory nerves are brought into connection with other nerves, the cervical spinal, the hypoglossal, and the vagus—supplying the muscles employed in forced inspiration. Dr. Clarke has traced the development of the various nuclei and nerve-roots through their respective phases. Of these, we would more especially direct attention to his description of the reactions of the auditory and facial nerves, together with the origin and course of the roots of the nerves. In the latter, the facial, the relations are so complex as to have baffled previous observers. By the peculiar method of dissection adopted by Dr. Clarke, it is shown that the facial nerve, on reaching its nucleus, bends down the medulla oblongata along the *fasciculus teres*, and after a short course again bends forward to form a loop along the side of the median furrow. The cut end of this nerve, as exhibited only by transverse section, was mistaken by Stilling for the "constant root of the trigeminus," and by Schroeder van der Kolk for the cut end of one of the *striæ medullares*. It would be impossible further to follow the elaborate details of the exposition of the relations of the facial nerve and nucleus to the trigeminus. We can only repeat our opinion of the importance of these researches, bearing as they do upon the physiology of the movements of the muscles of the face and jaws in the acts of mastication and articulation.

The author concludes with a chapter of remarks, showing the importance of connecting physiology and pathology with anatomy and experiment, and enforcing his remarks by a reference to blunders that have arisen out of a want of the information to be gained by a combination of these means.

The paper is illustrated by sixty-five lithographed drawings that convey to the eye the author's descriptions as contained in the text. These drawings are so true to nature, that, by their help alone, an attentive student might trace the morphological changes to which the nuclei and nerve-roots in the medulla owe their development.

We should not do justice to the author, if we omitted to notice the strikingly lucid language in which Dr. Clarke conveys his descriptions of these complicated structures. The essays to which allusion has been made contain a storehouse of facts from which anatomists may, and doubtless will, draw freely. We believe that it is not too much to say, that their full value will not be appreciated for several generations to come. It is devoutly to be hoped that his life may be prolonged, in order that he may be enabled to complete the labours upon which he is still engaged, and that he may at some time be induced to bring together in one work the valuable information at present scattered in the columns of the Journals of the day.

MIDDLESEX HOSPITAL: REPORTS OF THE MEDICAL AND SURGICAL REGISTRARS FOR THE YEAR 1868. London: 1869.

THESE Reports, compiled and arranged by the labour of the Medical and Surgical Registrars of the Middlesex Hospital, Dr. CAYLEY and Mr. HENRY ARNOTT, constitute another of those valuable contributions to the statistics of medicine and surgery which have in recent years been furnished by several of the London Hospitals.

The number of patients admitted into the hospital during 1868 was 2,043, making, with 225 remaining on January 1st, 1868, 2,268. Of these, 1,209 were males and 1,059 females. On December 31st, 225 patients remained under treatment. Of the rest, 1808 had been discharged—1648 cured or relieved; and 256 had died. The mortality per cent. among patients treated to the termination of illness, was 12.469. The total number of patients in the medical wards during the year was 1,108; of these, 758 were discharged cured or relieved, and 153, or 15.193 per cent, died. The Medical Registrar, Dr. Cayley, besides giving well arranged tables of the diseases and their results, appends some valuable summaries. Of the causes of death, he says: "One hundred and fifty-three patients died during the year. A *post mortem* examination was made on 139 of these. In forty-three cases there was Bright's disease of the kidney; in three the characters were those of acute nephritis; in eleven the kidneys were large and fatty; in twenty-two contracted and granular; in seven lardaceous. In twenty-eight cases there was valvular disease of the heart; in twelve it was associated with Bright's disease. Recent pericarditis was met with nineteen times; in nine of which it was associated with Bright's disease of the kidney. Old pericardial adhesions occurred seven times; white patches on the pericardium twenty-three times. Recent tubercle was met with twenty-three times; in five cases it was associated with Bright's disease; in three of which the kidney was fatty and in two lardaceous. One case was associated with cancer. In no case were recent tubercle, and valvular disease of the heart associated together. Obsolete tubercle was met with 18 times; five times it was associated with valvular disease of the heart, five times with Bright's disease, four times with bronchitis and emphysema. Lardaceous or amyloid disease was met with seven times; twice associatad with pyelitis, twice with tuberculosis of the lungs, once with syphilitic disease of the bones." He also makes some special comments on the cases of scarlet fever, typhus, typhoid, pyæmia, and acute and subacute rheumatism. In speaking of rheumatism, it is entered that 164 cases of the disease (acute and subacute), were admitted; and in one case admitted for scarlatina, acute rheumatism supervened. Three patients died. Of 157 of these patients, 94 had pericarditis or a valvular murmur; the signs of heart-disease being, in seventy-one, present on admission. Pneumonia appeared in eight cases; and two were associated with bronchitis.

The Surgical Report, by Mr. Henry Arnott, shows the total number of cases in the surgical wards to have been 1188; of whom 861 were discharged cured or relieved, and 103 died; the mortality per cent. (excluding frequent cancers) being 5.233. Besides twenty cases of cancer of internal organs, tabulated in the medical report, there are given the statistics of 135 cases of cancer under treatment in the surgical wards. Mr. H. Arnott remarks, that it is the custom at the hospital to sponge the fresh wound after operating with a solution of chloride of zinc; and that in some cases deemed unfit for operation, injection with acetic acid has been employed. Erysipelas is noted as having been of somewhat more frequent occurrence in the surgical wards than in 1867; but there was only one instance of apparent infection.

The operations performed were 137 in number, with a mortality of twelve. The amputation cases were unfortunately very fatal. After eight amputations, six patients died; the two cases of recovery being after amputation at the hip-joint and at the upper third of the thigh—while, contrary to what generally occurs, the amputations at more distant parts were all fatal.

The cases of strangulated hernia were, on the other hand, very successful. Of fourteen patients, one only died. Taxis was successful in five cases; operation was performed in the others. In the fatal case, the symptoms of strangulation had existed nine days before the admission of the patient in a moribund state. At the operation, the intestine was found to be gangrenous.

Much credit is due to both the Registrars for the manner in which they have endeavoured to make the records of their hospital conducive to the increase of medical and surgical knowledge.

PROGRESS OF MEDICAL SCIENCE.

THERAPEUTICS.

TREATMENT OF TAPEWORM.—Dr. Johan Rulle, in an "Inaugural Dissertation", gives the following results, derived from the administration of certain components of the extract of male-fern to twenty-nine patients affected with tænia. 1. Not only the filicic acid, but also its decomposition-products, which are soluble in alcohol, will destroy tapeworms. 2. One must be very cautious in concluding that tænia are destroyed whilst in the intestinal canal, as the absence of the ova of tapeworms does not always indicate the non-existence of the parasites. 3. The precipitate thrown down on the addition of hydrochloric acid to extract of male-fern, previously treated with ammonia, is more active than filicic acid. Out of nine cases in which the acid alone was administered, there were two only in which the worm was completely expelled, whilst in two the agent was quite useless. With the precipitate, on the other hand, the worm was wholly discharged in four instances, and a completely negative result followed but once. 4. The pure filicic acid was administered in twenty-four instances without a change of diet, and in fifteen where the diet was changed: in one of these cases, the result was imperfect; and in a second, failed altogether. The hydrochloric acid precipitate failed in three instances in which the diet was unchanged; in nine other instances, in which the diet was restricted, there was not a single miscarriage. Hence the great importance of attending to the diet as a condition of success in the treatment of tapeworms. 5. Filicic acid, given in the form of pill, removes tæniæ with the greatest certainty when it is combined with castor-oil. This increase in the action of the agent is to be ascribed, not to the solubility of the acid in the castor-oil, but rather to the drastic action of the latter remedy. 6. Drastics assist the cure of tapeworm, not only because they bring away the parasite, but also by their favouring the deeper penetration of the anthelmintic into the intestinal canal. 7.

The acid is best administered in the impure form in pills, sixteen of which, containing 9.6 *grammes* of the remedy, should be made to serve for four doses. With two of these doses, castor-oil is to be combined. This treatment should be preceded by a restriction in diet.—Schmidt's *Jahrbücher*, No. 2, 1869.

The Employment of Vulcanised Caoutchouc in Cutaneous Diseases.—Hebra has employed with much success, in diseases of the skin, vulcanised caoutchouc, which is prepared by brushing over ordinary linen cloth a solution of India-rubber, and then subjecting this to some vulcanising process. This material, by reason of its impermeability, prevents the evaporation of cutaneous secretion, and causes this to accumulate between the epidermis and the dressing. The skin is thus softened by the collected secretion, which acts like a warm bath. The sulphur used in the vulcanising processes, and the fatty and other acids formed by the decomposition of the secreted material from the sudoriferous and sebaceous glands, have also a beneficial action upon the eruption. The skin, after it has been covered with this cloth for twelve or fourteen hours, becomes moist, shining, and somewhat congested. No pain is felt whilst this dressing is retained; but its removal is followed by pruritus and uneasy sensations. The cases in which this treatment is attended with success are those of psoriasis, ichthyosis, and pityriasis, where the skin is rough and dry; also of all varieties of eczema. In prurigo, with or without eczema, very good results have been obtained from applying the vulcanised caoutchouc over the affected surfaces, and changing it twice during the day. Perspiration is thus excited, and the skin rendered less tense and dry. When eczema coexists with prurigo, tar-water should also be used. Hebra also applies caoutchouc in burns of the second degree, involving the skin of the face and hands. In variola, this dressing favours the softening of the epidermic layer covering the pustules, and prevents purulent absorption. When combined with other local applications, this material is of great advantage in cases of eczema and other analogous eruptions of such parts of the body as the digits, the folds of joints, the scrotum, and the feet.—*Archiv für Dermatologie und Syphilis*, No. 1, 1869.

SURGERY.

Direct Removal of Floating Bodies from the Knee-Joint.—Professor Benno Schmidt agrees with Fock, Simon, and Max Benndorf, that the direct removal of floating bodies from the knee-joint is, for many reasons, to be preferred to the operation in which a subcutaneous incision is made into the synovial capsule, and the foreign body forced out under the integument into the adjacent connective tissue. The latter operation, Schmidt asserts, is neither free from danger nor certain in the attainment of its aim. The foreign body, when pedunculated, cannot be removed by this method; and, when large and uneven, cannot readily be forced out from the cavity of the joint. The operation often loses its subcutaneous character, as the entrance of air into the joint is favoured by a too extensive detachment of the skin from the parts beneath, in consequence of a frequent lever-like movement of the knife. According to tables of 223 cases collected by Dr. Max Benndorf, the mortality attending the subcutaneous operation is about 10 per cent., and the proportion of cures about 66 per cent. In the direct operation, the fatal issues are about 19 per cent., but the cures as high as 81 per cent. This difference in the successful results of the two operations is owing to the number of incompleted operations by subcutaneous removal, amounting to 24 per cent.; while in direct incision the proportion is as low as 0.9 per cent. In order to obtain a successful result from direct incision, it is necessary that the foreign body may be fixed by the fingers at some one point of the joint, so that it presents itself on making the incision, and can at once be squeezed out. The floating bodies must also be solitary, and not multiple. The operation of direct incision is also contraindicated by acute inflammatory symptoms about the joint. Three cases are reported in which Schmidt performed this operation with very successful results. In two of these, the foreign body was free; in the third, pedunculated. In all three instances, cure was speedily brought about, and, in two of the patients, with perfect use of the limb. The precautions taken by Schmidt in cases of this kind are, perfect rest of the affected limb on a splint for some days before the operation, and a free use of carbolic acid during and after the excision. The edges of the wound are brushed over with an aqueous or oleaginous solution of the acid; and, when brought together by strapping, are covered over with lint dipped in this agent, which is allowed to remain untouched for the first three days.—*Archiv der Heilkunde*, Heft 2, 1869.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

Tuesday, April 27th, 1869.

George Burrows, M.D., F.R.S., President, in the Chair.

ON NEPHROTOMY AS A MEANS OF TREATING RENAL CALCULUS.

BY THOMAS SMITH, F.R.C.S.

The object of this paper was to introduce to the notice of the Society, for discussion and consideration, a method of treating stones in the kidney and ureter, that the author deemed worthy of more thoughtful deliberation than it had hitherto received. The operation of nephrotomy, though mentioned and recommended, with certain reservations, by Hippocrates, was by him and his followers restricted to cases in which there was an external swelling, cases in which, as they expressed it, "Nature showed the way." Even in this limited application, it was doubtful if the operation had ever been performed, except for the relief of renal abscess. So far as the author could ascertain, nephrotomy had been but once employed for the extraction of calculi from the kidney or ureter. This case occurred in the seventeenth century. The operation was performed on Mr. Hobson, the British Consul at Venice, from whose kidney an Italian surgeon successfully removed two or three small stones, by an operation performed in the lumbar region. Mr. Hobson subsequently visited England, and was seen and examined in London by competent medical men, who have given an account of the case in the *Philosophical Transactions*. In discussing the subject of the paper, the author laid down as most desirable—1st, that we should be able clearly to recognise the existence of stone in the kidney; and, 2ndly, that an operation should be devised for the removal of the stone which should not put the patient's life in a danger disproportionate to the gravity of his disease and his desire for relief. A method of examining the kidney by palpation was described, by which the author had been able in one case to recognise the existence of tubercular deposits in the infundibulum of the ureter. Should it be impossible from any circumstance to employ this method of examination, so as to recognise a renal calculus, the author was of opinion that in some cases the subjective symptoms alone were so pathognomonic, that the diagnosis might be considered sufficiently clear to proceed to operation; since, by the plan of operation recommended in the paper, the kidney could be made the subject of tactile examination without serious danger to life. A plan of operation was detailed by which the pelvis of the kidney could be reached so as to examine it with the forefinger without injury to any important structures. Whether the performance of this operation would enable a stone to be removed without fatal damage to the renal tissue would (in the author's opinion) depend largely upon the shape, size, connexions of the stone or stones, and the physical conformation of the patient; and while he confessed that there were cases of long-standing branched calculi that could not be removed without inflicting unjustifiable injury to the kidney or the surroundings, yet he believed that he had met with renal calculi that could have been removed without any such violence. If the conditions affecting the removal of the calculus were unfavourable, he believed that the operation would reveal these conditions without injury to the renal tissue, and could then be abandoned without having placed the patient's life in serious danger. The author thought that the possibility of removing a stone from the kidney by nephrotomy should first be decided by operation on the dead body of one who has died with a stone in the kidney. He hoped that this experience might shortly be forthcoming, either by others performing the operation themselves on patients who had died with the disease, or by the kindness of some surgeon giving the author an opportunity of performing the operation in similar circumstances.

Mr. Curling said that the paper, though unsupported by facts, was very suggestive. Considering the formidable nature of stone in the kidneys, any suggestion for its relief must be valued. The practicability of the operation must depend on two points; the correctness of diagnosis, and the probability of extracting the stone. He believed that renal calculus was very rare in children; less rare in adults. It would be almost impossible to detect a stone in the adult by the hand; but there were other subjective signs by which it might be detected. If there was clear evidence of the presence of a stone in the kidney, could it be removed? He agreed with the author that cutting down through the muscles of the loins to the pelvis of the kidney was not attended with difficulty or danger; and thought that the transverse incision made in colotomy, slightly modified and made higher up, would be better than a longitudinal incision. But, when this was made, could the calculus be extracted? There would not be great difficulty, if it were in the pelvis of the kidney. But an examination of the specimens in pathological museums would lead him to hesitate before operating; for the ordinary symptoms of renal calculus were generally not dependent on stone in the pelvis of the kidney, but in one or more in the calyces; and very little good could result from extracting a calculus from the pelvis and leaving any that might exist in the calyces. He did not wish, however, to throw difficulties in the way of the operation, which was neither difficult nor dangerous.

Mr. HOLMES believed that the case described by Mr. Smith was one which he had had an opportunity of seeing; and he had thought that it would be proper to operate. But both he and Mr. Smith had made an error in diagnosis, as the swelling in the renal region was not due to calculus but to tubercular deposit. This was an example of the difficulty of finding whether there was a stone, and where it lay. In children alone a diagnosis could be formed from the swelling. In adults, when symptoms of renal calculus were present, the question would arise, in which kidney it was; and, unless there were some swelling, no operation should be attempted. In Mr. Holmes's case, referred to by Mr. Smith, the patient must have been much emaciated, as he could place his finger on the calculus. He agreed with Mr. Curling that the preparations in museums showed multiple renal calculi; and also, that they often existed without any symptoms indicative of presence. The difficulty of diagnosis would prevent operation, except in very rare cases; the paper, however, was a suggestive one.

Mr. MAUNDER had on that day performed the operation, proposed by Mr. Smith, on the dead subject. There was less difficulty on the right side than on the left. The danger attending the operation was, he thought, comparatively slight. If there were any difficulty in diagnosis as to the seat of the stone, it would probably be because there were calculi in both kidneys; and then an operation would be scarcely justifiable.

Mr. C. H. MOORE could imagine that in some cases it might be proper to attempt the extraction of a stone from the kidney. But it was very important to ascertain the state of the kidney before attempting to operate; as, if the stone were of much magnitude, the kidney would be more damaged, and hence there would be danger of pyæmia and erysipelas. Again, if the operation were done in the early stage, there was a probability of opening the kidney while in an acute stage of inflammation; and at a late period the tendency of the calculus to become encysted would probably render the operation unnecessary.

Mr. SPENCER WELLS had seen three cases where renal calculus was removed through abscesses. In one case, that of a man who came under his care while he was a surgeon in the navy, the patient had an abscess in the loin, which Mr. Wells opened. After the discharge of much pus, a calculus escaped, and the man recovered. In another case, recovery followed the removal of a calculus through an abscess near the rectum.

Mr. T. SMITH made some observations in reply.

A THIRD SERIES OF 100 CASES OF OVARIOTOMY, WITH REMARKS ON TAPPING OVARIAN CYSTS. BY T. SPENCER WELLS, F.R.C.S.

The author had arranged in a table all the cases in which he had completed the operation of ovariotomy, from the 200th case included in previous papers to the 300th. In other tables, he gave particulars of all his incomplete and exploratory operations. He found that the mortality lessened as experience increased. Of the first 100 cases, 34 died, and 66 recovered. Of the second 100, 28 died, and 72 recovered. But, of this third series of 100 cases, only 23 died, and 77 recovered. The author had endeavoured to ascertain what influence tapping ovarian cysts might have upon the mortality of subsequent ovariotomy; and he had arranged in a table all his cases where tapping had never been done, and those in which it had been done from once to sixteen times. The general mortality of the 300 cases was 28·33 per cent. Nearly one-half of the patients, or 135, had never been tapped. In them the mortality was 27·40 per cent.—not one per cent. less than the average mortality. Rather more than one-fourth of the patients, or 78, had been tapped once. In them the mortality was 25·64 per cent. There were 19 who had been tapped three times, and the mortality was 26·32 per cent. Of the 36 who were tapped twice, the mortality was exactly the same as that of the group of cases tapped from four to sixteen times,—namely, 33·33 per cent. The author was led by these facts, and by other considerations discussed in the paper, to the following conclusions. 1. One or many tappings do not considerably increase the mortality of ovariotomy. 2. Tapping may often be a useful prelude to ovariotomy, either by giving time for the general health to improve, or by lessening shock when the fluid is removed a few days or hours before removing the more solid part of an ovarian tumour. 3. When the syphon-trocar is used in such a manner as to prevent escape of ovarian fluid into the peritoneal cavity, and entrance of air into the cyst, the danger of tapping is very small.

Dr. WEST had seen a number of cases of ovarian disease in consultations. He agreed with Mr. Wells, that the idea of tapping being attended by danger was erroneous. Preliminary tapping was often of great service as an aid to diagnosis. The operation was not hazardous; and, when patients died after tapping, they could not often be said to have died in consequence of it. He regarded ovariotomy as a splendid operation, doing that which physicians were unable to effect. In saying this, he felt himself in the position of one who had to recant a former belief; and, while at one period he had condemned ovariotomy, he could now the more justly raise his voice against attempts to decry it. He asked whether any one was still in the habit of employing iodine injections—a practice from which much was once hoped, but, he feared, little gained. He thought that this plan might have been carried out with more perseverance than it had been.

Mr. SPENCER WELLS had lately seen MM. Nélaton and Boinet in Paris; they were of opinion that, in single cysts, with limpid fluid, injection of iodine was sometimes successful, but that it failed when the cyst was multilocular and the contents viscid. They said, however, that in simple cysts mere tapping was quite as successful as iodine, and Mr. Wells had formerly come to the same conclusion. He had given up the use of iodine injection as a curative means; but it was useful in deadening the fœtal discharge from suppurating cysts, where, for any reason, ovariotomy could not be performed. With this exception, the use of iodine injection might be exploded.

DUBLIN OBSTETRICAL SOCIETY.

MARCH 13TH; APRIL 10TH.

JOHN RINGLAND, M.D., President, in the Chair.

Zymotic Diseases, as more especially illustrated by Puerperal Fever.

DR. EVORY KENNEDY read a paper on this subject. The object of this paper was the investigation of the true nature, characteristic features, and laws regulating the production of zymotic diseases. Dr. Kennedy believed that puerperal fever is, *par excellence*, a zymotic disease; that zymotic mortality forms probably between one-fourth and one-fifth of the gross mortality; and, in nine out of ten cases, zymotic diseases arise from preventable causes. By the prevention of these causes, three out of every twenty persons dying from all forms of disease, might be saved; but this would by no means afford a correct estimate of the amount of misery, suffering, distress, and poverty that would be averted. The existence of a subtle poisonous miasm as an entity, even though its composition and qualities are yet undetermined, has been universally admitted; and, in the lymph of cow-pock, the pus of small-pox and syphilis, and the cutaneous powder of scarlatina, we have the morbid products which possess its *habitat* if not its essence. The zymotic poisons may be referred to a common principle, modified by variations in natural or physical circumstances. In proof of this view, Dr. Kennedy urged the extensive prevalence of zymotic diseases at the same time, their being traceable to the same sources, and the general apprehension felt by obstetric physicians when either typhus, scarlatina, or erysipelas occurs in their maternities. He believed that so frequently had metria shewn itself after the occurrence of those diseases, that it was no longer deemed an accidental *post hoc*, but that they had the relation of cause and effect. He suggested that the poisonous principle, *zymotosine*, might be classed as an original polyatomic molecule, subject to the laws of polymorphism; and thus, as in the case of the polymeric hydrocarbons, the germs of different diseases might be produced by polymeric combinations in the same elements. Puerperal fever prevails endemically in crowded hospitals, where it is most virulent and most fatal, though often met with in the hovels of the poor and the chambers of the wealthy. Its local cause approaches more nearly a *constant* quantity in the wards of a crowded maternity, whereas it is only an *occasional* quantity in the houses of the affluent; and the only influence exercised in its production by the atmosphere is that, in certain states of the atmosphere, the constant and occasional quantities become more operative in generating the malady. This malady, he argued, zymotic in type and origin, is produced by a poison emanating from parturient women—more active in proportion to the number of women cohabiting in a given number of feet of atmospheric space, but not requiring more than one parturient female to generate it, when the poison she herself has generated may, by reabsorption, contaminate her blood and destroy life as certainly as if the generating medium was a crowded, ill-ventilated ward. Dr. Kennedy adduced, as developed in a similar way, such diseases as gaol-fever, erysipelas, cholera, and tuberculosis; and he noticed the effect of crowding and bad ventilation on the development of the last-named disease among the *ouvriers* in Paris, who live, to the number of 40,000, huddled together in apartments containing eight or ten beds each. The occasional appearance of peritonitis and metritis, destitute of any zymotic character, was noticed; and bleeding, both general and local, was advocated as the proper mode of treatment. Such cases were known by the absence of the shrunken features, the depression, and the *facies* of the true zymotic metria. Dr. Kennedy advocated local depletion, by means of leeching, repeated so as to prevent reaction, and to enable the patient to bear pressure. He found mercury useful where there was time to produce its specific effects; but in the worst cases there seemed to exist a want of susceptibility to its action. In cases where peritonitis or metria was to be anticipated, he recommended small and frequently repeated doses of grey powder, so as to bring the patient's system into a state of mild mercurialisation, in order that when metria or inflammatory symptoms declared themselves, it might be an easy matter to bring the system under the specific influence of the drug. At the same time it was his practice to administer nutritious broths, jellies, milk, farinaceous food, and, in suitable cases, stimulants given early and with a free hand. As varieties, he described traumatic, arthritic, and purpuric metria. He illustrated the latter form of the disease by citing several cases that had occurred in his practice between the month of December 1837, and April 1838. The cerebro-spinal, purpuric, or gangrenous symptoms he regarded as mere temporary or local tendencies grafted on the orginal disease, such as had often complicated other fevers from the time of Sydenham to the present day. He expressed the hope that the cerebro-spinal symptoms, the discoloration and collapse which had complicated the puerperal fever of 1838, the typhus of 1867, and which might be classed with the epidemic typhus among horned cattle of 1795 and 1814, and with the *typhus charboneuse* in domestic fowl of 1780, might prove to be but a very temporary group of concurrent phenomena which would quickly cease to cloak the typical disease. Dr. Kennedy expressed his conviction, that every form of the disease partakes of the zymotic character, is subject to the laws regulating this family of diseases, is capable of extension in the same manner as endemic, epidemic, and contagious disease; but, above all, that (by proper means) it *is preventable.* "Zymotic metria" he termed the various forms of "puerperal fever", which have been from time to time described by various authors. They may all be traced to the same contagion; the same treatment has been successful with all. In order to shew to what this contagion is due, Dr. Kennedy sought to establish certain propositions, which he thus enumerated. 1. Puerperal metria is due to the absorption of poison by the parturient female.—2. This poison may be generated by any parturient female; and, where the circumstances are favourable to its imbibition, it may be absorbed into the system of the generator, or that of any other parturient female exposed to its influence.—3. The generation and absorption of this contagion are in a direct proportion to the number of parturient females cohabiting at this parturient period, or who breathe the same atmosphere when lying in.—4. In lying-in hospitals, where large numbers of patients are delivered under the same roof, this disease finds its *habitat*, appearing and reappearing at uncertain intervals.—5. Its appearance, although apparently capricious, is not infrequently traceable to the occurrence of other zymotic diseases; to a general unhealthy state of the hospital; the labours for some time being succeeded by bad recoveries before the true zymotic metria exhibits itself.—6. That it is produced by contagion long experience proves; as it follows in the steps of certain practitioners, whilst others are totally free from it, and that in the same locality.—7. It is epidemic, confined in its occurrence to certain localities.—8. It is not only confined in its occurrence to a given hospital, but it is observed to haunt certain wards of the hospital, and this to such an extent as to compel the closure, for many months, of wards in which it established its special *habitat.*—Dr. Kennedy also urged the following negative arguments. 9. Zymotic metria is not a disease peculiar to parturient women confined at their own houses; it occurs comparatively rarely among them.—10. It is not a disease to occur in small lying-in hospitals or cottages where only one or two patients cohabit in their lying-in.—11. The just and inevitable conclusion from the foregoing propositions is that, by continuing the system of large lying-in hospitals, we are causing the death, by zymotic metria, of a number of patients for one that would occur under any system that would secure the separation or isolation of women in their confinements.—12. But as hospitals possess advantages facilitating the cure of patients, and as schools of instruction, it is quite possible to combine these advantages with those of the separate system by means of grouped but isolated cottage or pavilion hospitals, with only one, or at most two, beds in each isolated room.—13. With the present knowledge of puerperal fever, the conclusion is inevitable that the mortality among parturient women would be greatly lessened by an alteration in the construction and arrangements of lying-in hospitals. In proof of the third and fourth of the "positive propositions", Dr. Kennedy gave as the result of his own experience that, out of 3,500 deliveries in private practice, only 3 fatal cases of puerperal fever occurred, or about 1 in 1,200; while in 13,157 cases delivered in hospital under his mastership, the number of fatal cases were 117, or rather more than 1 in 112. That is, eleven times the number of women died when delivered in hospital than when they were confined in their own homes. Dr. Kennedy did not think that the difference could be accounted for by very unlike circumstances of the two classes of cases, but attributed it solely to the fact of their cohabitation at the time of their delivery. From statistics derived from data furnished by the Dublin Census Office, Dr. Kennedy concludes that of all the women who have died in Dublin lying-in hospitals during the last seven years in parturition, 7½ out of every 9 deaths have taken place from causes that would not have arisen had they been confined in their own homes, or in isolated cottage-hospitals. Outside of the hospitals, the proportion of deaths by metria was 1 in 457 deliveries, while in the hospitals, it was 1 in 60. England and Wales give, on an average of three years, 1 death by metria in 726, 1 by childbirth in 306 deliveries; from both causes, 1 in 223. In London, there was 1 death by metria in 515, 1 by childbirth in 429; from both causes, 1 in 239. In 27 towns in England, the mortality was, in the two years 1862-63: by metria, 1 in 781; by childbirth, 1 in 301; from both causes, 1 in 217. The Registrar-General of Scotland gave for the two years 1861-62, deaths: by metria, 1 in 400; in childbirth, 1 in 345; both causes, 1 in 225. In Glasgow the deaths were, from both causes, 1 in 227. Dr. Kennedy thought this excessive mortality was not counterbalanced by any diminution in the number of deaths from other causes which had taken place in the Dublin maternities; for he found that 1 in 30 died from childbirth exclusively in those institutions from 1864 to 1868, while during the same period the metropolitan district gave only 1 in 260. The mortality in the Waterford Cottage-Hospital was only 1 in 180 from childbirth exclusively. Of the 190,783 deliveries which have occurred in the Rotunda Hospital since its foundation, 2,627 deaths have taken place, or 1 in 725. Now, taking the ordinary calculation of our present death-rates at 1 in 116, according to the Commissioners' return, that would leave a fearful avoidable or unnecessary loss of life in the difference between 1 in 72 and 1 in 116. Dr. Kennedy exhibited, in an elaborate table, the annual mortality in the Dublin lying-in hospital (Rotunda) from its foundation to the year 1868, and he concluded that for the last fifteen years the average mortality has been 1 in 35.33; the range has been from 1 in 14 to 1 in 64. This was not supposed to be due to the practice in the hospital being more fatal than elsewhere; for, on the contrary, it was one of the least fatal of the great lying-in hospitals throughout Europe, which tended to shew that the great mortality was due to an inherent defect of the gravest kind in the system or construction of these institutions. Dr. Kennedy next contrasted the mortality in large hospitals, such as those of Liverpool, London, Dublin, Glasgow, St. Petersburg, Paris and Vienna, with the returns from three cottage-hospitals, one in New Ross, one in Waterford, and the third in Limerick. In the case of the large hospitals, the mortality varied from 1 in 18.5 in Paris to 1 in 99 in Liverpool; while in the latter institutions the deaths were, in New Ross, 1 in 185; in Waterford, 1 in 295; and in Limerick, 1 in 367. Dr. Kennedy next noticed the capricious occurrences of metria, and referred to the frequency with which typhus fever, scarlatina, erysipelas, and bad recoveries after labour are often fatal prognostics of the impending metria. Such cases, when admitted into a lying-in hospital, should be at once removed to contagious hospitals, or, if that be impossible, to an isolated ward. In reference to proposition 6, Dr. Kennedy asserted his strong belief in the contagious nature of metria, which was not shaken by the occurrence of sporadic cases, many of which might be cases in which the contagium had been carried by the medical attendant or nurse. He adduced the case of a physician from the north of Europe, who came over to study at the Dublin Lying-in Hospital. This gentleman had not cultivated very cleanly habits, and Dr. Kennedy had tracked him, like the pale horse in the Apocalyse; fatality everywhere attended his steps, so that he had required him to desist from visiting patients at their homes. Similar cases were familiar to all. Dr. Kennedy advocated careful ablution and change of dress after visiting any zymotic disease before attending any parturient female. He condemned the practice of having lying-in patients in general hospitals, and thought that the last argument against its contagious character, based on the existence of sporadic cases, must yield if the principle of self-contamination be admitted. In his own cases of sporadic metria, the neglect of hygienic measures had assimilated the patients' chambers to the condition of the wards of an hospital. His views on the endemic nature of the disease were based on his own observation of the fact, that the disease haunted certain wards in the Rotunda Hospital. Dr. Kennedy admitted that the disease, like influenza, might be at the same time epidemic, endemic, and contagious. Its epidemic character would but furnish a more cogent argument against the practice of congregating those liable to metria. Dr. Kennedy next contrasted the results in the large hospitals with that in the three hospitals where not more than one or two patients were in the same ward; and contended that the practical result might be said to be that, assuming that these hospitals should be taken as the standard of mortality, in Liverpool 2 out of 3 die who should not; or, in other words, the deaths, by proper management, should be reduced to *one-third* of their present number. Similarly, in London the mortality should be reduced to *one-fourth*, in the Coombe Hospital (Dublin) to *one-fourth*, in the Glasgow Hospital to *one-fifth*, in the Dublin Lying-in Hospital to *one-ninth*, in the Midwives' Institution, St. Petersburgh, to *one-eleventh*, in the hospitals generally in St. Petersbugh to *one-thirteenth*, in Paris general hospitals to *one-eighteenth*, and in the Paris Lying-in Hospital to no less an amount than *one-twenty-first* part of their present number. In other words, said Dr. Kennedy, the poor women who flock to these hospitals in their hour of trial and distress are, in their ignorance, taking a step that adds to their risks of death in a ratio, at the very lowest calculation, of 3 to 1, and, at the highest, of 20 to 1, against their lives. Dr. Kennedy advocated the construction of huts in the Swiss or Indian style for the reception of patients, and urged that the present hospital should be devoted exclusively to the reception of diseases of females. Patients should be more generally attended at their own homes; and appliances, medicine, and even food should be supplied. Dr. Kennedy concluded by asserting that, with his knowledge and convictions on the subject, it would have been cruel, heartless, and even criminal in him to keep silence any longer.

On the motion of Dr. BEATTY, seconded by Dr. JOHNSTON, it was resolved that the discussion on Dr. Kennedy's paper should be postponed till the next meeting of the Society on the 8th of May.

WESTERN MEDICAL AND SURGICAL SOCIETY.

FRIDAY, APRIL 2ND, 1868.

J. R. LANE, Esq., President, in the Chair.

Gangrene of Leg: Amputation.—Femoral Hernia.—Post Partum Abscess in Groin, with Discharge of Air.—Bleeding from Ear, with Wound of Jaw.

MR. J. R. LANE related a case of a female patient aged 42, with Gangrene of the Leg, supposed to be caused by embolism of the popliteal artery, in which he had amputated the limb at the knee-joint in St. Mary's Hospital. Six weeks previously to her admission, suffering from symptoms of cardiac inflammation, she suddenly lost the use of her left leg, which became at the same time cold and numb. No pulse could be felt in either the anterior or posterior tibial arteries, but it was distinct in the femoral in the middle of the thigh. Common sensibility and motor power were soon completely lost in the foot and lower two-thirds of the leg. The foot and leg gradually dried up, and assumed a dark mahogany colour; and, at the end of about six weeks, a distinct line of demarcation was established about four inches below the patella. Ulceration took place at this line, and was attended with a very offensive discharge, for the muscles of the calf were not dried up like the rest of the limb, but were in a soft putrefactive condition. As these putrid exhalations were evidently acting injuriously on the already depressed vital powers, and as the cardiac symptoms had subsided, it was thought advisable to amputate. This was done at the knee-joint with a long anterior skin-flap, and a shorter posterior one from the muscles of the calf. The cartilage on the condyles of the femur was not interfered with. The stump was dressed with carbolic acid paste and wrapped in cotton wool. The patient seemed at first relieved, but sloughing of the flaps set in, which, extending to the thigh, led to a fatal result two days after the operation. The most probable explanation of the phenomena observed, seemed to be that, during the progress of the cardiac inflammation, some fibrinous concretion had become detached and had been arrested at the bifurcation of the popliteal artery. The suddenness of the stoppage of the circulation in the limb precluded the idea that it was due to inflammation in the artery itself; nor were any symptoms of such a condition at any time observed. The disorganised state of the parts when the limb was removed, however, rendered it impossible to ascertain precisely what had occurred. At the *post mortem* examination, the mitral valves were found considerably thickened by fibrinous deposit, and on one of the flaps was a roughened surface which presented an appearance as if a fibrinous vegetation had been detached from that spot.

Dr. MARTYN related the sequel of a case of Femoral Hernia operated upon four years ago, and recorded in the Transactions of the Society. Miss F., aged 48, again came under Dr. Martyn's notice, with an irreducible femoral hernia of the size of a child's head. All the symptoms of strangulation were present, and had existed for six days. An operation being opposed, opium was freely given and ice applied to the part. Seven days subsequently, the symptoms becoming aggravated and the skin over the tumour of a black colour, the usual operation was performed. On opening the sac and exploring with the finger, the bowel gave way at two or three points, and enormous quantities of flatus and fæces escaped. The openings of the bowels were secured to the margins of the wound. More sloughing took place; but the patient, being relieved of the urgent symptoms, remained tolerably comfortable, taking food and sleeping. After eight days, swelling of the abdomen took place, and erysipelas of the forehead came on. She lingered on till March 8th, when she died, seventeen days from the period of the operation. The author remarked that the practical interest of the case depended upon the large size of the hernial tumour; secondly, on the attempt made by nature to effect an opening by sloughing, which, he thought, if left to itself would have been effected, and the patient might have recovered with a fistulous opening. Finally, he thought the case shewed how much mischief may be borne with but little constitutional disturbance; for the pulse, until the last two days, did not exceed 80, and the patient took food and slept. The author also doubted the use of ice as applied to large herniæ, as the skin, from becoming much stretched and thin, was apparently incapable of resisting so powerful an agent.

Dr. BAINES related a case of a patient who, six weeks after her confinement, was seized with severe constitutional symptoms with great pain in the right leg, which became contracted and bent over the other. A hard swelling then appeared in the right groin, in which fluctuation was soon apparent. Six days after its first appearance, the tumour rapidly enlarging, it was opened, when the swelling suddenly collapsed with a report from the disengagement of air. Subsequently a free and copious discharge of pus took place, and the patient was relieved of all the urgent symptoms. There had been no rigor, and the air discharged was perfectly free from odour. The source of the air which had been secreted was the subject of some discussion.

Dr. MARTYN related a case of Bleeding from the Right Ear and Wound of the Jaw, the result of an accident. It was produced by a fall from a horse, and the patient, though stunned at the time, was able to walk with assistance. He was treated upon the supposition of deeper mischief to the skull; but, after bleeding from the ear for two or three days, he perfectly recovered. The author thought the bleeding depended upon the articular extremity of the jaw having been forced upon the wall of the meatus of the ear.

MEDICAL SOCIETY OF LONDON.

MAY 3RD, 1869.

PETER MARSHALL, Esq., President, in the Chair.

Glass Tongue Depressor.—Lamp for Sick Room.—Effect of Tobacco and Nicotine on the Goat.—Encephaloid Disease of the Right Kidney.

Dr. LEARED showed a stout Glass Tongue Depressor, made by Pearce and Co. of Oxford Street. Its superiority over the metal ones consisted in its greater cleanliness, and the ease with which it could be cleaned.

Dr. RICHARDSON brought forward a Lamp for the Sick Room, made by Mr. Jones of Aylesbury, from suggestions by Mr. R. Ceely. It was particularly suited to the wards of hospitals, giving both light and heat and being capable of boiling or keeping warm water, etc. It was very inexpensive.

The SECRETARY then read a paper by Dr. ELLIOTT of Hull, on the effects of Tobacco and Nicotine on the Goat. He found that an ounce of shag tobacco eaten from his hand by a goat had no effect at all. He then injected beneath the skin of the neck ten minims of nicotine. Violent symptoms were produced in thirty seconds; loss of power in the limbs; hurried respiration; and muscular tremor. The pulse rose from 80 and 90 to 169. Death was momentarily expected, but in twenty hours after the operation the goat was quite well again. Dr. Elliott considered that the complete loss of power when sensation was unaffected and the heart's action strong, had a practical bearing, favouring the opinion of Professor Haughton that nicotine is the best agent for the treatment of tetanus and poisoning by strychnia.—A discussion then took place, in which the President, Dr. Richardson, Mr. Miller, and Dr. Leared joined.

A paper by Dr. LOWE of Lynn, on a case of Encephaloid Disease of the Right Kidney, was then read.—In the discussion, Dr. Hare, Dr. Thorowgood, and Dr. Richardson took part, regret being expressed that time did not allow of the subject being more fully entered upon.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, MAY 22ND, 1869.

THE DEATH-RATE OF GLASGOW.

DR. GAIRDNER'S Report on the Health of Glasgow for the First Quarter of 1869, to which we referred briefly last week, is a document which demands attention; illustrating as it does, primarily, the remarkably high death-rate of that city; and secondarily, the very imperfect manner in which an able and conscientious officer is seconded by the local authorities in his efforts for the good of the community among whom he is placed.

A brief abstract of the Report will put the primary facts of the case before our readers.

The prominent feature in the Report is the comparison between the death-rate of Glasgow for the first quarters of 1868 and 1869; and especially between the months of March in these two years. The comparison is made for the city both as a whole, and as divided into five groups or districts; and it is confined to the years mentioned, as no sufficient data exist for comparing the mortality in the districts prior to 1868.

During January, February, and March 1868, the total deaths were 3,528; in the same months of 1869, they were 4,613—an increase of nearly 31 per cent. Among children under five years of age, the deaths during these two periods were respectively 1,677 and 2,332. But it was in March of this year that the greatest increase occurred. In that month, as compared with March 1868, the general death-rate rose from 1,232 to 1,823, or 48 per cent.; while that among children rose from 582 to 913, or 57 per cent. The increased mortality especially affected children under two years, in whom the mortality rose from 149 to 255, or 71.1 per cent.

Classifying the mortality according to the diseases causing it, Dr. Gairdner shews, in comparing the mortality of March 1869 with that of March 1868, the following results.

	Mean number per month 1868.	March 1868.	March 1869.
Zymotic Diseases	313	275	415
Tubercular Diseases	209	257	312
Diseases of Brain and Nerves ...	79	95	118
Diseases of Respiratory Organs	219	218	504

His researches, he observes, shew the fact of

"*An excessive mortality, due in part to zymotic diseases, but swelled to a very remarkable degree in the month of March by a sudden development of acute respiratory affections, especially among children of the youngest ages.*"

From a comparison of the mortality in different groups of districts of the city, Dr. Gairdner finds that the increased mortality, while it did largely affect the poverty stricken dwellings of certain districts, prevailed less than might have been expected in others having similar characters; but that certain groups—Northern and Western—especially suffered. This he attributes to the action of north and north-east winds; not by their meteorological influence, but by their carrying, from manufactories, air loaded with noxious vapours and smoke. Other large cities in Scotland have had their mortality increased, probably in conjunction with the prevalence of the winds; but none—except Greenock—to nearly so large an extent as Glasgow; while in Aberdeen the increase in mortality was very slight, and in Perth there was a decrease. In summing up his views, he says that—

"While the causes of the mortality were probably in part atmospheric, the true sources of the excessive liability of Glasgow to such tides of disease and death are to be sought, not in these comparatively accidental circumstances, but in the permanently acting causes of high death-rates, and especially in the low standard of domestic comfort, the overcrowding, general squalor, and physical degradation which are the unhappy characteristics of a large section of the population; and these, again, are the direct results of permitting generation after generation to be brought up in houses of the worst construction, in which morality, decency, and cleanliness, are alike impossible."

It is now nearly two years since, at the meeting of the British Medical Association in Dublin, Dr. Gairdner read a most important paper on "The Fever-Dens of Glasgow", in which he pointed out the evil effects of overcrowding, and at the same time the difficulties that existed in the way of improving the house-accommodation for the people. But it does not appear that the warnings which he then uttered, and which he has, we believe, since repeated, have in the meantime produced a due effect. There has been a great amount of destruction, without corresponding reconstruction; and therefore, he says, the laws against overcrowding cannot be enforced. Dr. Gairdner is told that "numerous houses are being built as private speculations, and that the important subject of baths and washhouses is to be very soon brought before the Board;" but no general plan for providing dwellings has been devised—at least, been laid before the Sanitary Committee.

It is to the Police Board of Glasgow that Dr. Gairdner has to look for the carrying out those measures which are necessary for the improvement of the sanitary state of the city. Yet, if we may judge from the account of the proceedings of a meeting of the Board last week, at which Dr. Gairdner's Report was discussed, it would seem that words are in excess of deeds; that, to use the expression of one of the members, "the Board were just talking round and round about the matter, and not a man among them saw his way to effect an improvement." The Board is in want of good advice and guidance, but blindly refuses it when it is offered. Dr. Gairdner complains most justly that the Sanitary Committee is not consulted on measures of improvement —that, so far as he knows, "not a single plan for new house-constructions, or for any remodelling of old tenements, has ever been brought formally under the notice of the Sanitary Committee with a view to their approval, either by the Improvement Commissioners or by the Dean of Guild Court." Commenting on this, the Dean of Guild says that he thinks "it would be very foolish if the Court consulted the Sanitary Committee. . . . If the Sanitary Committee could give any information, or if they had any reflection to make on the past action of the Court, the latter would be glad to hear it; but to propose that the Dean of Guild Court should ask the Sanitary Committee to come in and give their advice was, he thought, going a little beyond the mark."

Thus stands the matter of the sanitary state of Glasgow. Dr. Gairdner, aided by an efficient Sanitary Committee, has sought out and demonstrated the causes which unduly increase the mortality of the city. He has from time to time reported the results of his observations to the authorities, and has offered them the advice of himself and his coadjutors. But the authorities—while they acknowledge, in the main, the existence of the evils pointed out—prefer to talk themselves into a state of confusion, and to treat the offer of advice almost as if it were an act of impertinence. There can be no difficulty in deciding who have and who have not done their duty; or with whom—making every allowance for exceptional circumstances and for difficulties—must rest the responsibility of the high death-rate of Glasgow.

MEAT EXTRACTS AND ESSENCES.

THE history of a new industry, the manufacture of Extractum Carnis, is related in a small pamphlet by Dr. Thudichum, just published. Liebig's idea—to some extent realised in the establishment of this new manufacture—may be thus explained. In South America and various other parts of the world, there flourish immense herds of cattle, whose flesh is a waste product. In Europe, the greater part of the human population is insufficiently supplied with flesh-meat. Difficulties of transport and conservation prevent the waste flesh-meat of South America from becoming food for the people of Europe. Liebig aims at solving the problem presented by this state of affairs.

Although many people are underfed with flesh-meat, it is comparatively rare to find people suffering from an absolute deficiency of food. Protein compounds and fatty or starchy matter, in sufficient quantities for the maintenance of health, are within the reach of even the worst starved Europeans. The advantage of flesh-meat over other forms of food containing an equal quantity of flesh-forming and heat-producing material is purely one concerning relative ease in assimilation; and that to which flesh-meat is mainly indebted for its superior virtue, is the presence of certain stimulating substances in the juice of flesh. If the juice of flesh be mixed with such food as is within the reach of most Europeans, they will be essentially in the possession of an ample animal diet. The extractum carnis is simply the juice of flesh, from which most of the water has been removed by evaporation. In a certain sense, ten pounds of extractum carnis represent an entire ox; and, in addition to the obvious advantage in portableness, the extract has the merit of remaining unaltered for an indefinite length of time.

In carrying out this idea, as will be seen from Dr. Thudichum's publication, neither pains, trouble, nor capital have been spared. The manufactory is in South America, at Fray Bentos, and bears the name "Liebig's Extract of Meat Company (Limited)"; being under the direction of Dr. Seekamp, a former assistant of Liebig's. The cattle are carefully selected; they must be at least four years old, and perfectly healthy and well nourished. The juice of flesh is evaporated in admirably constructed vacuum-pans. The greatest attention is bestowed, so as to obtain the exact kind of flavour that is desired. One full-grown ox, of between four and six years of age, yields from eight to ten pounds of extractum carnis. Neither fat nor gelatine is allowed to be present in the company's extract. The percentage of water allowed is from 16 to 21 per cent. The ash is between 18 and 22 per cent. The amount of extract soluble in alcohol is from 56 to 60 per cent.

In order to secure to the public the real thing, Liebig has insisted upon having a sample sent to his laboratory in Munich out of every package which arrives in Europe. For this purpose, an assistant of Liebig's is stationed in Antwerp, and is charged with the duty of opening each package on its arrival from South America, and forwarding a sample to Munich, to be examined in Liebig's own laboratory.

In addition to the extractum carnis of Liebig's own company (the Fray Bentos extract), there are a great number of extracts and essences of meat in the market. Some of the other varieties of extractum carnis are of excellent quality, and we should hesitate to state that they are at all behind the real Liebig's extract. The "essences" of meat, however, should be carefully distinguished from extractum carnis; they are the *unconcentrated* juice of meat. In their way, some of them are admirable products; and the packing of them is a marvel. They are sent out in tins, which they nearly fill; a tolerable vacuum (rarified air) occupying the space unfilled by the "essence". Some of them are of exquisite flavour. Considered, however, as forms of "extractum carnis", and valued according to their strength, they are dear, as compared with the pure Liebig's extractum carnis. Referring to analyses given at the end of Dr. Thudichum's pamphlet, we find that one of the best, flavour and quality considered—viz., Gillon's Essence of Fowl—is very dear, regarded as a weak form of extractum carnis. One pound of Liebig's Extractum Carnis costs, wholesale, 8s. 3d. Seventy-five tins of Gillon's Essence of Fowl contain, according to Liebig's son, one pound of Liebig's Extractum Carnis. The price of the seventy-five tins retail is 75s. According to M. Dupré, the price of the quantity of Gillon's Essence of Fowl equal to one pound of Extractum Carnis is 74s. 9d. According to Mr. Wanklyn, the price is a little higher—viz., 87s. 6d.

It will be recollected that Extractum Carnis contains only from 16 to 21 per cent. of water. Now, on referring to the table of analyses on the last page of Dr. Thudichum's pamphlet, it will be seen that Mr. Wanklyn finds 94.3 per cent. of water in Gillon's Essence of Fowl. For the other "essences of meat", somewhat similar numbers occur. Thus, 92.5, 93.67, 94.56, 93.40, 90.38, and 82.17 are the percentages of water found in the different essences analysed by Mr. Wanklyn. In the last instance—viz., that wherein the water was 82.17 per cent.—the apparent strength was imparted by gelatine—a substance which is comparatively worthless.

Although the makers do not pretend that these essences are Extractum Carnis, we have heard of the public making such a mistake, and being disappointed accordingly. The essences of meat are, in fact, broth ready made: the Extractum Carnis is the basis of the broth.

In conclusion, we would refer our readers to Dr. Thudichum's pamphlet, wherein they will find described at length the matters on which we have touched.

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DR. W. H. BROADBENT has succeeded Dr. Buchanan as Physician to the London Fever Hospital.

HER MAJESTY has contributed £100 towards the fund for enlarging the National Sanatorium for Consumption and Diseases of the Chest at Bournemouth.

A MUNICIPAL DISPENSARY, for the gratuitous treatment of poor patients suffering from venereal diseases, has been opened in Venice. During the first month, a large number of patients have attended.

THE Southport Convalescent Hospital and Seabathing Infirmary has reached the sixty-third year of an existence described in the Report as one of "unqualified success in the attainment of its benevolent object." In reference to the "privileged system" of admission, it is stated that "it ought, perhaps, to be remarked that the cost of each patient has been, on an average, £1 : 10 : 7½, or 7½d. beyond the price of the recommendation; whilst the privilege conceded to annual governors, of purchasing recommendations at 25s. each, entails upon the hospital the payment of 5s. 7½d. in each case beyond the sum received for such recommendation."

ELECTION OF MEDICAL OFFICERS OF PUBLIC CHARITIES.

DR. TAAFFE has called the attention of the Chairmen and Committees of the Sussex County Hospital and other medical charities in Brighton to the mode of election recommended by the Committee of Management of the Children's Hospital in Birmingham, and subsequently adopted. By this plan, the election of medical officers is entrusted to a Committee of election consisting of the officers and managing committee of the hospital, the honorary medical staff, the senior physicians and senior surgeons of the Queen's and General Hospitals and the senior physician of the Dispensary, and twenty governors chosen by lot by the Committee of Management. The example set by the Birmingham Children's Hospital was afterwards followed at the Queen's Hospital, where the principle was adopted, with some modification of details; and, according to letters addressed to Dr. Taaffe by Dr. Heslop and by Mr. Burdett, the Secretary of the Queen's Hospital, the result has been very satisfactory. Dr. Taaffe, with much justice, says that the scheme, if adopted at Brighton, will tend to lessen to all candidates much of the humiliation and expense to which they are now subjected, and confer on the successful candidate a feeling of greater independence in the discharge of his duties. He urges on each of the Brighton medical charities the appointment of a committee of inquiry into the mode of election of their officers, and the tenure of office. The matter to which Dr. Taaffe has called attention is one deserving of most attentive consideration. It is well known that—however meritorious the medical officers of our public institutions are, as a general rule—the system of canvassing a large constituency of governors too often reduces the contest to one of purse, and not of professional skill and general fitness.

VACCINATION.

At the Bakewell Petty Sessions on May 9th, Robert Rowland was charged with neglecting to take his child before the public vaccinator for inspection. He pleaded guilty, and also ignorance of the law. He was fined 2s. 6d. and costs (including medical fees), amounting to £1 : 14 : 6.

THE BRIGHTON AND SUSSEX INFIRMARY FOR DISEASES OF THE EYE.

At the close of the meeting of the governors of this institution which we noticed last week, some alterations were made in the statutes; one of which was that, after five years, the third surgeon shall take charge of in-patients on equal terms with the first and second surgeons.

SALE OF BAD MEAT.

At a meeting of the Lancaster Town Council on the 12th instant, one of the members called attention to the necessity of appointing a special inspector of slaughter-houses and markets, in order to prevent the sale of meat unfit for food. It was stated that the present market-inspector had seized all the meat that was found to be bad, but that some only looked lean and poor. Ultimately, it was resolved to refer the question of the appointment of a special inspector to the Sanitary Committee.

THE ABUSE OF MEDICAL CHARITIES.

The *Porcupine*, a Liverpool paper, in a series of articles on the medical profession and the lower classes, uses, in speaking of the dispensary system, arguments of the same nature as those brought forward by Dr. Stewart and others at the recent meeting of the Metropolitan Counties Branch, as to the demoralising effects of this system.

"The patients of these institutions may not be called paupers; but, practically, they are paupers. The great difference between the pauper classes and the independent classes is, that the former continually seek support from the upper classes. They are continually desiring and ever ready to receive relief, in some shape or other, whether it be half-a-crown a week or a recommendation to a charity. Nothing encourages this spirit of pauperism more than these institutions. A patient of an independent spirit may go a few times, and may be ashamed of going, but the shame gradually wears off; and, as soon as it is all gone, the transformation is complete. The man who before was a useful, independent member of society, has acquired the real spirit of pauperism, and is, practically, a pauper."

The writer then goes on to shew that the number of charitable medical institutions in Liverpool, in proportion to the population, is much beyond that met with in other towns.

"In Liverpool, as might be expected from its being the seat of a school of medicine, these so-called medical charities are numerous, and at least 150,000 cases are treated by them annually. Acknowledging a necessity for some of these institutions, and that there are a great number of people to whom this sort of relief ought to be permitted, yet the number is so great that we have no hesitation in saying that the great bulk of the patients of these institutions are people who are not in any need of charitable relief, and that, consequently, to these such relief is injurious, and that the injury is not counterbalanced by any good whatever. Liverpool is blessed with a great many charitable institutions, or societies for the propagation of pauperism. There are fifteen of these institutions in very full operation; whilst in the town of Wolverhampton, which has a population of 147,000, there is only *one*, according to the *Medical Directory* for 1869. If we reckon Wolverhampton as one-third the size of Liverpool, and multiply the number of these medical charities by three, we shall get a population of 432,000, with three medical charities; so that, allowing for the difference in population between the two towns, we have nearly five times as many medical charities as Wolverhampton. Again, taking the sum of the population of the four towns—Blackburn, Bolton, Preston, and Bradford—at 421,000, and five medical charities, and comparing this state of things with Liverpool, we find that we have two and a half times as many charities as these towns. These instances have been taken almost at random; and we think they show that either the towns we have been comparing with Liverpool have not enough medical charities, or that we have too many; and we also think it will not require much reflection to convince any one that the latter is the case. This state of affairs that we have hinted at, rather than described, has been in existence and has been growing worse for many years.

FEVER AT MERTHYR TYDFIL.

Mr. T. J. Dyke's reports are always documents marked by considerable power and frequently possess a national interest. He has to deal this time with the epidemic of fever, which commenced in October last at Dowlais, and does so in the following able paragraphs.

"In the reports I have made to you I have, I think, clearly proved that it was owing to the neglect of the contractor for scavenging, that the disease first got its foot-hold. Being established, it found, in the thousand back-to-back houses in Dowlais, ample means with which to work: it found in the great kindness of our poorer brethren to each other; in the many acts of watching over the sick; in the prayer-meetings—in all cases of non-contagious sicknesses psychically salutary, but in typhus physically wrong;—in large attendances at funerals, the fit modes of its being diffused far and wide. In the last quarter of 1868, the cases numbered 110, in the first quarter of 1869, they were 266, and in the month of April, 26 = a total of 402:—of these 71 died. Inspector Howells, in addition to his other duties, has most zealously occupied himself in carefully tracing up the cases of fever, as they have been reported to me. The result of his inquiries has been clearly to demonstrate the diffusion of the typhus cases from the few houses in which it existed in October last. He has been able to show, to my full conviction, that the sufferers did, at some short period previous to their being prostrated by the disease, come in contact with the vitiated atmosphere surrounding some person sick thereof, in some one or other of the houses reported to you in November last; and to trace each succeeding case, up to the four hundred and second, to contact with the occupants of those houses. Bearing in mind the fact that the cases of this disease have been thus traced back to the few houses in which it prevailed in October, I would recal to the memory of the Board, my report to them in November, and the statement I made that, in consequence of the receipt of a list of cases of fever in Dowlais, received from Mr. Cresswell in the first week of that month, I attended the usual weekly meeting of the Board of Guardians, represented to them the number of cases that had occurred, and pointed out the urgent need of the removal of the sick from the badly-ventilated dwellings in which they lay, to the fever wards of the Union House Infirmary. These wards, it is to be remarked, were built to supply a need which the epidemic of typhus in 1865 had shown to exist; and they were especially adapted for the reception of cases of epidemic contagious diseases. It is sufficient for me now to say that the Board of Guardians abstained from putting into operation those powers for the prevention of disease, which the 'Disease Prevention Act, 1855,' and the Amendment thereto in 1860, not only enabled them, but by the very wording of the Act made compulsory upon them, to use. It is not necessary that I should go through the steps which this Board subsequently directed should be taken under the 'Sanitary Act of 1866:'—but I would simply call attention here to the wording of the clauses of that Act—they are all permissive; unfortunately the friends of the persons sick objected to their removal to the hospital provided by your order. All of the persons so objecting paid the penalty of long suffering from attacks of the disease, and many, alas, the supreme penalty of death. I am bound, in good faith with the public, clearly to say: that, had the persons first reported to you been removed, either to the Workhouse Infirmary, or to the Ffynnon Tydfil Hospital, in my opinion the disease would very shortly have been eradicated. That such would have been the result is borne out by these two facts. In February, M. S. was ill of fever in Quarry Row. He was a Dowlais workman. He lodged in a house thickly peopled and unventilated; he and his wife and child were removed to the Workhouse Infirmary; and the house was cleansed. No other case occurred in the neighbourhood. W. E. and ten other persons occupied a house in George Town. Six were ill of fever. They had come from Dowlais; all were removed to the Union Infirmary. The house was cleansed and ventilated: no other case occurred in the neighbourhood. Further comment is unnecessary. I find, upon reference to the published statements on the health of Merthyr, that during the eighteen years from 1851 to 1868, typhus fever was prevalent during thirteen of those years. The disease is therefore one which may recur, for the same causes which in the past gave rise to it, still continue. Four thousand of your houses are without back doors; the trade of the town is constantly developing, yet houses are not proportionately increasing, hence overcrowding, more especially in Dowlais; wages have greatly diminished, and food is much increased in cost, hence a low state of the general health; you have thus a large number of people, poorly fed, and crowded into unventilated dwellings; in these three, insufficient food, overcrowding, and deficient ventilation, you have the factors of future epidemics. It being so, I will hope that no effort will be wanting to fit up such well adapted places for the reception of the sick that, whenever our sanitary errors develope into epidemic contagious diseases, (and you may be sure "your sins will find you out,") the general feeling of the people will be in favour of the early removal of such cases as may occur, to comfortably fitted, and well ordered hospitals."

ROYAL COLLEGE OF SURGEONS.

We hear that as many as forty-nine candidates intend presenting themselves for the Fellowship of the College of Surgeons on Saturday (this day)—a number almost unprecedented.

A FALSE TAIL.

There was lately brought to M. Gosselin, at the Hôpital de la Charité, an infant five weeks old, bearing, at the end of the trunk, an appendix five *centimètres* long, a little thicker than a goose-quill, and slightly tapering at the free end. On examination, M. Gosselin found it to be soft, and apparently not a prolongation of the vertebral column. He therefore, in compliance with the desire of the parents, removed it by two semielliptical incisions at the base. A rather large artery required ligature; the edges of the wound were brought together with metallic sutures; and healing, M. Gosselin has been informed, took place rapidly. On examination, the appendix was found to consist externally of a thin cutaneous sheath without hair, and, internally, an abundant fibro-cellular tissue, containing fat only at its junction with the subcutaneous connective tissue. The case was like one of *molluscum pendulum*, having the peculiarities of being congenital, of being more elongated than usual, and of being in a situation where it might readily be mistaken for a tail.

TESTIMONIAL AND DINNER TO MR. G. W. SANDFORD.

On Wednesday last, G. W. Sandford, Esq., who has during six years filled the office of President of the Pharmaceutical Society, was presented with a testimonial in recognition of his exertions in the cause of pharmacy. The testimonial consisted of plate to the value of above £200; besides which, it is intended that a portrait of Mr. Sandford shall be painted. The total amount collected for the testimonial amounted to more than £500. In the evening, Mr. Sandford was entertained at a public dinner at the Freemasons' Tavern; Frederick Barron, Esq., in the chair. In proposing, as the toast of the evening, the health of Mr. Sandford, he referred to the exertions of that gentleman in his capacity of President of the Pharmaceutical Society. He had been mainly instrumental in procuring the Act passed in 1868 for regulating pharmacy. The chairman expressed his satisfaction at the improved status of the druggists through education, and expected that the Act would produce much benefit. He had great faith in the officers of the Society; and trusted that the members would work together in an united manner. Mr. Sandford, in replying to the toast, said that he had waited for an opportunity of seeking fresh legislation for pharmacy, and had found it in the proposal of the Medical Council that the dispensing chemists should be subjected to an examination, to be carried out by the Pharmaceutical Society. He felt that this proposal was a compliment to the Society; but he did not think it necessary that the Medical Council should take charge of the education of the druggists. He at once drafted a bill, which, with some modifications—especially the introduction of the clauses relating to poisons—had since become law. His labours, however, would have been ineffectual without the aid of the Council, and also of gentlemen not connected with the Society. Mr. Evans proposed "The Medical Profession." He hoped that the recent Act would be the means of removing jealousies between the callings of medicine and pharmacy; that the medical profession would be led to place confidence in the druggists, and that the druggists would, on their part, be induced to desist from counter-practice. Dr. Silver responded to the toast. The other toasts were, "Success to Pharmacy"; "Success to Pharmaceutical Education" (responded to by Mr. Redwood); etc. A large number of members of the Pharmaceutical Society and visitors were present; and the proceedings of the evening must have been, in conjunction with those which preceded them in the day, highly gratifying to Mr. Sandford.

MEDICO-MILITARY DINNER.

It is announced in our advertising columns that the officers of Her Majesty's British and Indian Medical Services purpose dining together at Willis's Rooms, King Street, St. James's, on Friday, 28th instant, at 7.30 P.M. As advocates of the professional individuality of our public medical services, we hope that there may be a strong muster at the approaching dinner, which, if successful, is intended to be the first of a series of annual entertainments similar to those held by most regiments in Her Majesty's service. We believe that in consequence of its being the first of its kind, the party will be limited to members of the two services—full pay or retired—but it is hoped that on future occasions the civil portion of the profession may be represented as public or private guests.

VACCINATION FROM THE HEIFER.

Dr. H. Blanc, late of the Abyssinian expedition, informs us that he has made arrangements for vaccinating from the heifer, according to the Belgian and French practice—that is, by the cow-pox transmitted from heifer to heifer. The principal advantages attributed to that system are, that it supplies a pure lymph, free from all possible diathetic principle; that it is a more certain prophylactic against small-pox; and that it affords a constant and abundant supply. Medical men anxious to see for themselves will get every explanation from Dr. Blanc, and may bring, should they desire it, their own patients' children and vaccinate them themselves, at 9, Bedford Street, Bedford Square. The subject is one of deep interest, which has been of late worked at more zealously and practically abroad than in this country.

THE CONVERSAZIONE AT THE PHARMACEUTICAL SOCIETY.

A conversazione was given by the President, Vice-Presidents, and Council of the Pharmaceutical Society, at their rooms in Bloomsbury Square, on Tuesday evening. Microscopes, photographs, scientific instruments, and numerous other objects of interest, including the Sandford Testimonial plate, were arranged in the various apartments. The absorption of hydrogen by palladium, and several spectroscopes were shown by Mr. Browning; a new polarising saccharometer, by Dr. Dupré; exhibition on the screen of the fat-acids mounted as polariscope objects, by Mr. Waddington; Estor's process of preserving meat, by Dr. Estor; apparatus for disinfecting hospital wards, by Mr. Tustin; nitrous oxide gas apparatus, by Mr. Porter; &c. A lecture was given in the theatre by Professor Tomlinson, "On the influence of clean and dirty surfaces in crystallisation, ebullition, and distillation;" and dissolving views of Abyssinia, were described by Mr. Martin. The conversazione was very numerously attended.

THE MIDDLESEX HOSPITAL ANNIVERSARY DINNER.

The one hundred and twenty-fourth anniversary of this hospital was held on May 13th, at Willis's Rooms, when two hundred friends of the hospital sat down to dinner; Viscount Enfield, M.P., in the chair. In proposing the toast of the evening, the noble chairman reviewed shortly the points of most interest in the history of the hospital, from its institution in 1745, in Windmill Street, Tottenham Court Road. He referred to the liberal patronage which the house of Percy had at that time and ever since bestowed on the charity; to the noble munificence of Mr. Whitbread, who founded the Cancer Establishment, and who wisely directed that patients might there remain until "relieved by art or released by death"; and recalled the fact that the western wing of the hospital was thrown open in 1793 for the reception of a large body of sick and destitute French clergy and laymen, who had been driven from their country during the revolution, but who here, for several years, enjoyed repose. He then alluded to the objects which the governors had in building the new Home which had been opened that day by Her Royal Highness the Princess Teck, and trusted that £7,000—the amount required to cover the expenses connected with the institution, and the deficit of £9,000 on last year's general hospital expenditure—would be speedily subscribed by the friends of the charity. Donations and subscriptions to the amount of about £7,000 were intimated by Mitchell Henry, Esq., one of the treasurers, during the evening. In addition to the usual glees and part songs, one of the guests, M. Kowalski, pianist to the Emperor of the French, played with his well known marvellous execution several pianoforte pieces.

THE WESTMINSTER HOSPITAL.

At a meeting of the medical and surgical staff of this institution, held on Thursday, the 20th instant, Mr. Francis Mason, F.R.C.S.Eng., of Conduit Street, was unanimously elected Lecturer on Anatomy and Teacher of Operative Surgery in the Medical School.

THE GERMAN HOSPITAL BAZAAR: VALUABLE COLLECTION OF AUTOGRAPHS.

At the German Hospital Bazaar, to be held at the Hanover Square Rooms in the first week of June, a valuable collection of photographs and autographs of dead and living German celebrities, chiefly physicians and naturalists, will be exposed for sale. They have been collected by Dr. Lorent of Bremen, and number about seven hundred. They are arranged in twenty-one groups, including physics, chemistry, zoology, anatomy, physiology, practice of medicine, and form altogether a most valuable and interesting collection.

MIMIC WAR.

During the late meeting, at Berlin, of the Society for Giving Aid to Sick and Wounded in Time of War, the Prussian army had a grand manœuvre. In this they imitated exactly an actual field of battle. Men were supposed to be killed and wounded, and were borne off the field. The ambulances were all equipped as for war; and the army surgeons were on duty and watching over the carriage of the wounded men, as if the field of battle were a real one. To test the medical arrangements, the number of men supposed to be wounded was made greater than would actually be the case, and wounds of all kinds were supposed to be inflicted. Every wounded man was attended to on the field; and the probability is, that the medical department was harder worked for the time than even at Königgratz. At any rate, they received a most instructive lesson, which it would be most useful for us to repeat sometimes at Aldershot.

EDINBURGH UNIVERSITY CLUB.

The quarterly dinner of this club was held on the 14th instant at St. James's Hall. Dr. Basham occupied the chair, and was supported by Sir Henry Holland, the Rev. the Principal of King's College, and Mr. Winter Jones of the British Museum, as guests of the club. Professor Tyndall had intimated his intention of being present, but was prevented at the last moment. At a meeting of the Council held before the dinner, Dr. Lyon Playfair, C.B., M.P., Dr. Conyers of the 8th Regiment, and Dr. John Murray, were elected members of the club. Dr. Playfair, whose name was coupled with the toast of *Alma Mater*, made an eloquent speech upon the present position of the Scottish Universities in relation to preliminary education in Scotland.

THE NORMAL TEMPERATURE OF CHILDREN.

In order to arrive at correct conclusions as to conditions of disease, an accurate knowledge is necessary of normal variations, or of variations which, although over these, may still be consistent with health. In the as yet young but valuable art of thermometrical observation and diagnosis of disease, such data are especially desirable. In an interesting paper in the *Glasgow Medical Journal* for February—a medical contemporary whose revival we hail with satisfaction—is an interesting paper by Dr. James Finlayson, of the Children's Hospital, Manchester, which adds to the existing observations of French and English authors some new facts, if they be substantiated on repetition by the author and other observers. He finds that—1. The daily range of temperature is greater in the healthy child than that recorded in healthy adults. His observations give a mean range of between two and three degrees Fahr.; those of Davy, Gierse, Fröhlich, and Lichtenfels, on themselves, give a range of about one degree Fahr. only. 2. There is invariably a fall of temperature in the evening, amounting to one, two, or three degrees. 3. The most striking fall usually occurs between 7 and 9 P.M., although it often begins about 5 P.M., and frequently continues on till after midnight. 4. The minimum temperature seems usually to be reached at or before 2 A.M. 5. The temperature usually begins to rise between 2 and 4 A.M., while the child is still sleeping soundly, and before food has been taken. 6. Fluctuations between 9 A.M. and 5 P.M. are usually trifling. 7. There seems to be no very definite, or at least obvious, relationship between the frequency of the pulse and respirations and the amount of normal temperature. In discussing the use of these conclusions, Dr. Finlayson says: "It is well known, for example, that high evening temperatures are the rule in cases of tubercular and enteric fever—often most difficult cases to make out in the young subject. A persistent *evening rise* of only one or two degrees comes to be very significant of mischief, if, in health, there ought really to be an *evening fall* to that extent. Many cases of tubercular disease in children have been alluded to by writers, and some have come under my own notice, in which the evening temperature could only be regarded as 'normal'. It remains to be seen whether an altered view of the word 'normal' may not here come to our assistance."

Thoracentesis.—M. Dupré, Professor of Clinical Medicine at Montpellier, is a great advocate of thoracentesis, especially in the class of "idiopathic pleural effusions of which apyrexia, latency, and progressiveness are the habitual characters." He recommends the operation between the tenth and fifteen days, or, of course, later if the symptoms appear more slowly. He has operated forty-seven times in the second week—cures forty-six, death one; nineteen times in the first month, with fifteen cures and four deaths; eight times in the second month, five cures and three deaths; twice successfully, in the fifteenth and seventeenth months respectively.

SCOTLAND.

Dr. P. Maury Deas, Senior Assistant-Physician of the Royal Edinburgh Asylum, has been appointed Medical Superintendent of the new Cheshire County Lunatic Asylum.

On Friday, the 14th inst., a complimentary dinner was given to Dr. Andrew Inglis, in the Waterloo Hotel, on the occasion of his appointment to the Chair of Midwifery in the University of Aberdeen. Dr. Burn, President of the Obstetrical Society, occupied the chair; and there was a large number of influential medical friends present.

HER MAJESTY'S BALMORAL BURSARIES TO THE UNIVERSITY OF ABERDEEN AND THE SCHOOLS OF CRATHIE AND GIRNOCK.

Every one must have been pleased to see the statement in the *Pall Mall Gazette* that Her Majesty has appropriated £2,500 of the profits arising from the sale of the *Leaves from a Journal* to establish school and college bursaries. "Being desirous to commemorate the happiness enjoyed by ourselves and our dearly beloved consort, His Royal Highness the Prince Albert, at Balmoral, in some manner that may benefit the people of the district around our castle and estate at Balmoral, in the united parishes of Crathie and Braemar, in the county of Aberdeen," Her Majesty has resolved to establish "Balmoral Bursaries" in connexion with the parish school of Crathie, the school of Girnock, and the University of Aberdeen. Three or more bursaries of £5 each *per annum* will be given to scholars at the parish school of Crathie or Her Majesty's school at Girnock, and three bursaries of £25 each to students who shall attend the University of Aberdeen. The bursaries are to be enjoyed for a term of not more than four years each; but, on the direction of the patron, the trustees may pay to a bursar, on his quitting the University, £25 towards his outfit or advancement in life. The bursars are to be selected from the families or relatives of those who are or have been servants, retainers, tenants, or cottars upon the estates of Balmoral, Abergeldy, or Birkhall; and failing these, from the families of persons resident in the united parishes of Crathie and Braemar. An important and admirable feature in the endowment is a declaration that "the bursaries are not to be given in connexion with special education for any profession, in the choice of which the bursars shall be quite free."

IRELAND.

DUBLIN HOSPITAL GRANTS.

THE Premier has reassured many by the promise that the grants to some of the Dublin hospitals will be continued. Seven out of the ten clinical hospitals are as yet unendowed, but are hopeful as to receiving some portion of the Church funds.

BELFAST HOSPITAL: CHARITY TOWARDS COLLEAGUES.

THE Committee of this hospital last week took a very commendable step. It having been circulated that one of the surgeons attributed the death of a patient, operated on for strangulated hernia, to want of skill of his colleague, an inquiry was instituted. The former stated he was unaware of having made the assertion, and, if he had, he was sorry for having done so. The Committee had abundant proof adduced that the operation and after treatment were conducted with the greatest skill and care.

ROYAL MEDICAL BENEVOLENT FUND SOCIETY OF IRELAND.

DURING the past week, the Central Committee have been busily engaged considering the numerous, and unfortunately many of them most distressing, applications for relief. At the meeting on Tuesday, the Treasurer, Dr. James Little, reported that, since March 1st, he had received subscriptions from Dublin, Wicklow, Sligo, Londonderry, Clare, Cavan, Tyrone, and Belfast, amounting to £214 : 11; £100 from the executors of the late Dr. Frith of Limerick; £183 : 8 : 4, as interest on investments, per Dr. J. F. Duncan; and donations from Dr. John McDonnell, Dr. McClintock, John E. F. Jacob, Esq., Dr. T. H. Purdon, Dr. C. D. Purdon, Dr. R. Stewart, and Dr. J. Moore, amounting to £104; the whole forming a sum of £601 : 19 : 4.

THE ROYAL IRISH ACADEMY AND THE DUBLIN SCIENTIFIC SOCIETIES.

WE believe the efforts of the Academy to absorb all the scientific societies into itself are likely to prove in some measure abortive. Some of the societies feel themselves to be in such a flourishing condition under the present management, that they are unwilling to merge themselves in a *body* composed, in a great measure, of archæologists, who could swamp their influence in the government of the proposed reformed academy. Others consider that to merge the very considerable funds at their disposal in the general exchequer would scarcely be for the advancement of that branch of science to which the money was intended by its donors to be applied; while some of the scientific bodies consider that this plan of conducting their transactions is not such as would be considered in a section of the Academy. There is, however, a general desire to assist the Academy in renovating itself, and we have great hopes that something will be done to weld together the hitherto isolated efforts of the many scientific bodies in Dublin. It must be remembered that union is strength, and that each interest must be content to make some sacrifice to promote the general good.

DUBLIN OBSTETRICAL SOCIETY: DISCUSSION ON DR. EVORY KENNEDY'S PAPER ON PUERPERAL FEVER.

THE Society has already devoted two entire evenings to the discussion of Dr. Kennedy's most important paper. It is thought that the third evening will probably afford ample opportunity to all those who have not yet spoken; and Dr. Kennedy has intimated that he will require an entire evening to be devoted to his reply. Up to the present, with one exception, all the speakers have argued most strongly in refutation of the views propounded in the paper respecting the murderous effects of large lying-in hospitals. The opinion of the Society was rendered apparent by the bursts of applause which greeted each speaker almost before he uttered his arguments. When we find Drs. Johnston, Madden, Atthill, Kidd, Churchill, McClintock, and Denham throwing the great weight of their combined experience into the opposite scale, we are not surprised to find that Dr. Kennedy feels that it will require much thought and some time to refute the very powerful arguments they have urged against most of his "propositions". Dr. J. H. Sawyer, Master of the Coombe Lying-in Hospital, and Professor of Midwifery in the Royal College of Surgeons, and Dr. T. E. Beatty, Ex-President of the College of Physicians, and formerly Master of the Rotunda Lying-in Hospital, moved the adjournment of the debate, and they will be the first speakers on Saturday (this) evening.

SIR PATRICK DUN'S HOSPITAL.

THE following correspondence shows that a kind of triangular duel is now going on between the Board of Trinity College, the Governors of the House of Industry Hospitals, and the Governors of Sir Patrick Dun's Hospital, on the subject of hospital pluralities. If all the Boards are in earnest, some solution of the problem will, no doubt, be discovered.

To the Right Honourable and Honourable Governors of the House of Industry Hospitals.

Sir Patrick Dun's Hospital, Dublin, April 27th, 1869.

My Lords and Gentlemen,—I am directed by the Board of Governors of Sir Patrick Dun's Hospital to forward a copy of a memorial addressed to the Board of Trinity College by fifty-seven of the physicians and surgeons of the clinical hospitals of Dublin, together with two resolutions passed by the Board of Governors of Sir P. Dun's Hospital in reference thereto, and the final resolution passed on the subject by the Board of Trinity College on the 24th inst.

As the Board of Dun's Hospital are unable to complete the arrangements for securing the undivided attention of their entire medical staff without the cooperation of the Governors of the House of Industry Hospitals, they earnestly request such cooperation, in order that both hospitals may be freed from the evils necessarily arising from the same persons holding clinical appointments in the two hospitals; one of them also being at the same time physician in one hospital and surgeon in another.—I have the honour to be, my Lords and Gentlemen,

Your obedient servant,

(Signed) JOSEPH MULLEN, *Registrar.*

House of Industry Hospitals, Dublin, May 6th, 1869.

Sir,—I am directed by the Board of Governors of the House of Industry Hospitals to acknowledge receipt of your letter of 27th ultimo, in which the Board of Governors of Sir P. Dun's Hospital request the co-operation of this Board, "in order that both hospitals may be freed from the evils necessarily arising from the same persons holding clinical appointments in the two hospitals; one also being at the same time physician in one hospital and surgeon in another."

This Board fully concurs with the Governors of Sir P. Dun's Hospital in opinion as to the evils necessarily arising from the same medical officers holding clinical appointments in two institutions. This Board has, however, had no part in giving rise to those evils; for, on the first occasion since the institution of the Board by Act of Parliament, when an election of medical officer to these hospitals was about to take place in January 1868, when a surgeon from another hospital was among the candidates, this Board passed a resolution that no medical officer of these hospitals appointed then or at any future date, whether physician or surgeon, should hold a clinical appointment in any other hospital.

The evils referred to in your communication have arisen from the appointment, either by your Board or by the Board of Trinity College, to the office of clinical surgeons to Sir P. Dun's Hospital, of two gentlemen at that time holding similar appointments in the House of Industry Hospitals, without communicating with this Board, or imposing any condition on those gentlemen as to their holding clinical appointments in two institutions.

This Board would gladly cooperate with your Board in abating the evils complained of; but this Board does not see, nor does your letter point out, how such cooperation is to be carried into effect.

I am, sir, your obedient servant,

(Signed) JAMES WILSON HUGHES, *Secretary, etc.*

PROPOSED AMALGAMATION OF MEDICAL SOCIETIES.

The discussion on the scheme proposed by the Council of the Royal Medical and Chirurgical Society was resumed on Monday evening at the rooms of this Society; G. Burrows, M.D., F.R.S., President, in the chair.

After some remarks from the President on the manner of conducting the business, the first resolution of those remaining for discussion was proposed by Dr. Greenhow and seconded by Mr. Spencer Smith. It was: "That the following sections be formed; 1, Medicine and Surgery; 2, Obstetrics; 3, Psychological Medicine; 4, Clinical Medicine and Surgery; 5, Pathology and Morbid Anatomy; 6, State Medicine—comprising Epidemiology, Public Health, and Medical Jurisprudence; 6, Physiology and Anatomy. Each section will entertain questions of Therapeutics, Chemistry, and Physics, so far as they bear on its special subject."

Mr. Curling could not see any grounds for forming a section of Clinical Medicine and Surgery. He was aware that the Clinical Society had been formed by a number of influential members of the profession, and that it had done good work; but it was a fallacy to suppose that the new Society would gain strength by forming the Clinical Society into a section, as it consisted largely of members who would belong also to other sections. Again, if a foreigner, on coming to London, were desirous of attending the meetings, he would be puzzled by the Sections of Medicine and Surgery, and of Clinical Medicine and Surgery. The Royal Medical and Chirurgical, as a practical Society, embraced questions of Clinical Medicine and Surgery. He moved as an amendment the adoption of the resolution, with the omission of the fourth section.

Mr. Gascoyen said the scheme was intended to incorporate, as far as possible, the existing Medical Societies of London; and the section of Clinical Medicine and Surgery was intended to represent the Clinical Society. The want of such a society had been felt in the profession. It had not been the custom to make clinical remarks on cases read before the Royal Medical and Chirurgical Society; and hence the Clinical Society was formed for the discussion of cases which as yet were in an incomplete state.

Mr. Solly said that another reason for forming the fourth section was, that the amount of matter to be brought forward would be too great for one section of Medicine and Surgery.

Dr. Wilson Fox seconded Mr. Curling's amendment. As a logical arrangement, the separation between the first and fourth sections was unsatisfactory; and there would be still greater difficulty in distribution of papers and cases between the sections. It might be possible, if the section of Clinical Medicine and Surgery were admitted, to have in the first section special evenings devoted to papers, and others to cases. The Clinical Society had done good service, but it had existed only a year. Some arrangement might easily be made for the consideration of cases on special evenings.

Mr. Holmes said that it must be remembered that the scheme was one which would have to be considered by all the existing societies. Any reduction in the sections must depend, to a great extent, on the manner in which the payments from the various sections were arranged. If the section of Medicine and Surgery were made to take in every thing, it would be much overcrowded, and put to great expense. He agreed with previous speakers as to the want of logical arrangement; but Mr. Curling's intelligent foreigner would solve the problem as to the choice of sections in the most natural manner. The Council had debated whether there should be separate sections of Medicine and Surgery; and had decided on having the sections as in the scheme. He would be sorry to see a separation proposed between Medicine and Surgery.

Dr. Greenhow thought that the next resolution to be proposed completely met the question under discussion.

Dr. Barnes could not see what Medicine and Surgery were if they were not clinical. He might ask why there should not be also a section of Clinical Obstetrics? but this would be quite illogical. He did not think it right that Obstetrics should be put in a section by itself; but he would be content that it should be so if there were separate sections of Medicine and Surgery.

Mr. Spencer Smith said that the arguments brought forward appeared to be directed against the Clinical Society. But their object was union; and, therefore, the Clinical Society was brought in as one of the societies which it was proposed to form into sections. The discussion on the arrangement of sections would come more conveniently before the joint committee which it was proposed to form for the organisation of the Society; and the Clinical Society, and possibly others, might perhaps then be disposed to waive their rights.

Mr. Curling had not wished to raise any objections to the Clinical Society. He only wished to point out that the formation of a section of Clinical Medicine and Surgery would not add to the strength of the new Society.

The amendment being put to the vote, 25 voted for, and 25 against it. The President gave his casting vote against the amendment; which was, therefore, lost.

Dr. Stewart suggested that the sixth section should be Public Medicine instead of State Medicine. Matters would come under the consideration of that section over which the State had no direct control.

Dr. Graily Hewitt thought that a decision on the classification of sections might be deferred till other societieties had been allowed an opportunity of expressing their views. It had been truly said by Mr. Holmes that the question could not now be absolutely settled; at the same time, the Royal Medical and Chirurgical Society would probably not have another such opportunity of expressing their opinion on the matter.

Mr. Moore said that the plan proposed several years ago for the amalgamation of societies failed, because no scheme was submitted to the societies for consideration.

Mr. C. Heath asked what society it was proposed to include in the section of Physiology and Anatomy.

The President said that the object was to invite all existing societies to join, and also to provide for the formation of new sections.

Mr. Heath said that the scheme proposed either to take in the existing societies or to form new sections. If they were pledged to form a section of Physiology and Anatomy, they would be equally pledged to a section of Clinical Medicine and Surgery.

Dr. Murchison said that an important question must arise in connection with the seventh section—that of the expense of publishing *Transactions*, which would be great. He thought that very few would join the section; and that the most important papers in Physiology and Anatomy would, as now, be sent to the Royal Society.

The President pointed out that a subsequent part of the scheme made provision for the expense of publishing *Transactions*. He read a letter from Dr. Rumsey of Cheltenham, in which the writer approved of the union of the societies, but suggested the formation of two additional sections for Materia Medica and Pharmacy and for Comparative Pathology; or, if these sections could not be formed, that the subjects should be combined with other sections.

Mr. Savory said that the meeting ought not to be led by the argument that the arrangement of sections was to be discussed by the committee of organisation. They should make up their minds at once, as a guide for the committee.

Dr. Wilson Fox thought there was room for separate sections of Medicine and Surgery. He gave notice of an amendment for the formation of such sections.

Dr. O'Connor proposed the formation of a section of Therapeutics.

Dr. Waring seconded the amendment.

Mr. Heath thought that the Clinical Society discussed therapeutics sufficiently.

Dr. Leared considered that the Clinical Society had been formed for the study of therapeutics. The amendment, having been put to the vote, was lost; 8 voting for, and 43 against it.

Dr. Wilson Fox moved, as an amendment, the omission of the words "and Surgery" in Section 1; and the omission of "Clinical Medicine and" in Section 4; so as to make separate sections of Medicine and Surgery.

Mr. Curgenven seconded the amendment. He remarked that very few papers on medicine were brought before the Royal Medical and Chirurgical Society.

Mr. Curling approved of the amendment so far as it abolished the section of Clinical Medicine and Surgery; but he could not vote for the separation of Medicine and Surgery.

Dr. Hare said that it would be undesirable to dis-sociate Medicine and Surgery. The Council had evidently had a difficulty in forming the sections, and at the same time duly providing for the existing societies.

Dr. Barnes supported the amendment; and said that, unless Medicine and Surgery were separated, the Obstetrical Society would not be disposed to be satisfied with being placed in a separate section. Obstetrics belonged, in fact, both to Medicine and to Surgery.

After some remarks from Mr. Carter and Mr. Gant,

The President said that the question under discussion was very momentous: whether Medicine and Surgery should remain united, or be dissociated. He thought that Medicine and Surgery were becoming more and more united; and, as a physician, he would regret that they should be dissociated from each other more than they had hitherto been.

Dr. Fox's amendment was lost, eight only voting for it.

In reply to a question from Dr. Wynn Williams,

Mr. Holmes said that the payment for sections would be hereafter provided for.

Mr. C. Heath proposed, as a further amendment, "That the Fellows or Members of the Pathological, the Epidemiological, the Obstetrical, the Clinical Societies, and the Medico-Psychological Association, be invited to cooperate with the Royal Medical and Chirurgical Society in the formation of a Royal Society of Medicine."

Dr. Graily Hewitt seconded the amendment.

After a few remarks from Mr. Holmes, Dr. Barnes, Mr. Heath, Mr. Savory, and Mr. Spencer Smith, the amendment was withdrawn.

Mr. Savory then proposed as an amendment to add to Section 1 the words, "including Clinical Medicine and Clinical Surgery."

Mr. Gant seconded the amendment.

After a short discussion, this amendment was allowed, by a majority of 33 against 23.

An amendment proposed by Mr. Baker and seconded by Dr. Hilton Fagge, for the substitution of "Therapeutics" in place of "Clinical Medicine and Surgery" in Section 4; and one proposed by Dr. Hare, and seconded by Dr. Waring, for the addition of the word "Therapeutics" in Section 4, were also lost.

The original motion was then carried; 46 voting for and 3 against it.

Mr. Holmes proposed the adoption of the next resolution—"That, on the formation of the new Society, power be taken which shall enable the Society to modify existing sections or to add new ones."

Dr. Meryon seconded the motion, which was carried.

Dr. Stewart proposed the adoption of the following resolutions *en masse*:—"That the general management of the Royal Academy of Medicine be under the control of a General Council, consisting of a President, two Treasurers, two Librarians, two Secretaries, the Presidents of the various Sections, and additional Members to be nominated one by each Section.—That the Presidents of the several Sections be *ex officio* Vice-Presidents of the Academy.—That the President, Treasurers, Librarians, and Secretaries, of the Academy be nominated by the General Council.—That all the Members of the General Council, with the exception of the Vice-Presidents, who are *ex officio* Members, be elected annually by the Academy at a General Meeting.—That the President of the Academy be chosen annually from amongst the past or present Presidents of Sections, and be ineligible for re-election; and that the President of the Academy cease, on his election, to be President of a Section.—That the Treasurers, Librarians, and Secretaries, be elected annually from the general body of the Fellows; and that they be not allowed to hold other offices in the Academy, or in any of the Sections."

Dr. Wynn Williams seconded the motion.

Mr. Curling inquired as to the functions of President and Council of the new Society.

Mr. Holmes said that at first the Presidency would doubtless be an office of dignity rather than of labour; but it would be provided that every President of the Society must have had his share of work as President of a section. As the business of the Society increased, and if it should obtain important relations with the Government, the office would become one of much labour. It was hoped that the new Society would take in hand the consultation business, which was now referred by Government sometimes to private members of the profession, sometimes to the Royal College of Physicians, etc.

The motion was carried unanimously.

Dr. Meryon moved, and Mr. Brodhurst seconded, "That the moneys, books, premises, and other properties, belonging to any of the societies, which shall join in the proposed amalgamation, become the property of the Royal Society of Medicine; and that the entire management of the funds of the Society be in the hands of the General Council."

After a brief discussion the resolution was carried *nem. con.*; 53 voting in its favour.

The next resolution, concerning Trustees, was, after discussion, carried in the following form:—"That there be at least three Trustees, in whom the property of the Academy shall be vested; that they be nominated by the General Council, and elected by the Academy at a general meeting; and that they hold their appointments during the pleasure of the Society."

The following resolutions were also carried:—

Proposed by Mr. Gant, and seconded by Dr. Meryon—"That all Fellows or members of the following societies; viz., the Royal Medical and Chirurgical, the Pathological, the Epidemiological, the Obstetrical, the Clinical, and the Medico-Psychological Association, be original Fellows of the Royal Society of Medicine without further nomination or election, provided they make the payments hereafter to be arranged."

Proposed by Mr. Holmes, and seconded by Mr. Moore,—"That power be taken by the Charter to incorporate additional Medical Societies after the proposed Society shall have been formed."

The further consideration of the subject was then, on the motion of Mr. Holmes, adjourned to Thursday next, the 27th instant.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

The Committee of Council will meet in London, on Wednesday, the 9th day of June, 1869, at 3 o'clock P.M., *precisely*.

T. Watkin Williams, F.R.C.S., *General Secretary.*

13, Newhall Street, Birmingham, May 11th, 1869.

BATH AND BRISTOL BRANCH.

The sixth ordinary meeting of the Session will be held at the York House, Bath, on Thursday evening, May 27th, at 8.15 P.M.; R. N. Stone, Esq., President, in the Chair.

R. S. Fowler,
Charles Steele, } *Honorary Secretaries.*

Bath, May 11th, 1869.

SOUTH-EASTERN BRANCH: EAST KENT DISTRICT MEDICAL MEETINGS.

The next meeting of the above Branch will be held at the Fountain Hotel, Canterbury, on Thursday, May 27th, at 3 P.M.

Robert L. Bowles, *Honorary Secretary.*

Folkestone, May 9th, 1869.

EAST YORK AND NORTH LINCOLN BRANCH.

The thirteenth annual meeting of the above Branch will be held at the Hull Infirmary, on Friday, May 28th, 1869. Sir H. Cooper, M.D., President, in the Chair.

A dinner will be held at Glover's Hotel, at 4 P.M. punctually. Tickets 5s. 6d. each.

Robert H. B. Nicholson, *Honorary Secretary.*

21, Albion Street, Hull, May 17th, 1869.

CAMBRIDGE AND HUNTINGDON BRANCH.

The annual meeting of the above Branch will be held, in conjunction with the East Anglian Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. Fisher, M.D., Downing Professor of Medicine, President. By the permission of the Masters and Fellows, the meeting will be held in the Hall of Gonville and Caius College.

Gentlemen intending to read papers or cases, are requested to communicate with the secretaries of these respective Branches, at their earliest convenience.

With the permission of the Master, Professors, and Fellows, the dinner will be served in the Hall of Downing College.

P. W. Latham, M.D., *Honorary Secretary.*

17, Trumpington Street, Cambridge, May 5th, 1869.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

The annual meeting of the above Branch will be held at the Hen and Chickens Hotel, Birmingham, on Friday, June 18th, at 3 P.M.; J. Vose Solomon, Esq., President, in the Chair.

Dinner will be on the table at 5 P.M. punctually. Tickets, including waiters and dessert, 7s. 6d. each.

T. H. Bartleet, *Honorary Secretary.*

EAST ANGLIAN BRANCH.

The annual meeting of the above Branch will be held, in conjunction with the Cambridge and Huntingdon Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. Fisher, M.D., Downing Professor of Medicine, President.

The meeting of the Council will take place at 1.45 P.M.

Dinner tickets may be had of the Secretaries.

B. Chevallier, M.D., Ipswich.
J. B. Pitt, M.D., Norwich. } *Hon. Secs.*

Ipswich, May 18th, 1869.

SOUTH EASTERN BRANCH.

A MEETING of the Executive Council will be held at Laker's Hotel, Redhill, on Thursday, June 3rd, at 3.30 P.M.

The annual meeting of the above Branch will be held at Reigate, on Thursday, June 17th; C. HOLMAN, M.D., President, in the Chair.

G. F. HODGSON, *Honorary Secretary.*

Brighton, May 18th, 1869.

SOUTH MIDLAND BRANCH.

THE thirteenth annual meeting of the above Branch will take place at the Northampton General Infirmary, on Tuesday, June 29th, at 1.30 P.M.: WILLIAM NEWMAN, M.D. (Stamford), President, in the Chair.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same, forthwith, to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Secs.*
G. P. GOLDSMITH, Esq., Bedford }

Northampton, May 1869.

CORRESPONDENCE.

THE REPORT ON THE ACTION OF MERCURY.

SIR,—In the BRITISH MEDICAL JOURNAL for May 8th, there appears a "Report of the Edinburgh Committee on the Action of Mercury, Podophylline, and Taraxacum, on the Biliary Secretion. By J. H. Bennett, M.D., etc., Convener and Reporter."

As I am a member of the Committee, and may thus be thought committed to the opinions and sentiments of that report, I beg it may be made known through the same JOURNAL, that I did not see the report, and had no other opportunity of considering its conclusions, until its publication. In these circumstances, I must disclaim any responsibility for the report. I bear willing testimony to the zeal, patience, ingenuity, and success of Drs. Rutherford and Gamgee in carrying on the experimental investigations; and I place thorough reliance in the fidelity and accuracy with which they have recorded them. But I cannot concur entirely in the conclusions drawn by the reporter, who has given to the experimental facts a force which, in my opinion, the facts themselves do not sustain.

Further, I could by no means have concurred in the censure, at the close of the report, upon my colleagues of the Senatus Academicus of the University of Edinburgh, who passed a resolution putting an end to the experimental inquiries of the Committee. I may have regretted the result. But reasons, which appeared to me very valid, were assigned for a resolution against such experiments within the University walls; and therefore I should have considered myself inexcusable had I, as member of the Committee of Investigation, sanctioned the censure on my colleagues with which the report concludes.—I am, etc.,

Edinburgh, May 1869. R. CHRISTISON.

SIR,—Dr. Christison has shown me the letter which he has addressed to you on the subject of the Report of the Committee on the Action of Mercury. I am merely relieved from the necessity of occupying space in your columns, by expressing in detail my objections to the conclusions embodied in the report, and content myself with stating that I entirely concur in what has been expressed by Dr. Christison.—I am, etc.,

University of Edinburgh, May 1869. DOUGLAS MACLAGAN.

SIR,—I observe in the number of the BRITISH MEDICAL JOURNAL for May 8th, 1869, an elaborate paper having the title: "Report of the Edinburgh Committee on the Action of Mercury, Podophylline, and Taraxacum, on the Biliary Secretion. By John Hughes Bennett, M.D., F.R.C.S.E., Convener and Reporter." I am justified in supposing that this is published as the Report of the Committee of the British Medical Association, and my supposition is confirmed by statements in your editorial article; but, although a member of that Committee, I have never had an opportunity of seeing this report until its publication in your columns. It contains a number of statements and conclusions which I am confident would have been objected to, and probably modified, had the report been submitted to the Committee.

As, however, I doubt if any benefit can be gained, or if the solution of the important questions at issue can be advanced, by a discussion in the columns of a journal, I content myself with protesting against the extraordinary course that has been adopted by Dr. Bennett of publishing in the name of a committee a report which has never been submitted to it, and which cannot, therefore, have received the sanction of its members. I am, etc. THOMAS R. FRASER.

Edinburgh, May 1869.

SIR,—In reference to the article which appeared in the BRITISH MEDICAL JOURNAL for May 8th, 1869, purporting to be the Report of the Edinburgh Committee on the Action of Mercury, and signed by John Hughes Bennett, M.D., F.R.S.E., Convener and Reporter, I have to state that the report was not submitted to me, as an individual member of the Committee, and that I therefore am in no way responsible for the conclusions and observations of the reporter.—I am, etc.,

Edinburgh, May 1869. ARTHUR GAMGEE.

⁂ We must, in justice to all concerned, explain briefly the circumstances in which the report appeared in the JOURNAL. It was sent to us by Dr. Hughes Bennett in a printed form—part of the Transactions of the British Association for the Advancement of Science. As it appeared to have been carefully corrected, and as we supposed—rightly or wrongly—that the report had been submitted to all the members of the Committee before its appearance in print, we did not think it a matter of urgent necessity to send a proof to Dr. Bennett. If there had been the least reason for supposing that the report had not had the benefit of revision by Dr. Christison and Dr. Maclagan, its publication would have been delayed until they had seen it. The copy sent was, as we stated when the report appeared, accompanied by numerous highly elaborate tables, containing the results of the laborious investigations carried on by Drs. Fraser, Gamgee, and Rutherford. We omitted these tables, believing that an abstract of their contents would answer every useful purpose, and that in such form the facts contained in them would be more readily comprehended; moreover, the cost of producing them would be saved. As, however, it has been represented to us that publication of the report without the tables does not fully place before our readers all the scientific facts which have to be taken into consideration, and that it does imperfect justice to the immense amount of time and trouble which their preparation must have cost Drs. Gamgee, Rutherford, and Fraser, we intend to have them printed in an early number of the JOURNAL.

THE POOR-LAW MEDICAL SERVICE
OF
GREAT BRITAIN AND IRELAND.

POOR-LAW MEDICAL SERVICE.

WEST LONDON UNION.—The Poor-law Board have sanctioned the guardians' appointment of Dr. Wilson as medical officer of the local workhouse.

SOUTHWARK.—A case of neglecting to have a child vaccinated within three months after birth was lately tried at the police-court. Mr. Burcham decided that to show that the child was not in a fit state, now nine months after birth, was no proof that the child was not in a fit state to be vaccinated during the three months after birth. He therefore fined the defendant twenty shillings and costs.

MARYLEBONE.—Finding, by the Registrar-General's returns, that there were 1,320 cases of neglect of vaccination, the guardians have at length determined to appoint a vaccination clerk, at a salary of £100 a year. The guardians adhere to their opinion that one of the six relieving-officers would have been a suitable person; but, the Poor-law Board refusing to sanction such an appointment, they give in.

ST. PANCRAS.—Dr. Saul declining to act as medical officer of the infirmary longer than the fortnight for which he was appointed, Dr. Hardy was appointed medical officer during the absence of Dr. Gibson.

CHESTERTON UNION.

SIR,—I was appointed, on March 11th last, to the newly formed Seventh District in the Chesterton Union, as Medical Officer and Public Vaccinator. The Board of Guardians have been urged to alter the districts for the past five years. Last year, all the medical officers combined in asking for an increase of salary. The guardians have chosen rather to re-arrange the districts, making seven instead of six, and giving the same amount as previously to each medical officer. £50 per year, exclusive of extras. The population of the newly formed district, the Seventh, is 3,960; acreage, 11,891, including the parishes of Histon, Impington, Cottenham, and Rampton. I am, etc.,

Cottenham, Cambridgeshire. JOHN BRIDGER.

THE MIDDLESBOROUGH TOWN COUNCIL, at their quarterly meeting last week, placed £30 at the disposal of their Sanitary Committee for the purchase of a conveyance for persons suffering from infectious diseases. The Town Clerk asked permission to memorialise Parliament to pass a Bill giving power to boroughs like Middlesborough to appoint a public analyst. The matter was referred to the General Purposes Committee.

MEDICAL NEWS.

Royal College of Surgeons of England.—The following gentlemen, having undergone the necessary examinations for the diploma, were admitted members of the College at a meeting of the Court of Examiners, on May 18th:—

Cotterill, Alfred, L.S.A., Brigg, Lincolnshire (King's College)
Elmes, William Henry, Limerick (Dublin School)
Evans, William Henry, Kensington (St. Bartholomew's)
Fiske, John Frederic, Lavenham, Suffolk (King's College)
Harle, Ezra, Highbury (St. Bartholomew's)
Hughes, John Rigby, Runcorn, Lancashire (Guy's)
Kidger, Alfred Armitage, L.S.A., Ashby-de-la-Zouch (King's College)
Lloyd, William Howell, L.S.A., Llangathen, Carmarthenshire (Guy's)
M'Brien, William Frederick, M.D., Toronto (Toronto and St. Thomas's)
Peacan, Luke, Dublin (Dublin School)
Terry, William Frederick, M.D., Exeter (New York)
Trezise, William Richards, St. Just, Cornwall (King's College)
Willis, Julian, Kilburn (King's College)

Four out of the twenty-four candidates examined failed to acquit themselves to the satisfaction of the Court, and were referred for a period of six months further professional study.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 13th, 1869.

Barringer, Thomas Stevens Wright, St. John Street, E.C.
Brooks, Samuel Brewer, Tillingham, Essex
Jukes, Andrew, Tiverton, Devon
Langford, Phineas Pitts, St. Mark's Square, W.
Nelham, Ambrose, Chrisp Street, Poplar

At the same Court, the following passed the first examination.

Kelsey, William, London Hospital
Kite, Alfred John, University College
Mills, Daniel Ernest, Birmingham
Williams, Henry, St. Thomas's Hospital

As Assistants in compounding and dispensing medicines.

Kite, John Cazenenne, Bedford
Whitby, John, Stratford-on-Avon

MEDICAL VACANCIES.

The following vacancies are declared:—

BELLINGHAM UNION, Northumberland—Medical Officer for District No. 3 (£15 per annum).
BRIXTON, STREATHAM HILL, AND HERNE HILL DISPENSARY—Medical Officer.
CLAREMORRIS UNION, co. Mayo—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Ballindine Dispensary District (£100 per annum, and Registration and Vaccination Fees).
DENTAL HOSPITAL, 32, Soho Square—Dental Surgeon.
DURHAM UNION—Medical Officer and Public Vaccinator for the Southern District (£20 per annum, and Vaccination Fees and extras).
GREAT WESTERN AND BRISTOL AND EXETER RAILWAYS PROVIDENT SOCIETY—Medical Officer for the Yeovil District.
HARTLEPOOL UNION, Durham—Medical Officer for the Stranton District (£50 per annum).
HAY UNION, Brecknockshire—Medical Officer for the Radnorshire District (£45 per annum).
LEICESTERSHIRE AND RUTLANDSHIRE LUNATIC ASYLUM, Leicester—Assistant Medical Officer.
LONDON FEVER HOSPITAL—Assistant-Physician.
MANCHESTER—Medical Officer for the Workhouse Infirmary, New Bridge Street, and for the Workhouse at Crumpsall (£200 per annum).
MIDDLESEX HOSPITAL—Surgeon and Lecturer on Surgery; and Physician's Assistant.
NEWCASTLE-UPON-TYNE INFIRMARY—Physician; House-Surgeon; Junior House-Surgeon.
NORTH RIDING INFIRMARY, Middlesborough-on-Tees—House-Surgeon (£70 per annum, with board and apartments).
NORTH STAFFORDSHIRE INFIRMARY, Stoke-upon-Trent—Resident Medical Officer (£80 per annum, increasing £10 a year, with board, lodging, and washing).
READING MEDICAL DISPENSARY—Resident Surgeon (£120 per annum, furnished residence, coal, and candles).
ST. PANCRAS AND NORTHERN DISPENSARY—Physician.
SOUTH SALOP AND BRIDGNORTH INFIRMARY—House-Surgeon.
SUNDERLAND GENERAL INFIRMARY AND DISPENSARY—Physician.
WEST LONDON HOSPITAL, Hammersmith—Dispenser.
WESTMORELAND SCHOOLS, Tulse Hill—Physician.
WEST SUSSEX, EAST HANTS, AND CHICHESTER INFIRMARY AND DISPENSARY, Chichester—House-Surgeon (£80 per annum, with board, lodging, and washing).
WHITEHAVEN, Cumberland—Admiralty Surgeon and Agent; Certifying Factory Surgeon.
WHITEHAVEN AND WEST CUMBERLAND INFIRMARY—Surgeon.
WORCESTER GENERAL INFIRMARY—Resident House-Surgeon's Assistant and Dispenser (£50 per annum, board and washing).
YORK DISPENSARY—Resident Medical Officer (£100 per annum, with furnished apartments, coal, gas, and allowance for servant).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*Broadbent, W. H., M.D., appointed Physician to the London Fever Hospital, in the place of George Buchanan, M.D., resigned.

BIRTHS.

Hickinbotham.—On May 19th, at Nechells, Park Road, Birmingham, the wife of *James Hickinbotham, L.R.C.P.Ed., of a daughter.

Scurrah.—On May 18th, at 114, Broad Street, Birmingham, the wife of *J. D. Scurrah, M.D., of a son.

DEATHS.

Brown.—At Uppingham, on May 11th, Sydney Morton, infant son of *Frederick Warren Brown, Esq., Surgeon.

*Bullar, Joseph, M.D., at Bassett Wood, near Southampton, aged 60, on May 18th.

◆

The Worcester Training Ship has been removed from Erith to Gravesend, and is to be finally moored near the pier at Southend, in consequence of the outfalls of the metropolitan sewers being detrimental to health.

Bequests.—Mrs. Celia Maria Boulters has bequeathed to the Westminster, St. George's, St. Mary's, Middlesex, Charing Cross, Cancer, and Consumption Hospitals, and the Royal Hospital for Incurables, each £200, and to the Idiot Asylum £100—all free of duty.

Testimonial to Dr. A. C. Chalmers.—Dr. Chalmers, who has been during the last seventeen years engaged in practice at Thornhill in Dumfriesshire, being about to remove from that locality to Sheffield, his friends determined on presenting him with a testimony of their gratitude and esteem. The presentation was made on April 28th; Dr. Russell in the chair. The Rev. Dr. Murray, minister of the parish, referred to the career of Dr. Chalmers as having realised the expectations formed from the high recommendations with which he had come into the locality seventeen years ago. Dr. Chalmers had proved himself in all respects a master in his profession, and worthy of all trust and confidence. Mr. Murray then presented the testimonial—a valuable chronometer; observing that a large sum of subscriptions still remained in hand unappropriated. Dr. Chalmers, in returning thanks for the testimonial, acknowledged the kindness and courtesy which he had received during his residence in Thornhill.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Linnæan Society.
TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. G. G. Gascoyen, "On a Case of Iritis occurring in Syphilis treated without Mercury."
WEDNESDAY.—Hunterian Society, 8 P.M.—Geological Society.
THURSDAY.—Royal Society.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the Journal, *to be addressed to the* Editor, *37, Great Queen Street, Lincoln's Inn Fields, W.C.*

We cannot undertake to return Manuscripts not used.

Correspondents not answered are requested to look to the Notices to Correspondents of the following week.

To Purchasers.—To insure attention, it is requested that all orders sent to the Office for extra copies of the Journal, be accompanied with stamps for the amount.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Mr. C. Holmes (Slough) is thanked for his suggestions; which are received in the spirit in which they have been offered.

THE FEVER AT ACKWORTH.—In the abstract of Dr. Clifford Allbutt's report of the fever at Ackworth, which we published last week, it was not sufficiently pointed out that the Ackworth people had long been drinking contaminated water, but were not seized with fever until a time when Dr. Allbutt was able to prove the introduction of typhoid stools into the wells. Dr. Allbutt has also lately been called to investigate a like outbreak in a large Yorkshire school, where enteric fever broke out only at a time when he traced specific fæcal matter into the well.

THE PROPOSED AMALGAMATION OF SOCIETIES.

SIR,—In the report of the special meeting of the Fellows of the Royal Medical and Chirurgical Society in the BRITISH MEDICAL JOURNAL of May 8th, it is stated that, in seconding the amendment proposed by Dr. Murchison, I suggested the addition of the words "and Ireland". Permit me to state that I did not do so; nor was the suggestion made by any speaker. Dr. Balfour asked Dr. Murchison why he omitted Ireland from the amendment; and, at Dr. Murchison's request, I said a few words in explanation of "the reason why". I am in favour of calling the new Society The Royal Society of Medicine of *London* or of *England;* because I am of opinion that, unless it is so designated in the Draft Charter, when submitted to the law officers of the Crown, it must be so amended before the draft receives the approval of those functionaries. I am, etc.,

Upper Montagu Square, May 1869. WILLIAM O'CONNOR.

DUTIES OF ARMY MEDICAL OFFICERS.

SIR,—Your remarks in your Article III, "Our system of Army Hospltals," upon a case of an assistant surgeon being unable to get leave of absence because the regimental surgeon declined to do "subaltern duties" are calculated to mislead your readers generally.

Regimental duties are two-fold—professional and military. The latter refer to parades of all kinds, such as ball-firing, field days, flogging, bathing, marking the letters D and B.C., and attendance on boards in barracks. That a surgeon nowadays should decline to do his junior's duty is perhaps a unique fact. In olden times it was the rule, now it is most certainly the exception, but the objection was to the above enumerated military and not to the professional duties of the assistant, and the former have no comparison with any in civil medical life. Unification of the department is expected, if it ever be so organised, to remedy these evils, but the great opponents to this plan are two. The military authorities—who think that such a plan would lessen their hold upon the department—and a majority of medical officers, who would rather bear the ills they know, than fly to others they know not of. Some of these men hold good regimental home appointments, and they naturally like the present system. Others would rather be under military than medical authority. "There is no bully," said an officer to me, "so great as a medical bully." This is partially true I must confess, but still this class of medical officer is dying out, although there must always be some narrow minded, self-sufficient men, who rejoice in a grandiloquent departmental order as a proof of their own importance, among so large a body of officers; yet, if the courteous example of our present Director General can only get time to spread among our ranks time will modify if not eradicate this nuisance. I am, etc.,

May 1869. M.B., M.A.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, May 19th; The Western Daily Press, May 11th; The Lincoln Journal, May 11th; The Liverpool Porcupine, May 1st and 15th; The Brighton Gazette, May 15th; The Lancaster Guardian, May 15th; The Derbyshire Times, May 12th; Le Monde Illustré, May 8th; Le Nouveau Monde, May 6th; The New York Medical Gazette, March 24th; The Glasgow Herald, May 12th; The Parochial Critic, May 12th; The Boston Medical and Surgical Journal, April 29th; and The Aberdeen Herald, May 15th.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Mr. F. Le Gros Clarke, London; Dr. T. Clifford Allbutt, Leeds; Dr. H. Gervis, London; Medicus, London; Mr. H. J. Fennell, Dublin; Dr. J. Waring-Curran, Downpatrick; Mr. C. Holmes, Slough; A Member, London; Dr. F. J. Lilley, London; Mr. Moy Thomas, London; Mr. Tomlinson, London; Mr. R. H. W. Nicholson, Hull; F., Portishead, Somerset; Dr. B. Chevallier, Ipswich; Mr. G. F. Hodgson, Brighton; Dr. A. Gamgee, Edinburgh; Dr. T. R. Fraser, Edinburgh; Dr. R. Christison, Edinburgh; Dr. Douglas Maclagan, Edinburgh; Dr. Paul, London; Mr. T. Watkin Williams, Birmingham; Dr. Hermann Weber, London; Dr. Baümler, London; Dr. Prosser James, London; Dr. J. Hughes Bennett, Edinburgh; Dr. C. H. Allfrey, Chislehurst,

LETTERS, ETC. (with enclosures) from:—

Dr. H. Charlton Bastian, London; Mr. Holmes Coote, London; Mr. H. Garraway, Faversham; Mr. F. W. Brown, Uppingham; The Secretary of the Society of Arts; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Mr. T. H. Bartleet, Birmingham; The Honorary Secretary of the Obstetrical Society of London; Dr. W. H. Broadbent, London; The Honorary Secretary of the East York and North Lincoln Branch; The Honorary Secretary of the South-Eastern Branch; Dr. Duckworth, London; Mr. Langston Parker, Birmingham; Mr. R. P. Oglesby, Leeds; Mr. E. Martin, Weston-super-Mare; A Physician of Twenty-five Years' Standing; The Honorary Secretaries of the East Anglian Branch; The Honorary Secretary of the Royal Medical and Chirurgical Society; Dr. H. Simpson, Manchester; Mr. H. Sargeant, London; Mr. A. Roper, London; Mr. Fairlie Carke, London.

Results of Meteorological Observations, for the week ending Saturday, May 15*th,* 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH .... Dr. Barter, F.M.S.	29.875	0.766	53.7	49.3	45.8	72	67.0	38.4	28.6	59.4	44.2	110.2	..	6.5	7	0.6	0.7	4	..	..	0.3	0.4	..	1	4	3	0.47
BOURNEMOUTH .... Dr. Compton, F.M.S.	29.904	0.710	53.7	48.9	44.2	70	61.4	41.5	19.0	59.2	46.2	144.0	37.8	3.4	6	2	2.3	1	0.3	..	0.7	..	..	0.7	2.4	1	0.46
DUBLIN .... Dr. J. W. Moore.	30.001	0.758	49.4	45.6	41.6	75	55.8	36.9	18.9	52.2	42.4	..	30.9	5.6	..	..	1	2	1.3	..	..	1	1.7	..	1.9	1	0.80
KEW .... Dr. Treutler, F.L.S., etc.	29.930	0.738	54.7	50.2	45.9	72	67.3	42.0	24.3	61.6	46.6	140.8	35.2	6.5	3.7	..	1.7	1.7	0.3	..	1	..	1.3	1	3	2	0.31
LLANDUDNO .... Drs. Nicol and Dalton.	29.941	0.850	50.5	47.0	43.3	77	59.5	38.4	21.1	56.6	41.9	..	..	5.1	..	..	..	3.5	0.5	..	0.5	..	2.5	..	1.8	1	0.24
MALVERN .... Messrs. W. and J. Burrow.	29.936	0.818	52.0	47.5	42.9	71	67.3	37.2	30.1	60.8	41.5	115.8	34.6	5.3	4.3	1.3	1.7	1	1.3	..	1.7	..	..	..	1	2	0.97
SCARBOROUGH .... Dr. C. Fox, M.R.C.P., etc.																											
SIDMOUTH .... Dr. Mackenzie, F.M.S.																											
WORTHING .... W. J. Harris, Esq., M.R.C.S.E.	29.876	0.649	53.5	49.7	46.0	76	63.0	43.1	19.9	60.3	47.9	..	37.8	7.2	5.3	..	3	0.3	0.7	0.3	1	0.3	0.3	0.7	3.8	2	0.36

No Reports have been received from Scarborough and Sidmouth,—in the latter case, owing to Dr. Mackenzie's absence.

REMARKS.—There has been a general and uniform rise in atmospheric pressure during the week, while the range has been more limited. The temperature has also risen at all stations about one degree or a little more, and the range has varied but little. Winds have been chiefly E. and N.E., and of very moderate force. Rain fell at all stations, but in much less quantities than in the previous week; the largest amount was collected at Malvern. The amount of cloud has diminished, and ozone has been more abundant. On the 13th instant, about 9 p.m., a brilliant Aurora borealis was observed at Bath, Kew, and Dublin, which is described as consisting of a luminous arch from which rays of light of crimson, orange, and green tints shot towards the zenith. It occupied a considerable extent of horizon, extending, at Kew and Dublin, from W.S.W. to E.N.E. At the same time, also, a bright Aurora was observed at Trieste on the Adriatic. Simultaneously with it occurred considerable magnetic perturbations throughout the country, which appear to have extended over the whole, at least, of Western Europe; for they were reported as very marked at Leghorn and Rome. Generally speaking, the weather of the week has been somewhat cool, with moderate or sometimes fresh N.E. winds and a dry atmosphere. A thunderstorm, with hail and heavy rain, passed over Malvern on the 10th, at 4.45 p.m. The state of the general health is good.

Kew, W., May 19th, 1869. W. J. TREUTLER.

Plants first seen in flower during the Week.

Fumaria officinalis - - - -	At Kew.
Pyrus Aucuparia - - - -	At Bath.
Lychnis flos-cuculi - - - -	,,
Aethusa Cynapium - - - -	,,
Ophrys apifera - - - -	,,
Borago officinalis - - - -	,,
Campanula rotundifolia - - -	,,
Fragaria vesca - - - -	,,
Myosotis palustris - -	At Bath and Kew.
Anthriscus vulgaris - - - -	At Kew.
Potentilla anserina - - - -	,,
Barbarea vulgaris - - - -	,,
Chrysanthemum leucanthemum - -	,,
Sagina procumbens - - - -	,,

AN ADDRESS

ON

THE IMPORTANCE OF THE STUDY OF PHYSICAL SCIENCE IN MEDICAL EDUCATION.

Delivered at St. Mary's Hospital, May 22nd, 1869.

By WILLIAM ROBERT GROVE, Esq., Q.C., F.R.S.

When the honour of presiding at this meeting was proposed to me on the ground that, having devoted some time and thought to physical science, I might with effect urge its importance for medical education, the task seemed an easy one; and, in a weak moment, I yielded to the temptation. On thinking the matter over, however, I found, too late for escape, though not for repentance, that the axiomatic truth of the thesis on which I was to discourse formed its great difficulty. Euclid could not prove that things which are equal to the same thing are equal to one another, in any other way than by stating the proposition. How is one to urge the importance of a branch of study in aid of that profession which depends entirely on that branch of study? Medicine without chemistry and physiology, surgery without anatomy and mechanics, would indeed be the play of *Hamlet* with the part of Hamlet omitted. I must, therefore, take another starting point; and, assuming that all connected with these schools are as fully convinced as I am that the study of physical science is the basis of medical education, I must rather address myself to those without, and endeavour to shew what the healing art would be without science.

The following anecdote, in Faraday's own words, furnished to me by my friend Dr. Bence Jones, will not be a bad illustration.

"July 24th, 1819, Machynlleth, Merionethshire.—I wanted a little alcohol; and, having found out a doctor's shop and a spruce doctor's man, got some. I then asked for a little spirits of salts, hoping I could have it in a glass stoppered bottle. The man found me a bottle, having emptied one of his preparations out of it, and would then have poured in acid; but it was not the acid I wanted, and I again mentioned spirits of salts to him, willing to allow every thing to the possibility of his ignorance of the scientific name, but at the same time adding 'muriatic acid', to save his credit, if possible. He now seemed to understand me; and, reaching down another bottle, again prepared to pour, but I stopped him. 'It is muriatic acid that I want.' 'This is muriatic acid, sir.' 'No; that is nitric acid.' 'They are the same, sir.' 'Oh, no; there is a little difference between them; and one will not do for me as well as the other.' I then endeavoured to explain that the one came from nitre; the other from common table-salt. He comprehended a difference between these two bodies, but not between their acids; and he brought out a *Pharmacopœia*, and, opening it at Muriatic Acid, uttered the Latin name and synonyms fluently and with great emphasis, endeavouring thus to prove to me the two were alike! I was really ashamed to correct the doctor; and, if I had not been under the necessity of vindicating my contradiction of him, should have left him in ignorance. However, at last I made him comprehend, from his own book, there was something like a difference between these acids; but I don't think he shut the book much improved by the affair. I could scarcely afterwards look at the man. If he had any feeling—he appeared to have a considerable stock of pride—he must have felt himself extremely lowered in the eyes of strangers, and before his own companion, who was standing by. I began to rummage his bottles for muriatic acid myself; but I must do him the justice to say he first found out what little they had (about an ounce), and that he really compared it with the nitric acid—I hope for information, though the object professedly was to shew me how like they were. Is it not strange that a man so ignorant of his profession should still appear respectable in it; or that one so incompetent should be entrusted with the health and lives of his fellow-creatures? Had I seen nothing more than his harshly dictatorial manner to a poor woman who came in with a prescription and a bottle in her hand, I should have concluded him to be a man who had attained the utmost knowledge of, and confidence in, his art. Seeing what I did, I cannot enough condemn the being who, without a knowledge even of the first requisites of an honourable but dangerous profession, assumed to himself its credit and its power, and dashed at once upon human life with all the means of destruction about him, and the most perfect ignorance of their force."

Another instance of the dangers of ignorance occurred to myself twenty-five years ago. Suffering from an illness for which strong doses of opium were required, I obtained a prescription which concluded with the words "quartâ quâque horâ sumendum." Fortunately for me, though perhaps not for you, I read it; for, when the bottle came, it was labelled "To be taken every quarter of an hour", which direction would have given me sixteen times the prescribed quantity; and, had I followed it, you would have been spared the trouble of listening to me to-day. Another not uncommon mistake arising from ignorance of chemistry was that, in prescriptions of two or more substances, each of which singly was known to produce a certain effect on the human body, the practitioner considered that by mixing them he would get the effect of each; whereas, if even a slight chemical change took place on admixture, the resulting compound or precipitate produced a totally different effect from any of the components, and was, consequently, injurious, if not fatal.

If there be one species of cant more detestable than another, it is that which eulogises what is called the practical man as contradistinguished from the scientific. If by practical man is meant one who, having a mind well stored with scientific and general information, has his knowledge chastened, and his theoretic temerity subdued, by varied experience, nothing can be better; but if, as is commonly meant by the phrase, a practical man mean one whose knowledge is only derived from habit or traditional system, such a man has no resource to meet unusual circumstances; such a man has no plasticity; he kills a man according to rule, and consoles himself, like Molière's doctor, by the reflection that a dead man is only a dead man, but a deviation from received practice is an injury to the whole profession.

The anecdotes with which I commenced, though doubtless not applicable to the present day, or to this metropolis, shew the frightful power which is wielded by medical men. How many fatal blunders may occur we know not, for those who commit them are generally careful to keep the eleventh commandment; viz., "Thou shalt not be found out." How much harm, however, must have been done, not by ignorance such as this, but by what I may call accredited ignorance; *i.e*, by received modes of treatment, which the intelligent practitioner despised, but dared not depart from. The practice has so recently ceased, that I can hardly venture to remark on it, by which a medical man was paid only for, and in proportion to, the quantity of drugs he administered; so that in very many cases—in all, more or less—the most honest practititioner could only support his family by giving sham medicine, or that which would produce no ill effect. Even this was difficult, as I need not tell you that a glass of water does harm if it is not wanted. What injury, again, you now know to have been effected by the blind and almost compulsory following of systems—from the time of the Dogmatists and Empirics to the phlogistic and antiphlogistic doctors, and from them almost to the beginning of the present century—what terrible results must have followed from ignorance of physical science, and of its judicious application to medicine.

Physician; *i.e.*, student of nature; but what is nature? Not a personified existence, as she is apt to be conceived, but simply what is, what we observe, or what we deduce or generalise from observed phenomena. Observation teaches us, when directed to organic beings, that they have an adaptability to circumstances, arising, probably, from long continued adaptation; but the limits of this adaptability are exceedingly difficult to ascertain. To know when and to what extent change will benefit, and when it will injure or destroy, requires the highest skill of the experienced and scientific physician. The so-called nature of the hot-house grape, of the domestic cow, differs from that of their wild congeners—they suffer from different diseases, and require different remedies.

What is disease? Speaking crudely, is it anything but too sudden a departure from uniformity of action? The function of the whole or of some part of an organism is rapidly accelerated or impeded; the other organs cannot keep pace with it; the structure becomes changed, because those motions which preserve its form, those secretions which feed it, are out of time with it; and either the destruction of the organism, or the setting up of a *quasi* independent life, ensue. Things have become what they are by slow alterations during ages, and their power of adaptation will not bear sudden changes. What can enable you to detect and to remedy this? First, a knowledge of the functions of the body in its healthy state; second, a knowledge of the cause of the derangement. Can you proceed one step in these inquiries without a knowledge—aye, a profound knowledge—of physical science? Could we tell, without a knowledge of chemistry, only attained in the present century, why train-oil is good for the Esquimaux and rice for the Oriental? Until a few years back, we did not know that fat, and not lean meat, was the best food for those who undergo great but rather sudden physical exertion; and even now we do not know how much sugar, starch, or fat, and how much nitrogenous food are suitable for given habits; how much lime, how much phosphoric acid, etc., are required; for a man without bones would not succeed, and bones cannot grow out of nothing, or substantially from other elements than their normal constituents. The sportsman's appetite may guide him with tolerable accuracy, but you have to treat the lawyer and the statesman, and to tell them how they are to economise their powers under the most trying changes of condition. And your difficulty is the greater that you are not allowed to experiment. If a physician could select, say ten patients labouring under similar disorders, and apply a different mode of treatment to each, he would greatly promote the science of medicine; but he would, doubtless, be sentenced to penal servitude for manslaughter.

Of the first two steps to physical science—observation and experiment—one is, to a great extent, denied you. How can you supplement it? Very feebly, I own. You have, to some extent, *post mortem* dissection, and you have comparative anatomy and physiology; but you have a little more: you may substitute for experiment, observation of individuals; or, better still, of classes, placed by their necessities under circumscribed conditions. Thus the miner would give you some aid as to what degree of health was compatible with exclusion from light and respiration in an abnormal air; and what diseases are produced by such conditions of existence. The fisherman could assist you as to what are the effects produced by a fish diet, etc. Indeed, there is some scope for individual experiment. Fick and Wislicenus made valuable experiments on themselves in their ascent of the Faulhorn. Regnault made valuable experiments on animals (hardly chargeable, like vivisection, with cruelty) by keeping them in different gases, and supplying them with special food.

Physical science applied to these cases is at present in its infancy; but can anything else do anything? It provokes me to hear classically educated men speak in patronising terms of the introduction of physical science into general education, such as, "I do not object to physical science; I have no prejudice against it." Why, you might as well object to breathing, to eating, to seeing.

The immense importance of scientific education for medical students will, I trust, induce all interested in the subject to aid the endeavours now being made to introduce the study of physics into public schools. A committee of the British Association, appointed during my presidency, recommended in its report that three hours in the course of each week should be devoted to science. Even this modest suggestion has been deemed by some of those who are well acquainted with the difficulties of changing traditional habits of long standing, to be too daring an innovation! but I trust that this small allotment of time may be granted without derogating substantially from the accomplishment of construing, parsing, and composing Greek verses. Not that I at all condemn classical or historical education. To understand the present we must read the past; and having a long course of time to select from, we can take the best authors as our guides; but I should incline to let a young man read Shakespeare as well as Virgil, and give him a dose of Galileo as well as of Aristotle.

To my mind there is a great fallacy tn the prevailing notion that the most successful education is that which is restricted to a very limited range of subjects. Of course, there is great error in the opposite extreme; but I am sure many of those I address will bear me out in saying that the mind is rendered more elastic, and that the student learns more by some variety in study. Many, who cannot get beyond a limited degree of attainment in one given line, will be capable of reaching that and an equal degree in three or four other pursuits. We see this strikingly exemplified in accomplishments; a man may never pass a certain limit of excellence in playing the flute, in cricket, billiards, or fencing, though he devote all his time to one of them, yet he may attain a fair amount of skill in all. Recent experience has proved that those whose previous training has been formed on a wide basis, have shown the greatest aptitude even for special study.

It is too long since I graduated at Oxford for me to pronounce on the present state of our Universities. What then forcibly struck me was the comparative neglect of pass men, or those not expected to distinguish themselves, in favour of those who promised to raise or keep up the status of their respective colleges. Yet the former need the attention of the tutor far more than the latter; and there are few whose minds will not respond to the teacher's efforts, if the right note be struck.

I am told that, in the London medical schools, somewhere about one thousand young men are educated. The need of science in the medical department of the country ought, if it were useless in other departments, to bring home in a practical form, to those having influence on establishments for secondary education, the necessity of introducing physical science as a necessary part of the course of study.

Chosen for the task of to-day as having laboured in the field of physics, though not of physic, I will venture, at the risk of getting out of my depth, roughly to sketch the relations of science to the healing art, and how illimitable should be the scientific acquirements of the physician or surgeon.

To understand an ordinary machine—*e. g.*, a watch or clock—the action of one force alone has to be considered, such as a falling weight, or the reaction of a coiled spring, etc. In a steam-engine, the consideration of another force—heat—has to be added. In a voltaic battery and its effects, the nearest approach man has made to experimental organism, we have chemical action, electricity, magnetism, heat, light, and motion. But in the human body we have all these (and possibly other forces or modes of force of which we are at present ignorant), not acting in one definite direction, but contributing in the most complex manner to sustain that result of combined action which we call life; and so beautifully are all these inter-related, that, as Cuvier could pronounce upon the general characteristics of an animal from examining a single bone or piece of bone, the histologist may now to some degree, and at no distant future may reasonably be expected to pronounce with tolerable certainty on the temperament and mental habitudes of a man from examining a portion of his skin—a new species of palmistry, founded on knowledge, and not on superstition.

An acquaintance with the motions, sensible and molecular, which the different forces produce in the human body, the means of stimulating them when torpid, of checking them when too active, of apportioning them by diverting forces from one organ to another, as happens frequently without the physician's aid—what is all this but physical science? Medicines, I need not say here, give no life, though they may take it away; they only promote, arrest, or divert the action of different natural forces on different organs. They may cure the totality of the organic being by such diversion of force, or by destroying derived or parasitic vitality (fungoid growths, which detract from the general apportionment of force, or eat into vital organs); but they do not and cannot create force.

But far more than drugs can do is done by the eminent physicians of the present day in what I may term regulating the movements, internal and external, of the body, after they have, by improved skill in diagnosis, detected the causes of the excess, the deficiency, or the irregularity, of motion which produce the disease. Half the world, in the present day, are said to die of repletion, and half of inanition. It is not, however, mere quantity of food, but its nature and chemical action, which is better and will be better understood; food for repairing the structures; food for enabling them to go on with the varying movements; chemical force transformed into heat and motion, and adapted to habits and circumstances, to exercise and rest, to temperature and climate, to mental activity and sleep. So, with respiration, oxygen enters the lungs an element, and returns in carbonic acid; but in so doing it has enabled the lamp to burn; it has removed carbon that has done its work; it has kept up the involuntary, and ministered to the voluntary motions.

Applied to the respiratory functions, chemistry might offer a field of inquiry not much trodden since Dr. Beddoes established the Pneumatic Institution at Bristol; not merely by inhalation of gases *per se*, but by a judicious admixture of small portions of given gases with the ordinary air. Thus a small increase of carbonic acid in the air tends to produce somnolence: might not this be carefully tried in cases of extreme nervous excitability and insomnia? Ozone, again, doubtless has its effect, probably of somewhat a converse character to that of carbonic acid. Such remedies might be free from the disturbing influence on other organs which the administration of sedatives or stimulants by the stomach frequently, always perhaps in degree, occasions.

I offer these crude suggestions rather as illustrations of my argument than as having any founded reliance on their efficacy. Experiment alone can determine this.

As the engineer gives air, water, and coal, to his engine in proportion, and only in proportion, to their expenditure, so should food, air, and exercise be apportioned by the physician. The machine or the part of it that is worn should have rest and repose; the machine that is rusty should have work. I might suggest a hundred problems relating to the human economy which science alone can and will some day answer. What is the effect of phosphorus on the brain and tissues? Why, when administered, is it poisonous in one form, and innocuous in another? Why do some poisons affect the brain, others the heart, others the stomach? What are miasmata? Do infectious diseases result from a chemical state of the air, or from organic monads contained in it? What is the effect of light on health? Has the inhaled nitrogen of the air any, and what, effect on the organism of animals? etc. How vast are the fields of inquiry! The dawn of science has even now scarcely succeeded to the darkness of empiricism. Individual and combined effort will, I trust, rapidly bring more light.

Not the least important branch of scientific education is, in my humble judgment, a practical acquaintance with instrumental manipulation. I speak not of the surgeon's appliances—those are an obvious necessity; but of an early familiarity with such agencies as electrolysis, blowpipe analysis, or, above all, the microscope. The first of these—electrolysis—offers a wide field of information to the student. The secondary compounds formed at the poles of a voltaic battery, particularly with organic substances, are most curious and instructive objects of investigation. Blowpipe analysis is also most useful, and the apparatus may always be at hand. As to the microscope, the physiologist's *vade mecum*, I need not insist on its value. More is learned in an hour by the study of one of these, well explained, than by months of reading. Manipulation, moreover, should be learned young: the hand and head thus learn reciprocally to aid each other.

A few words on hospitals. They are, in my humble judgment, the only charities for which I would not have a prohibitory law of mortmain, not suddenly but gradually, introduced. Mortuary endowments are apt to transmit and clothe with authority the errors of past times; they are apt to be the offspring of caprice or undue persuasion, so likely to be uneconomically conducted. There are no living vigilant subscribers to scrutinise the application of their funds; and the reproach to a complainant is ever ready, "Why should you interfere? we are not dealing with your money." I cannot recognise the right or advantage of any man being able by a mere flourish of his pen at some particular period of his life, and that generally when his faculties are not in their best state, to dictate how men should act in a distant future, the requirements of which he cannot know, and when he himself would probably have entirely changed his views. Speaking for myself, I would, as a general rule, let the charities (I use the word in its wide legal acceptation) of the day be supported by the people of the day; but I incline to except hospitals for the sick, the infirm, and the deranged; because they are managed by the gratuitous services of medical men; because they afford help to those who most require and can least misuse it; because they are tied to no formulæ, but call into action the most advanced knowledge of the day; because they form the most valuable school for the most valuable knowledge; and because (though this may be common to other charities) they require a permanent local habitation. My observations on endowments are not intended to apply to untrammelled gifts by living men. The test of parting with property, and giving up its enjoyment, by the living and healthy owner, is a tolerable security against some of the abuses I have indicated. The number of Peabodys, moreover, will never probably be excessive; but even their gifts should be subject to control, and the State should always have a power of direction and interference.

St. Mary's Hospital and School are, I believe, unendowed; so my words have no present application here; but, having often discussed the subject with eminent men, I take this opportunity of expressing my notions, though much more briefly than the subject demands.

The clock warns me that I must conclude. After delivering prizes, the gaining of which has depended solely on merit, I may be expected to end with the usual encouraging peroration, that industry and ability command success; but I cannot, except in a modified form, agree to this copy-book maxim, when applied to your future struggles with the world. Doubtless, few who are prudent, energetic, and industrious, fail to attain some fair degree of worldly success; but the race is not always to the swift, or the battle to the strong. Circumstances affect efforts, promoting, arresting, or diverting them. The road to success is often that which a high-minded man cannot travel; he cannot learn to fetch and carry, to subserve the interest of a patron or a mob. I do not seek to undervalue success: duty to yourselves and those whom you may bring into the world enjoin its pursuit in moderation. But I would fain endeavour to inculcate upon my younger hearers a higher motive than the mere hope of fame, wealth, or power. If these come by an unswerving career, make good use of them; if not, console yourselves with the conviction that those who are said to be in power are frequently the veriest slaves in existence; that the improvement of our race is more promoted by those who think than by those who act; that some degree of martyrdom—not that which trumpets its sufferings, but silent, proud, unappreciated martyrdom—is commonly the lot of those whose labour tends most to advance mankind, for upon them rests the burden of opposing existing prejudices, and unsettling vested interests. Have courage to risk this. Your most noble profession offers the grandest field for human exertion—the widest scope for progressive improvement. To assuage human anguish, to restore the child to the parent, the husband to the wife; to convert despair into hope and hope into fruition, will be often your lot; to see the least selfish parts of our common humanity; to teach how the individual, how society, may be regulated, so as to produce the greatest sources of happiness—sound minds in sound bodies—belongs to yours more than of any other calling. You will meet with hard rebuffs, but "in the reproof of chance lies the true proof of men." Meet failure without repining, and success without exulting. Have but one rule of life, "Fais ce que je dois, advienne que pourra."

ON THE USE OF OBSTETRIC INSTRUMENTS.*

By JOSEPH GRIFFITHS SWAYNE, M.D.,
Physician-Accoucheur to the Bristol General Hospital; and Lecturer on Midwifery at the Bristol Medical School.

Having, on a former occasion, described the instruments used for dilating the os uteri during the first stage of labour, I now pass on to those which are employed to aid the descent of the child's head during the second stage. The fillet, an instrument formerly much employed in midwifery, was a band of silk, cord, or leather, with the addition of a piece of cane or whalebone to facilitate introduction. It was passed over the chin, or some prominent part of the head, and used as a simple tractor. But as it is now obsolete, having long ago been condemned by accoucheurs as inefficient, I need make no further allusion to it, but proceed to describe those instruments which are now in very general use.

The vectis, although in every way inferior to the forceps, is still very much resorted to by some practitioners. It acts both as a lever and a tractor, and the chief advantage it possesses is the facility with which it can be introduced. This, however, is a very small set-off against its proved and acknowledged inefficiency. It is not capable of being used with sufficient power to effect delivery when labour pains are absent; and even when pains are present, it is of little avail when rapid delivery is necessary. The instrument is of most service, I think, when we wish to correct malpositions of the head. For instance, I have found it very serviceable in presentations of the brow, where, as is generally the case, it is found impossible to push up the forehead so as to allow the occiput to come down. By passing up the vectis over the chin, that part may be brought down, and the presentation altered into one of the face, which is in every respect more favourable. Or again, in face-presentations, if the chin be turned towards the hollow of the sacrum and do not readily engage itself underneath the pubic arch, it may be brought round into that position by the vectis. Also, when the head presents with the forehead in the anterior semicircle of the pelvis, we may often succeed by means of the vectis in bringing that part round into the posterior semicircle. Where, however, it is necessary to assist delivery, because the head is arrested during its descent through the pelvis, the vectis is a singularly inefficient instrument. If used as a tractor only, it is almost sure to slip if much traction be made; and if as a lever only, it is unsafe unless we make the hand a fulcrum, and then there is very little power, because the hand is not a sufficiently fixed point. The best method of employing this instrument, both as a lever and as a tractor, has been explained by Dr. Robert Barnes, in one of the excellent series of Lectures on Obstetric Operations, which have been lately published by him in the *Medical Times and Gazette*. He points out that the vectis should first be applied over the occiput, and that part drawn down until it is lower than the vertex, and then that it should be applied posteriorly over the forehead and the same manœuvre executed, until, at last, the head is brought down through the outlet of the pelvis. In using the vectis, however, it must be remembered that we depend very much on the cooperation of the labour-pains; and the first result of the operation I have just described is, to convert the ordinary presentation of the vertex into one of the occiput, which, all who have had much experience of these cases know, is not nearly so favourable. The same thing may be said when the forehead has been depressed by the vectis, so that it may well be questioned whether we do not impede nature more, by rendering the presentation less favourable, than we assist her by our extractive efforts. For my own part, I am quite convinced that, when the head is arrested in its course, and the necessity of instrumental interference has been once decided upon, it is far better to have recourse immediately to the most efficient instrument, viz., the forceps, than first to waste time by making efforts with the vectis, which very probably will prove ineffectual, and at last be obliged to use the forceps under less favourable circumstances. For these reason, I now never use the vectis, except to correct malpresentations.

The instrument, beyond all others, on which the accoucheur depends, is the forceps. No better evidence of its value can be adduced than was afforded by the vast number of specimens shown at the London Exhibition of Obstetric Instruments in 1866. The amount of ingenuity which must have been expended in contriving almost endless modifications of so simple a form was certainly something marvellous. And there is, perhaps, no one feature which so favourably distinguishes the midwifery of the present day, as the almost universal consent with which the great importance of this instrument has been recognised and acted upon. In this respect there has been a remarkable reaction, from the over-cautious practice which prevailed towards the end of the last century, and which was due, in a great measure, to the influence and example of the illustrious Denman. He had no doubt been a frequent witness of evils resulting from the abuse of this instrument, in the hands of ignorant and incompetent practitioners, at a time when there were no examinations in midwifery, and when the science of obstetrics was despised by the medical colleges. Accordingly, accoucheurs were taught by his example and precept to place implicit confidence in the powers of nature, and never to resort to instruments, unless they had the most plain and palpable evidence that she was unequal to her task. These doctrines of non-interference were, however, pushed to their extreme point by Denman, and may be said to have culminated in that rule so fraught with danger; viz., that the head of the child should have rested for six hours as low as the perineum (*i.e.*, in a situation which would allow of their application), before the forceps are applied, although the pains should have altogether ceased during that time. "In this particular, no doubt, his prudence was so excessive that it became a great fault; but, in other respects, his doctrine had a most salutary effect in their time, and served to inculcate the wholesome maxim, 'Meddlesome midwifery is bad'; which has now become one of the canons of obstetric practice. General rules of this kind, however, must bear some relation to the average capacity of the practitioners who have to carry them out; and, in the present day, when medical men are so much better instructed, especially in midwifery, it is but reasonable to allow a greater latitude of interpretation. This has practically been the case; and, in the present day, we find that the forceps is resorted to much more frequently in difficult labour; and, as experience proves, with the best possible results. In support of what I am saying, I may refer to a paper "On the more Frequent Use of the Forceps," by Mr. Philip Harper, which appeared in 1860, in the first volume of the *Obstetrical Transactions*. In this paper, Mr. Harper points out, from three tables of statistics of the Dublin Lying-in Hospital, drawn up severally by Dr. Collins, Drs. Hardy and McClintock, and Drs. Johnston and Sinclair, that the maternal deaths steadily decrease as the forceps is more frequently and earlier used. Under Dr. Collins, the forceps was used very sparingly; whilst under Drs. Johnson and Sinclair it was used very freely; and, as the event proved, with the best results, both to mother and child. Mr. Harper's own statistics are still more favourable, although, in a total of 6053 cases, the forceps was used 232 times, or as often as once in twenty-six cases. According to Sir James Simpson (*Obstetric Works*, vol. i, p. 855), the forceps has been used much more frequently than this by some of the German accoucheurs; for instance, as often as once in fourteen cases by Carus of Dresden; once in twelve by Busch of Berlin; and once in seven by Siebold of Berlin. Although I do not think myself that so frequent a use of the forceps is desirable, yet I consider that it is abundantly proved that the maternal mortality is less after the use of the forceps than after unassisted *tedious* labour. With regard to my own practice, I may say that I now make it a general rule to apply the forceps when the head has remained immoveable in the pelvic cavity for more than two hours; and this, quite irrespectively of the condition of the mother. At the same time, I am quite of the opinion of Dr. Collins, that, "so long as the head advances ever so slowly, the patient's pulse continues good, the abdomen free from pain on pressure, and no obstruction to the removal of the urine, interference should not be attempted, unless *the child be dead*."

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* Read before the Bath and Bristol Branch.

As, in all the statements which I bring forward respecting the use of obstetric instruments, I wish, as much as possible, to draw upon my own experience, I will now quote some statistics from my own practice to show what are the causes which render the use of the forceps necessary, or, at all events, advisable. Since I have been engaged in midwifery practice, I have used the forceps ninety times; and I find that, out of the ninety cases recorded by me, sixty-nine, or more than three-fourths, were primiparæ. This result is what would naturally be expected; for, in most forceps cases, there is both increased resistance and diminished uterine power; and the former element is especially present in first labours, where rigidity of the soft parts is superadded to other causes of resistance; and, above all others, it is present in women who have passed the period of youth. Amongst the sixty-nine primiparæ, there are ten women whose respective ages range from thirty-eight to forty-three.

I shall next arrange the causes in the order of their respective frequency.

1. By far the most frequent cause is a want of power, and slight want of room in the pelvis. Of this, there were forty-one cases out of the ninety.
2. Want of power only. Of this, there were twenty-two out of ninety.
3. Want of room only. Of this, there were twenty-one.
4. Convulsions. Of this, there were four cases.
5. Prolapse of cord. Of this, there were only two instances.

The results of the ninety forceps cases I have recorded show that, as Mr. Harper insists, the operation is not necessarily a dangerous one; although I have used the forceps more frequently than would be sanctioned by the old established rules of midwifery. There were four maternal deaths in all; a proportion which is rather less than that usually met with in British practice, according to Dr. Churchill's tables. These gave one death in 20¾ cases, as the average mortality attending the use of the forceps in Great Britain. In the four fatal cases which I mentioned, the deaths were due in two to puerperal fever; in a third, to bronchitis; and, in a fourth, to malignant scarlatina. In these last two the deaths were in no way traceable to the use of the forceps—a circumstance which, if taken into consideration, would make the results appear still more favourable. With respect to the infant mortality in my ninety cases, I find that fifteen children were still-born, and seventy-five born alive—so that one child in six was lost instead of one in four, which is stated by Dr. Churchill to be the average mortality of children delivered by the forceps.

With respect to the instrument employed in these cases, I may mention that in by far the greater number it was the short forceps recommended by Sir J. Simpson. This instrument has not a great compressing power, and it has a long shank between the fenestra and lock. In consequence of this peculiarity, it can be used when the head is quite high in the pelvic cavity, and yet the lock will be clear of the perineum. The handles also are very short, so that the whole instrument is not unduly lengthened by the elongation of the shank. Some loss of lever power is thereby occasioned, but this is not a matter of much consequence in using the short forceps, and it is very undesirable that the handles should be unduly long, because, if they are, they are very much in the way,. tient, especially if she be restless or convulsed. The long forceps which I generally use has handles of the ordinary shape, and blades with a lateral curve, and very similar to those of Sir J. Simpson's long forceps. and are always coming in contact with the bed or the limbs of the pa-

The next subject for our attention will be the best mode of applying the forceps; but as this will occupy much time, I must defer it until some future occasion.

ON CARCINOMA OF THE LIVER.*

By JOHN RICHARD WARDELL, M.D., F.R.C.P.,
Physician to the Tunbridge Wells Infirmary.

NOT long ago, another illustration of the manner in which hepatic malignancy may be resembled came under my notice; and I may here not inaptly cite a few facts from the copious notes of this case, which now lie before me. In the latter part of September last, I was requested to visit a married lady of nervo-biliary temperament, 50 years of age, who had lost flesh, and who had become pale and anæmic. She had not long before sustained a bereavement which had given a shock to her constitution, and thrown her into ill-health. She had on previous occasions been under my care for attacks of cardiac asthma, which came on after any unusual cause of excitement. She complained of epigastric pains which darted into the right hypochondrium, of nausea, loss of appetite, and general *malaise*. The liver descended below the false ribs, and it could be traced above the fifth interspace. The epigastrium was full and round. The thorax presented rachitic antero-posterior flattening. At the date now spoken of there was no pulmonary distress, nor any auscultatory signs of phthisis. The tongue was flabby, but clean; the alvine and renal excretions were dark. The urine was very acid, and contained bile-pigment. She had lost some blood by hæmorrhoids, and there was a waxy, yellowish, cachectic look in her features. The epigastric pain, hypochondriac aching, flatulence, and nausea with occasional sour vomitings, were cardinal and continued symptoms. The varied treatment to which she was subjected gave not more than temporary benefit. In the latter part of November, there was some dulness in the upper third of both lungs, which was accompanied with slight bronchophonic resonance, and some patches of moist crepitation. The cough was very trifling, and the sputa only consisted of occasional expectorations of glairy mucus, with some purulent streaks. The nausea, sour eructations, flatulence, occasional vomiting, epigastric pain, and hypochondriac weight, were symptoms which remedies did not more than briefly alleviate. In the course of time the legs became œdematous, and the loss of flesh and strength were more marked. A large portion of the lung-tissue remained pervious to air. The cough and expectoration did not increase; there were no notable perspirations, and no colliquative diarrhœa. It was evident she was not altogether sinking from phthisis. She died on January 20th. Prior to her death, I was interrogated as to the nature of her malady, and was asked, and not without some show of reason, if there were internal cancer? I felt it difficult to answer the last part of the question, but had no hesitation in replying that the liver was organically diseased and very large, and that there was tubercle in the upper part of both lungs. I had given much thought to this case, but there were some conflicting and contradictory circumstances which rendered the ailment ambiguous. The dyspepsia, the gastric pain, the *persistent nausea*, the *sour eructations*, the wasting, the cachexia, in no slight degree resembled malignancy. The phthisical symptoms came on in secondary manner. Was it carcinoma of the stomach, with encephaloma of the liver? But at the free hepatic edge were no nodules, and the right lobe was smooth. Though phthisis and cancer do not often simultaneously occur, yet we know such is sometimes the fact. Mr. Sibley gives fifteen cases of the coexistence of tubercle and cancer. (*Medico-Chirurgical Transactions*, vol. xlii, p. 147). I pressed for an examination, and Mr. Manser kindly made the dissection. We found the upper third of both lungs to contain large amounts of grey and yellowish tubercular deposit, some of which was breaking up. The liver was extremely large, pale, and fatty; of the nutmeg variety. The *stomach was thrust out of its place;* it lay perpendicularly in the left hypochondrium, and its pylorus was quite over to the left of the mesial line. Its thus being twisted over into that situation, and pressed upon by the large liver, doubtless explained the gastric symptoms. The organ had been mechanically irritated. In the former of these last two examples there was carcinoma, and the most characteristic of the common symptoms were wanting; in the last named, the symptoms of cancer were simulated by other organic changes, and a peculiar and accidental occurrence. In both cases, dissection gave evidence of great practical significance.

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* Concluded from page 465 of last number.

In recurring to the first given illustration in this paper, it should be held in mind, that there are other morbid conditions which exemplify considerable similitude to this affection. In pyæmic abscess, nodulated eminences can sometimes be felt at the lower margin; but in pyæmia the symptoms are altogether more acute, the circulation is increased, and pain, cough, and heat of skin are also generally present, and these are indications of the peritoneum being more or less involved. Jaundice may be the accompaniment from blood-lesion, or from a purulent abscess pressing upon the ducts. Dr. Murchison says that in pyæmia the superficial veins are not large as in malignant disease; nor is ascites an usual event. Spectra, rigors, perspirations, dry tongue, and the shorter continuance of the symptoms, will aid us in arriving at a correct decision. Again, the pyæmia may have been of traumatic origin, or its primary cause may be sufficiently obvious. In tropical abscess bulging and fluctuation, rigors, hectic, and the patient's history, will point to the right conclusion. In echinococci there is far less constitutional disturbance; the tumours are smooth, round, bossy, and often fluctuating; there may be little or even no pain, and their growth is much slower than cancer. In amyloid liver, the surface is, on palpation, even; and often albuminuria, splenic enlargement, and caries are the accompaniments. In cirrhosis, the nodules are small, the tenderness inconsiderable, and ascites and anasarca generally come on, not infrequently in marked manner. Cancer of the omentum sometimes, as I have seen, fills up the abdominal cavity to such an extent, and there is such a soldering to adjacent viscera, as to render the diagnosis of hepatic disease quite impossible. Dislocation of the liver by empyema can be determined by the physical signs of the right thorax; and the objective and physical symptoms of encysted kidney are generally sufficient to clear up the question. In hepatic malignancy the indented dimpled feel of the tumours is a very trustworthy indication. In the instance now referred to, as I have above observed, the nodules were not felt when he first came under my care. Frerichs says that, in the earlier stage of the disease, the nodulated projections are wanting. Sometimes the liver in this malady does not project below the costal arch, and no tumour can be felt. Then pain, by percussion over the thoracic wall, will be our best guide if associated with cachexia, wasting, and the other symptoms of malignancy.

Budd says, that cancer in primary or secondary form is more frequent in the liver than in any other organ; the Parisian pathologists place it as fourth on the list; and Rokitansky gives its numerical relation, when compared with other organs, as one in five. The first named authority asserts that, of twenty-nine cases given by Cruveilhier, Andral, and Farre, in only three was it confined to the liver. It occurs most commonly between the ages of thirty and fifty; and the encephaloid variety is most usually discovered. Budd, Walsh, and Simon say, that colloid cancer is not seen in the liver; but this endogenous cell-formation has been noticed in the viscus by Rokitansky, Frerichs, and Wilks. It is most rare. That cancer should so often find its *habitat* in this viscus appears explicable, because this organ naturally receives a large quantity of blood, and its capillary circulation is slow and consequently favourable to the genesis of original cells from the plasma, or to the development of transferred germs, and because the portal blood must thither carry such germs (as pus-globules are carried) when the disease exists in the stomach or in any part of the intestinal canal; and again, the contiguity of the mamma, which is prone to the affection, is another cause tending to the same result.

The nodulated form—the tubera circumscripta of Farre, which was first correctly described by that author—in its earlier stage cannot be distinguished from encephaloma. These tubera, as in the first case given, are often only felt after the disease has for some time been established; they vary greatly in size, and Cruveilhier maintains that their magnitude is in an inverse ratio as compared with their number. They are sometimes as large as an orange or a small cocoa-nut, and even when of such volume may be homogeneous and condensed; but their internal consistency is much modified by their age, and ultimately, in most cases, central softening ensues. They are not always invested with a proper capsule, but, whether they possess a circumferential covering or not, the immediately surrounding parenchyma undergoes ultimate structural changes; the colour may be of a greenish tinge, from pressure on the small ducts, or there may be a pallor from vascular obliteration, and an excess of fat-molecules, those frequent associates of malignancy, and the evidences of a degenerate and debased metamorphosis—indeed, both Virchow and Vogel believe the rudimentary cancerous substance to be not only of cellular formation, but also a modified protein or fat. The flattening and indentation of these tumours are partly from the moulding influence of the resistive thoracic wall, and partly from central disintegration. This loss of consistency in the middle of the growths is analogically observed in tubercular deposit; and, notwithstanding that the one may be regarded as a veritable growth, and the other as a malassimilative formation, there is, in this respect, a good deal of pathological agreement. In both, there eventuate marked molecular changes. In cacoplastic tubercle, absorption renders the substance more dense and fibroid; in the aplastic product there is loss of cohesion, or vital affinity so called; and these mutations begin, first, most remotely from the surface, or, in other words, where healthy plasma first ceases to be conveyed. In cancer, the disintegrative softening commences at the part most distant from the reach of nutrient vessels. The cornea breaks up in like manner, under perverted metamorphosis, and when deprived of vitalising plasma. The pressure and irritation which these nodulated bodies produce in the hepatic and parietal peritoneum are not such as to give rise to flagrant peritonitis; the peritonitic inflammation has not the usual tendency to become diffuse, and it is very generally partial and circumscribed; and the causes of such circumscription are doubtless the slow growth of the tumours, the asthenic condition of the system, and the natural tendency which there is in this membrane, when gradually stretched or pressed upon, to assume the adhesive form, which form is a conservative law in the economy and protective from worse results. The peritoneum becomes thick and opaque, and its union with some opposing surface is apt to occur. The amount of serum is thus inconsiderable, because, when the viscus becomes organically affected under the general cachectic and malassimilative conditions, there is some correlation between the diminished volume of blood and the vascular impediment in the organs, and because the larger portal branches may to no great extent be encroached upon, unlike as in cirrhosis, when there is atrophy of the venous capillaries, the entire venous circulation is interfered with, and serous effusion is the notable and pathologic sequence. In the account given of the inspection made in the first related case, it was stated that the gastro-hepatic omentum was studded with innumerable small, hard bodies, which were evidently cancroid; and it is quite clear, from our knowledge of the ultimate pathology of this disease, that these bodies owed their origin to the larger tumours in the liver. Cancerous germs can be transferred from one part to another in various ways: by the lymphatics; by venous radicles; by being carried along mucous membranes, as evinced by the growth appearing on the bronchi in cancer of the lung-substance; in the ureters and bladder, when first formed in the kidney; and in the rectum as consecutive of its occurrence in the bowels. They can also be transferred by the inoculative process, and too by the contact of unbroken and continuous surfaces. In the contact of a cancerous part with an adjacent and healthy structure, blastema, carrying the elementary qualities of the cancerous material, may be infiltrated into an organ or tissue, and fructify into malignant products. And we know it to be the peculiar property of cancer to conform itself to the natural character of the structures in which it germinates. The omentum being more fibrous than the hepatic parenchyma, the heterology of these bodies acquired a modification; they inclined more to scirrhus than the hepatic tubera. They did not exemplify that reckless tendency to augmentation of volume which marks the progress of encephaloma; and in proportion as the blastema has the fibroid proclivity, relatively will the growth be tardy. When these tumours are largely or numerously formed in the abdominal organs, death is, in a great measure, produced by pressure upon the chylopoietic and assistant chylopoietic viscera.

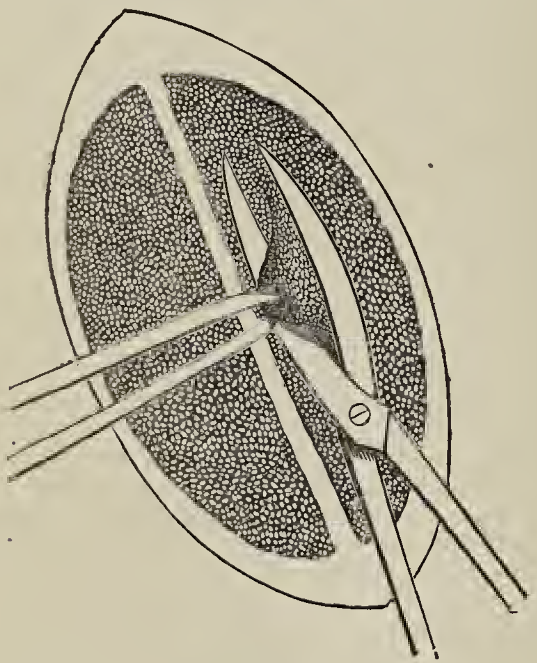
THE PIECEMEAL EXCISION OF NÆVI.

By FURNEAUX JORDAN, F.R.C.S.,

Surgeon to the Queen's Hospital, and Professor of Surgery in Queen's College, Birmingham.

The operation which I have devised for the removal of nævi, and which I first performed in 1863, I have hitherto so imperfectly described, that I have determined to bring it before the profession with more completeness, though still with all possible brevity. I am the more induced to do this, because I am frequently interrogated touching the details of the method, and because of its increasing adoption in hospital and private practice.

The operation is performed as follows. An incision is made through the superjacent skin and through the nævus, so as to completely divide it into two halves. Hæmorrhage is prevented by pressure on the adjacent arterial trunks. In the face, for instance, where the operation is most useful, pressure on the facial or temporal or supraorbital, one or two or all, arrests the bleeding. If pressure on the main trunks do not perfectly arrest all hæmorrhage, one or two points of pressure (with a director) near or even within the incision will. I have often been surprised to find that one or two points of pressure alone sufficed to secure a bloodless condition of a nævoid section. The next step is with clawed forceps and scissors (curved on the flat) to remove each half piecemeal, beginning at the centre, as in the diagram, and proceeding to the periphery. There is not the least difficulty in distinguishing the nævoid (capillary, venous, or arterial) from the healthy tissue. The removal of one half should be completed before that of the other is begun. When the nævus is completely removed, there is no hæmorrhage on relaxing the pressure. As a rule, it is quite unnecessary to remove any skin; even if involved, it recovers after the excision of the subjacent nævus. If very much implicated, an elliptical portion of skin may be taken away, so that the edges of the wound can be so brought together as still to leave only a line of cicatrix. Whether any skin be removed or not, the edges of the wound should be brought together with silver wire, and moderate pressure effected by means of a pad of dry lint and a bandage.



I believe piecemeal excision to be the best operation in all cases where it is desirable to save the skin; and these are the great majority of cases. Where it is not desirable to save the skin, as in very pedunculated nævi, or where the skin is extremely implicated over the whole tumour, the *écraseur*, or the ligature, or bodily excision, may be preferable. In using the *écraseur* or the ligature, I find that the circular incision to receive the chain or ligature is most easily and evenly and rapidly made with sharp-pointed scissors, one point being first thrust through the skin.

Piecemeal excision from the centre is applicable in the larger number of cases, and especially in the face and eyelids. It is immediate, complete, safe, and leaves only a linear cicatrix. It removes the nævus, all the nævus, and nothing but the nævus.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE XIV.

The Brain of Osseous Fishes has given rise to very much discussion, and various interpretations of its homological relations have been suggested. Nevertheless, the true nature of its parts is to be made out prettily readily, as the Professor proceeded to demonstrate, selecting, as his type, the brain of the Cod. Here we have what is on all hands admitted to be the medulla oblongata surmounted at its anterior end by a backwardly projecting azygos structure, in front of which are two rounded bodies a little separated by a slight median longitudinal groove. In front of these, again, are two solid globular parts whence two long crura proceed, each crus having a swollen distal end. These swollen ends of these crura are the olfactory lobes, and the solid globular parts from which they proceed are the cerebral hemispheres. This homology is proved by the fact that the pineal gland is rooted immediately behind them, while the pituitary body (which always indicates the third ventricle) springs from beneath them towards their hinder margin, and indicates the under part of the hinder portion of the fore brain. The cerebral hemispheres are united together by a transverse band of fibres, which constitute the "anterior commissure." The imperfectly separated bodies immediately behind have been supposed to be the cerebral hemispheres; because, on separating them, parts were found which were supposed to represent the corpus callosum and the fornix. It would, however, have been startling indeed to find such mammalian structures, considering that all the other oviparous forms are utterly destitute of a corpus callosum, and, indeed, such interpretations are quite erroneous. The parts in question represent the optic lobes—or midbrain, and the transverse commissural fibres, which connect them together anteriorly, answer to the posterior commissure of higher animals. Beneath the optic lobes, on the base of the brain, are two prominences termed lobi inferiores. The median azygos part behind the optic lobes is the cerebellum.

Reptiles present us with two types of brain; one in which the cerebral hemispheres are small, as is the case in Lizards, Chelonians, and Snakes; the other, in which the same parts are large, as is the case in the Crocodilia.

In Birds, the olfactory lobes are small, the cavity of each cerebral hemisphere is occupied by a great corpus striatum. There is no trace of a corpus callosum, but there is a rudiment of a fornix. The optic lobes, in birds, are very exceptional in position, being singularly lateral and depressed.

In ascending from Birds to Mammals we pass over a gulf, for in the former the anterior commissure is always small, while mammals, with very imperfect brains, have it largely developed. This, perhaps, may depend on the sense of smell.

The lowest form of mammalian brain is, strange to say, not to be found in the lowest mammals (*e.g.*, in the Ecidna), but in such animals as the hedgehog and the armadillo.

The Professor here illustrated by a chalk diagram the principal changes as to form and proportions which would be necessary in order to transform the brain of an armadillo into that of a man. The prodigious expansion of the cerebral hemispheres was shown to change the position of the so-called olfactory nerves from the anterior end, to the under surface of the cerebrum, while the expansion and bending downwards of the posterior end of the cerebrum covers the cerebellum and produces the temporal lobe and Sylvian fissures on each side.

The optic lobes are constantly divided in mammals, into the four parts absurdly named "nates" and "testes." No explanation of this structure has been given, and the existence of the transverse division has been denied in the echidna, but its presence has been demonstrated by Mr. W. H. Flower.

The corpora mammillaria are placed a little behind the pituitary body they are double in the higher apes and man, but in the lower mammals they are represented by a single body. They may possibly represent the *lobi inferiores* of osseous fishes.

In all the larger mammals the cerebral hemispheres are convoluted, *i.e.*, marked by numerous *sulci* and gyri. Particular patterns as to cerebral convolutions are found in different mammalian groups. Those of the land carnivora have a very obvious and distinct arrangement. In man they are somewhat difficult to observe; yet it may certainly be said that he has some constant and well-marked external cerebral convolutions, namely, three frontal, two parietal (the anterior and posterior parietal), three temporal, and three occipital. He has of course, besides, the well marked Sylvian fissure.

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

KING'S COLLEGE HOSPITAL.

EPITHELIAL CANCER OF THE CERVIX UTERI, COMPLICATED BY ARM-PRESENTATION DURING LABOUR: TURNING: CRANIOTOMY.

(Under the care of Dr. PRIESTLEY.)

THE following interesting case lately occurred in the midwifery department of this hospital. We are indebted to Mr. G. Henry Pedler, the Resident Accoucheur, for the details.

The patient, Mrs. P., aged 23, was taken in labour of her second child on Tuesday afternoon (March 16th). At six o'clock the same evening, the liquor amnii escaped, but the pains recurred seldom, and they were slight in character. On the following evening, she sent her letter to the hospital, and Mr. Allen, the Assistant-Resident Accoucheur, visited her. On making an examination, it was ascertained that a foot or hand was presenting, but accurate definition was scarcely possible, on account of the pain caused by examination, and the intolerance of the patient. The os uteri was about the size of a five shilling-piece. The Resident Accoucheur being summoned, the patient was put under the influence of chloroform, and a more thorough examination made. The following conditions were then found to exist: The presenting part was the left wrist; the os uteri was very rigid and unyielding; its labia thick, and the edges communicated to the finger the usual feeling of cauliflower excrescence, being beset with irregular granulations. Dr. Playfair was then desired to see the patient, and he attempted to introduce his hand for the purpose of turning; but encountering so much resistance, and fearing extensive laceration of the cervix if he persisted, he recommended a further consultation, and Dr. Priestley was asked to see the patient. Dr. Priestley saw her about 3 P.M.; and, thinking it possible that the os uteri might yield to steady and firm pressure, he gradually and slowly inserted his hand into the uterus, watching carefully lest extensive laceration should threaten in any direction. He at last succeeded in reaching a foot. Turning was much impeded by the contraction of the uterus upon the body of the child, but was at length accomplished. The egress of the child was impeded both at the nates and shoulders, and traction had to be made with great care. When the head of the child came to engage the undilatable os uteri, all efforts failed to extract it, and it was found necessary to perforate behind the mastoid process, and to empty the cranium before it could be extracted. This was done with the less hesitation as the umbilical cord had been pulseless for some time. The placenta came away immediately, and there was no undue hæmorrhage. On examination afterwards, the cervix was found to be torn on the left side as far as its junction with the vagina; but this was the entire amount of the laceration. The woman made a good recovery, and has since regained her former health. The after treatment of the patient was conducted on the usual plan, with the addition of Condy's fluid injections, and the occasional use of stimulants.

REMARKS BY DR. PRIESTLEY.—The development of malignant disease, sufficient in extent to be a serious impediment to the conduct of labour in so young a patient, is deserving of remark. Her mother died of cancer of the womb while a young woman. There were no antecedent symptoms indicating the morbid change going on, beyond a slight hæmorrhage once during pregnancy, and some leucorrhœal discharge. It is possible that the induration of the cervix, by altering the form of the lower segment of the uterus, may have conduced to the preternatural presentation, just as the occurrence of placenta prævia seems to favour presentation of this character.

CENTRAL LONDON OPHTHALMIC HOSPITAL.

A CASE OF DOUBLE INTERSTITIAL KERATITIS, ASSOCIATED WITH RHEUMATIC SYNOVITIS OF THE KNEE-JOINTS AND ELBOWS.

(Under the care of Mr. SPENCER WATSON.)

W. D., aged 17, a pallid youth, a clerk in a railway office, had inflammation of both corneæ; the left being attacked first in the middle of October 1868, and the right about a fortnight afterwards. From the family history, and the account given by his mother, it seemed probable, but not certain, that the patient had suffered from infantile syphilis. His teeth, however, were perfectly regular and well formed, and his features generally good; but he had faint cicatricial lines at the angles of the mouth, and a peculiar cicatricial whiteness of the skin between the eyebrows.

The treatment adopted was the internal administration of iodide of iron, and two grains of hydrargyrum cum cretâ, with an equal quantity of carbonate of iron every night at bed-time. Locally, belladonna and atropine were applied. The symptoms did not in the least abate, but very soon effusion into the knee-joints and elbows came on. As soon as this latter complication arose, the mercurial treatment was discontinued; and cod-liver oil, with iodide of iron and succus conii in drachm doses, increased to two and three drachms, three times a day, were commenced. At the same time, the patient was kept in bed. The local treatment of the eyes was not materially altered. The urine examined at this period proved highly acid to litmus paper, and gave a cloudy precipitate when boiled. This precipitate disappeared on the addition of nitric acid. The corneæ were not at any time completely covered by vascular injection, but had patches of vascularity extending inwards for about a line from the upper and lower margins, these patches abruptly terminating by a horizontal line. The remaining area of the cornea during the height of the disease had a steamy or ground-glass appearance. The treatment seemed for a long time to have very slight influence over the disease; but early in January, some improvement in the state of the corneæ was perceptible; there was less intolerance of light, and the joints had become quite free from swelling. Since that time till April 1869, a steady progress has been going on, and the patient has returned to his duties as a clerk, though there is still so much nebulosity of the corneæ that he is only able to perform such duties as do not require very fine sight. The pupils have been kept dilated by the instillation of atropine throughout the treatment, with the view of preventing adhesions of the pupillary margin. This precaution seems to have been unnecessary in this case. The pupils remain perfectly round and active.

REMARKS.—The supervention of synovitis of the joints in the course of this disease is also noticed as having occurred in a very similar case, recorded by Mr. Watson in the *Ophthalmic Hospital Reports*, vol. iv, p. 299, case 24, of the tabulated cases. In this latter case, the patient was at the time being treated by mercury, and improved rapidly after its discontinuance. Could the disease in these two cases have been rheumatic? If so, is there any analogy between rheumatism and inherited syphilis? This latter question is suggested by the remarkable similarity of the appearances in the corneæ in these two instances to those observed in cases of interstitial keratitis, with marked physiognomical peculiarities, such as are considered by most surgeons as pathognomonic of inherited syphilis. This question of analogy between rheumatism and inherited syphilitic disease, or in fact with the phenomena of tertiary syphilis generally, is important chiefly in a therapeutical point of view. If such an analogy exist, and the treatment adopted for the two diseases be also found to be analogous, then a direct guide to the treatment of the one may be afforded by studying the treatment most successful in the other; and remedies that are injurious in the one may be avoided in the treatment of the other. The association of the terms syphilis and mercury is so very natural to many practitioners that it is almost impossible for them to avoid treating any syphilitic or supposed syphilitic disease by the internal and local administration of mercury. But it is clearly our duty to observe carefully, and to record equally carefully, all cases in which, during mercurial treatment for supposed syphilis, any untoward or unusual symptoms have shewn themselves. It is chiefly on this account that the case above recorded has been brought before the readers of this JOURNAL. But there is also another obvious reason for endeavouring to separate the cases of rheumatic from those of disease due to hereditary syphilis; viz., the avoidance of any imputation on the character of the parents; and until it can be clearly demonstrated that parenchymatous inflammation of the cornea can only arise from syphilitic infection, it would be as well to give the patients' parents the benefit of the doubt. It is the opinion of many surgeons of the present day that a cachexia, due to scanty food and bad air, may give rise to the same defective nutrition as that which is associated with the pegged and notched teeth of Hutchinson's disease; and it is the opinion of Mr. Watson that possibly one source of interstitial keratitis in children and young adults suffering from such a cachexia is of the same kind as that which produces rheumatism. A more extended series of observations, in which the characters of the urine should be carefully ascertained, would throw much light upon this subject.

GENERAL INFIRMARY, NORTHAMPTON.

VESICAL CALCULUS; PYELITIS; ANÆMIA.

(Under the care of Mr. MASH.)

FOR the report of the following three cases, we are indebted to Mr. James Carruthers, House-Surgeon.

Daniel T., aged 63, blacksmith, was admitted on March 10th. He complained of some pain in the head, and said that he had not passed urine since the night of March 8th. He was very incoherent, and could give little account of himself. Immediately on admission, a catheter was introduced, which could not be passed further than the neck of the bladder, in consequence of the obstruction met with from a calculus, which, upon introducing the finger into the rectum, was readily felt. No urine flowed through the catheter; but, upon withdrawing it, about half an ounce spurted out, mixed with blood. At night, he was in a state of low delirium, muttering, moaning, and twitching his hands, and getting out of bed when not closely watched. The pupils were contracted, and not sensitive to light. Respiration was accompanied with a loud snuffling noise; and expiration was longer than inspiration, but not attended with any noise. The skin was moist and cool; there was no vomiting. He complained of his head when roused by shouting. About a drachm of urine, mixed with mucus, had passed spontaneously since the catheter was used. Hot bottles were applied to the feet, which became warmer soon afterwards. The rectum contained no fæces. The stone bulged into it, covered by the bladder, and felt like a fœtal head. He was ordered to have, every four hours, half a drachm each of compound spirits of ammonia, and of compound spirit of sulphuric ether in camphor mixture, also brandy and beef-tea.—March 11th. He was much worse, and evidently sinking fast. The pupils were contracted, but the movements of the sides were normal. Expiration was accompanied by a puffing out of the cheeks, but with no stertorous noise; the pulse was imperceptible at the wrist; the extremities were cold. He died at 9.15 p.m.

Post Mortem Examination, March 12th.—Rigor mortis was strongly marked. An attempt was made to extract the stone by the lateral operation, but it was found impossible to bring it through the perinæum, on account of its size; it therefore had to be removed by the high operation. On the bladder being opened, the calculus was found to ocupy the whole of its cavity, so that any attempt to remove it by the lateral operation during life must have failed. The bladder was inflamed; the kidneys were quite disorganised, and in a state of suppuration. The weight of the calculus was ten and a half ounces. This patient applied to the hospital a fortnight before his death, when the stone was diagnosed, and he was strongly urged to lose no time, but to become an in-patient, in order that he might have the benefit of operative proceedings. He, however, declined. Soon after his admission, a consultation was held as to the propriety of operating by the suprapubic method; but, the patient being in a state of anæmia, and suppression of urine having existed for thirty-six hours, it was unanimously decided that any operation would be unjustifiable.

SYNOVITIS OF THE RIGHT KNEE; DISEASE OF JOINT; EXCISION.

(Under the care of Mr. ASHDOWN.)

Thomas T, aged 6, was admitted on September 27th, 1868. The patient had a fall from a horse nine weeks previously, and had, from the time of the accident, been confined to bed with synovitis of the right knee-joint. He was a delicate-looking child, but with no indications of struma, or constitutional syphilis. On admission, the joint was found to be swollen, flexed, but not tender upon pressure. There was a sinus on the posterior aspect of the thigh, discharging a small quantity of strumous pus. A probe could be passed for some distance along the sinus; but at that time no carious bone could be felt. He was ordered cod-liver oil and steel wine; and carbolic acid putty was applied to the sinus. The discharge somewhat diminished in quantity; and three weeks afterwards the patient was put under the influence of chloroform, the joint forcibly straightened, and a posterior splint, with footpiece, was applied. There was at this time no constitutional disturbance, and the case progressed favourably for some little time; then acute nocturnal pain, with hectic, loss of appetite, and great constitutional irritation, began to manifest themselves; and a probe, passed into the sinus, gave unmistakable indications of caries. It was therefore determined to excise the knee-joint, as a conservative measure, keeping amputation in reserve. The operation was performed on December 4th, leave having been obtained from the parents to perform amputation, if necessary. The patient was put under the influence of chloroform, and a semilunar incision was made from one condyle of the femur, below the patella, to the other condyle. The patella was removed, and the ends of the femur and tibia were sawn off. The cartilage was eroded, and pus was found in the joint. Some carious portions of bone were gouged out of the cancellated structure of the femur; the junction of the epiphysis to the shaft being preserved as far as was practicable. The wound was closed with wire sutures; no ligatures were required. Carbolic oil was applied to the wound, and the limb was placed on a posterior splint (with a footpiece), extending from the tuber ischii. Liston's long outside-splint, with an interruption at the knee, to admit of dressing, was also applied; and a sand-bag was placed longitudinally on the thigh to prevent any riding of the femur. He was ordered to have ten minims of nepenthe, in camphor mixture, every four hours. He passed a good night; in fact, had little constitutional disturbance. Two days afterwards, he was ordered egg, pudding, and fowl. On December 10th, he was ordered a grain of disulphate of quinine and six minims of dilute phosphoric acid in simple syrup and water, three times a day; and to have four ounces of port wine daily. On December 13th, his appetite fell off; and blood-discs were discovered in the urine. Ten minims of tincture of perchloride of iron were added to each dose of the mixture. In a day or two, the threatening of pyæmia passed off. He was treated with tonics and good diet; the sinus ceased to discharge; the wound was all but healed; he was ordered to get up; there was great improvement of the general health, and he was discharged on March 20th. It will be interesting to note the further progress of the case. From so much of the epiphysis being preserved, there is every reasonable prospect that the right leg will grow in corresponding proportion to the left, and that so an useful limb will be obtained.

WOUND OF THE BRACHIAL ARTERY IN THE BEND OF THE ELBOW, BY PUNCTURE WITH A PEN-KNIFE.

(Under the care of Mr. ASHDOWN.)

Charles W., a clerk, aged 18, was admitted on January 16th, 1868. He had been stabbed ten days before admission, with a pen-knife, on the inner side of the right elbow-joint, the knife entering just in front of the internal condyle. A great deal of blood was lost at the time, pouring out in a stream—not in jets. He was taken home, and the wound was strapped and bandaged; this arrested the hæmorrhage for a time. He was confined to bed for three days. One day, when he was walking down stairs, the hæmorrhage recurred. The wound was then dilated, and an attempt made to secure the vessel; this failed, and he was at once despatched to the Infirmary. (Previously to this, he had bled twice, but he was not able to give a distinct account of the attacks.) On admission, he was very pale and anæmiated from loss of blood, although he had been previously of a somewhat florid complexion. The right radial pulse was very feeble, scarcely perceptible. From the direction of the wound, which was oblique, and passed in front of the elbow-joint from within outwards, and from the successive hæmorrhages, we diagnosed a puncture of the brachial artery to have taken place. He was placed in bed, and ordered milk, beef-tea, half-diet, and a small quantity of wine. The wound was dressed with carbolic acid lotion; and a tourniquet was placed *in situ*, with instructions to the nurse to tighten it immediately if hæmorrhage came on, and then to send for assistance. The dressing was changed daily, but there was no hæmorrhage until the evening of the 19th, when I was hastily summoned. I found the bandages saturated with blood, and a large quantity of blood was soaking through the dressings, and running in a small stream into a vessel placed for its reception; he was very faint. The tourniquet, whose pad had slipped, and was not exactly over the artery, was replaced by one of Salt's (its great advantage being in the fact of the band not fitting closely to the arm, and so not impeding the venous circulation, nor creating much pressure on the nerves). The hæmorrhage was immediately controlled, and the surgeons were sent for.

Operation.—The patient having been placed under the influence of chloroform, the arm was laid upon its outer aspect, and the integumental wound dilated to the extent of two inches. After clearing away a quantity of coagulum, the vessel was seen much discoloured (so as to be hardly recognisable) from inflammation of, and infiltration into, its coats; and, on cutting through the semilunar fascia of the biceps, a small traumatic aneurism was found in process of formation. A ligature was passed round the vessel above and below the wound; the edges of the wound were approximated with iron-wire sutures (the integrity of the median nerve being first ascertained by desiring the patient to open and shut the hand); the hand and forearm were enveloped in cotton wool and a flannel bandage, and the patient was removed to bed. He was ordered to have five grains of soap and opium pill every night; and in a day or two, quinine and iron were given. The distal ligature came away on January 24th. On January 27th, the collateral circulation was quite established. The proximal ligature came away on January 29th. From that time, the wound began to granulate, and he was discharged, cured, on February 26th.

REPORTS OF SOCIETIES.

PATHOLOGICAL SOCIETY OF LONDON.

TUESDAY, MAY 4TH, 1869.

RICHARD QUAIN, M.D., President, in the Chair.

Colourless Biliary Mucus and Absence of Bile in Pyæmia.—Results of Friction in Valvular Disease.—Myxomatous Tumours of the Gluteal and Femoral Regions.—Extensive Simple Gastric Ulcer—Colloid Mammary Tumour.—Diseased Neck of Thigh-Bone.—Diseased Knee-Joint.—Atheroma of the Aorta in a Young Man.—New Method of Preparing Echinococci.—Two Cases of Renal Calculus.—Microcephalic Skull.—Hydatid Cyst of the Liver.—Sarcoma of the Stomach.—Tubercular Lung.—Cancer of the Breast.—Diseased Knee-Joint.—Extensive Ulceration of the Intestine.

A REPORT was read from the Committee by Dr. GREEN on Dr. SEMPLE'S case of Diseased Thyroid Gland. The tumour partook of the character of lympho-sarcoma.—A report was also read by Dr. BURDON SANDERSON on Dr. CHURCH'S case of Lymphoma.

Dr. MOXON showed Colourless Mucus from an Unobstructed Gall-Bladder in a case of Pyæmia. There was no bile either in the gall-bladder, ducts, or in the alimentary canal. He had observed several similar cases. The patient was not jaundiced, the skin exhibiting merely the sallow tinge of pyæmia.—Dr. MURCHISON thought that the case tended to prove that bile was not formed in the blood.

Dr. MOXON exhibited specimens which showed the Results of Friction in Valvular Disease of the Heart. In one case, there was a moveable labellum attached to the aortic valve, which had produced, by friction, thickening and disease of the artery.

Dr. PAYNE showed a portion of a Myxomatous Tumour removed by Mr. James Lane from the gluteal region of a woman. It was composed of a group of globular masses; some opaque and fatty, others gelatinous. It weighed thirteen and a half pounds. A fatty tumour had been removed twelve years previously from the same part.

Mr. HENRY ARNOTT showed a similar specimen removed from Scarpa's triangle. On cutting it across, long viscid strings of colourless fluid adhered to the knife. Microscopically, branched irregular cells with delicate fibrilli formed an open meshwork; within, were abundant mucus-corpuscles. It was a pure case of myxoma, and was otherwise interesting in so far as such tumours are rarely met with in muscles.

Dr. JOHN MURRAY exhibited a specimen of Extensive Simple Ulceration of the Stomach from a man, aged 38, who had been many years a patient at the Middlesex Hospital with painful dyspepsia. The ulcer was five inches long by three and a half inches broad, and occupied almost the entire space between the cardiac and pyloric orifices. The pancreas and liver formed the floor of the ulcer. The stomach was enormously distended; probably in consequence of the thickened edge of the ulcer pressing upon and partially obstructing the pylorus, of the extensive destruction by ulceration of the muscular coats, and of the long continued general gastric atony.

Mr. GAY showed a Colloid Tumour from the Female Breast. It was connected with the fibrous capsule, but did not invade the gland. Referred to Committee.

Mr. GAY also exhibited a specimen of Gangrene of the Head and Neck of the Thigh-Bone from a child who was admitted into hospital with the bone protruding outside a sore on the thigh. There was a distinct line of demarcation at the trochanter.

Mr. GAY also brought forward a specimen of Diseased Knee-Joint which had commenced thirteen months previously in a young man. The leg was removed, and the cartilage was found undergoing a process of shedding, due to the bone beneath being diseased, and not to disease of the cartilage itself.—Mr. HULKE believed that the separation was due to considerable enlargement of the cells of the deeper layers of the cartilage.—Mr. GAY said that there were little bits of bone attached to the cartilage.—Mr. HULKE remarked that the vascular surface of the bone had cartilage-cells.

Dr. CRISP showed a specimen of Atheroma of the Aorta from a man aged 22, who was a great drinker and suffered from kidney-disease.

Dr. CRISP also brought forward a New Method of Preparing Echinococci.

Dr. CHURCH showed two Renal Calculi. One was of crystalline oxalate of lime with dumb-bell crystals situated in a small pouch connected with the kidney, from a lady who had suffered from pain in the back when a child. The other was composed chiefly of cystine, from an old man with contracted kidney. The pelvis of the kidney was full of muco-pus mixed with cholesterine.

Dr. DOWN showed a Microcephalic Skull from a boy, 14 years old. The medio-parietal and all the other sutures were present; thus proving, he thought, the German view that the microcephalic skull is produced by premature consolidation to be incorrect. He believed that the cranium adapted itself to the brain. In answer to Mr. Hulke, he said he had not examined the matrix of the bones of the skull.

Mr. PICK showed a Hydatid Cyst of the Liver.

Dr. CAYLEY showed a case of Sarcoma of the Stomach from a man, aged 67, who, up to his death in the Middlesex Hospital, had no gastric symptoms. There were abundant white corpuscles in his blood, and a tumour was felt in the right hypochondrium. After death, the coats of the stomach were nearly three inches thick, showing, microscopically, oval cancerous corpuscles imbedded in intercellular substance. The spleen, though forming part of the same mass, was normal.

Dr. POWELL showed a specimen of Tubercular Lung with Thickened Pleura, illustrating iron grey induration with abrupt line between diseased and healthy lung.

Mr. ADAMS exhibited a Cancer of the Breast removed from a female, aged 80. It did not involve the gland, but had commenced in the deeper layers of the skin, and advanced downwards. Her father had died of cancer of the throat, and her son of cancer of the cheek. He thought it scirrhus, with, perhaps, an epithelial character.

Mr. ADAMS showed a Knee-Joint from a woman, 20 years of age, who had had Acute Rheumatism, and was admitted into the Great Northern Hospital with both knees and hip-joints fixedly flexed. They were reduced under chloroform, but she never recovered from the sickness caused by the chloroform, and died. The cartilages of the knee-joints were still healthy, but there were bands between the surfaces. The hip-joints were in a less favourable state. Neither suppuration nor ulceration occurred, he believed, in rheumatism, but fibrous bands.—Mr. GAY believed that the bands passing from cartilage to cartilage were probably formed from lymph thrown out by the synovial membrane.—Mr. HULKE could not conceive that the cartilage could be healthy and these bands present. He admitted the genesis of the bands as Mr. Adams had said from lymph; but he thought they were evolved from the superficial layers of cartilage.—Dr. MOXON had sometimes seen the whole surface of the cartilage covered with lymph.—In answer to Dr. Moxon, Mr. HULKE said he did not refer to cases in old age where there was an appearance of connective tissue, but to the fibrous bands in young persons which resolved themselves into cartilage-corpuscles.

Dr. MOXON showed a recent specimen of Extensive Ulceration of the Intestine from a woman who was admitted into Guy's Hospital with symptoms of ileus of a week's standing, and obstruction of the bowels for three weeks. After death, there was found little appearance of inflammation in the abdomen; but the cæcum, and ascending and descending colon, shewed large open gaps. There was a stricture from old simple ulceration at the sigmoid flexure, dark-coloured ulceration had gone on, and she died after being kept alive for a month.

HARVEIAN SOCIETY OF LONDON.

THURSDAY, FEBRUARY 18TH, 1869.

E. HEADLAM GREENHOW, M.D., President, in the Chair.

Mr. TEEVAN read a paper on the Treatment of Gonorrhœa, Gleet, and Irritable Bladder. He divided gonorrhœa into two stages, the acute and the subacute. He was glad to say that the abortive treatment had almost entirely fallen into disuse, as it was only occasionally accidentally successful, whilst much serious mischief might be caused by it. In the acute stage, nothing could be done beyond treating symptoms, though its duration might be shortened by rest, low diet, diluents, and hot fomentations. As soon as it began to subside, mild injections ought at once be resorted to; they were generally prescribed empirically, no means being taken to ascertain what strength the patient's urethra would bear. Before ordering a patient an injection, he was in the habit of gauging the sensibility of the urethra by himself injecting a very mild solution, and gradually increasing it to such a strength as the patient could conveniently bear. The use of cubebs and copaiba ought to be deprecated; for, as the disease was local, so ought the treatment to be. He preferred the following injections: one composed of chloride of zinc, combined with the watery extract of opium; and another of tannin dissolved in glycerine, also united with opium. An injection ought to be thick and tenacious, so as to be retained for some time in the follicles and lacunæ. Some patients could tolerate with comfort a drachm of tannin to an ounce of water, whilst others could only bear an eighth of a grain of chloride of zinc. Regarding *Gleet*, the first point was to ascertain its duration; for, if more than six months old, injections would, as a rule, be of no service, inasmuch as pathological alterations had taken place in the mucous membrane which they could not remove. It was in this complaint that the *bougie à boule* was so useful as a diagnostic instrument, for it would give precise information regarding the pathological condition of the canal. The endoscope was also useful, but inferior, for hospital work, to the *bougie à boule*. Having ascertained the state of the canal, a cure could be effected occasionally by deep injections applied through a catheter attached to a syringe, but more usually by gradual dilatation, which treatment might practically be called the prevention of stricture, because, in a gleet of more than six months' duration, there was nearly always incipient stricture, the result of organic change. There was no such complaint as *Irritable Bladder*. The irritation was always secondary. The cause was generally local, the most fertile one being stricture of the urethra in that stage of incipiency which was but rarely recognised by surgeons. The *bougie à boule* was invaluable for diagnosis in this complaint. Mr. Teevan concluded by enumerating the various local and constitutional causes of irritable bladder, and the means to be adopted for their removal.—Mr. GASCOYEN believed there was such a condition as irritable bladder, and instanced cases of old gleets accompanied with true irritability of the bladder. He did not see how a No. 12 *bougie à boule* could detect stricture in its incipient stage, when the bulbous urethra would take a No. 16 or larger.—Mr. BERKELEY HILL was glad to hear that Mr. Teevan did not give cubebs nor copaiba. He thought tannin injections were the very worst, and doubted the value of the *bougie à boule* in diagnosing slight stricture.—Dr. OWEN believed there was such a condition as irritable bladder, and related the case of a patient of his who seemed to have true irritability of the bladder.—Dr. BALLARD thought cubebs and copaiba were of great value, and desired to know Mr. Teevan's experience on this point.—Mr. TEEVAN stated, in reply, that, although the bulb was much larger than the external meatus, yet a No. 12 *bougie à boule* would give every information, inasmuch as the urethra was not a patent tube; for the mucous membrane was every where in contact with a bougie, however small. The cases of irritable bladder related by some of the speakers were not such, but were simply the efforts of the bladder to get rid of a foreign body—urine of low specific gravity; and were comparable to the struggles of the conjunctivæ to expel subjacent grit. The case mentioned by Mr. Gascoyen was irritability produced by incipient stricture.

MEDICAL SOCIETY OF LONDON.

APRIL 12TH, 1869.

PETER MARSHALL, Esq., President, in the Chair.

DR. MORELL MACKENZIE read a paper on Syphilitic Diseases of the Throat. The paper was divided into the two recognised divisions of Secondary and Tertiary Syphilis. In the first, Dr. Mackenzie considered erythema, superficial ulceration or erosion, deep but non-spreading ulceration (a very rare manifestation of secondary syphilis), condylomata, and, as accidental and occasional sequelæ, elongation of the uvula, enlargement of the tonsils, and cauliflower excrescences and fibroid nodules in the larynx. Of 42 consecutive cases examined at the Hospital for Diseases of the Throat, the pharynx was diseased in 23 cases, the larynx in 16, and the pharynx and larynx in 3. Dr. Mackenzie considered that the tendency of all secondary congestions and erosions was to heal spontaneously. This healing was, however, considerably expedited, when the disease was manifested in the throat, by the application of solutions of mineral astringents, especially of perchloride of iron—one drachm of the salt in an ounce of water, but not of nitrate of silver. For condylomata and mucous tubercle, tincture of iodine was most suitable. Dr. Mackenzie had not found secondary mucous tubercles, etc., in the larynx, whence once relieved, at all liable to recur, nor nearly so liable to recur in the pharynx as in the anus. In the pharynx, they were very apt to degenerate into rather deep unindurated ulcers of greyish colour, differing from mere erosions, and from the deep sluggish ulceration of secondary syphilis. Dr. Mackenzie had never found mercury or any other constitutional remedies necessary in secondary affections of the throat. The erythematous eruption generally disappeared spontaneously, after a few weeks, if not sooner; if, however, it were at all obstinate, great benefit might result from warm stimulating inhalations, especially of kreasote and oil of woodpine. Fissures were best treated with solid nitrate of silver fused on to a slender rod of aluminium. Of the sequelæ, the fibroid nodules and cauliflower excrescences were very difficult to treat. An occasional sequela was paralysis of the muscles, especially of the adductors of the vocal cords; often unattended by any superficial hyperæmia. In *tertiary syphilis*, deep, rapid, and extensive ulceration was the most common characteristic. Gummy tumours were frequently developed in the pharynx, and occasionally in the larynx; and the muscles and nerves might suffer either directly or indirectly. There were also found primary and secondary disease of the cartilages with secondary œdema; and, as a result, permanent narrowing of the air and food-passages. In tertiary as in secondary syphilis, the pharynx was more frequently affected. In 51 consecutive cases at the Hospital for Diseases of the Throat, the pharynx was affected 33 times, the larynx 15, and both parts only 3 times. The pharynx was attacked at an earlier period than the larynx. The ulcers may either occur without any evidence of previous morbid deposit, or they might be the result of the softening of gummy tumours. The pharyngeal ulcers were generally covered with a thick tenacious secretion, and had thickened perpendicular sharply cut edges. Dr. Mackenzie had under his care, in the London Hospital, a patient from whom the transverse portions of the body of the second and third cervical vertebræ had been extruded, with much hæmorrhage—it was believed from the vertebral artery. In the larynx, the arytenoid cartilages had been in several cases necrosed and expelled. The symptoms of these lesions were dysphagia, dyspnœa, and dysphonia. The dysphagia was of two kinds—1, a mechanical difficulty or obstruction; and, 2, pain without obstruction. The dyspnœa arose from chronic thickening, cicatricial narrowing, or chronic or acute œdema. The narrowing caused by cicatrisation of tertiary ulcerations often rendered tracheotomy necessary. The patient should be told that he must wear the tube permanently. Gummy tumours were generally found in the tongue and palate; in the pharynx, their most frequent site was the posterior wall; and in the larynx, the epiglottis, the arytenoid cartilages, and the ventricular bands. They were either absorbed, or softened and degenerated into ulcer with thick walls. The diseases of the muscles and nerves met with in the later forms of constitutional syphilis, were due either to the destruction of tissue, or to the results of cicatrisation and subsequent absorption, or to the deposit and softening of gummy tumours in the muscles or around the nerves, or finally to interstitial myositis. Syphilitic perichondritis in the larynx was very rare. He had met with three cases only of pure perichondritis, originating primarily in the cartilage. Dr. Mackenzie exhibited several elaborated coloured drawings to demonstrate the differential diagnosis between syphilis, phthisis, and cancer in the larynx. The following were the principal distinctive features. 1. *General Character.—a.* In *Syphilis*, the ulceration is generally extensive, and may take place without much thickening: loss of tissues is its distinctive sign. *b.* In *Phthisis*, a more or less uniform thickening is the principal characteristic; this thickening always precedes ulceration. *c.* In *Epithelial Cancer*, there is generally a very great amount of irregular thickening and displacement. 2. *Site.—a. Syphilis* most frequently, and first, attacks the epiglottis; and there are signs of former ulceration in the pharynx. *b. Phthisis* most frequently, and first, attacks the neighbourhood of the arytenoid cartilages, where it produces pyriform swelling; when it attacks the epiglottis, it generally produces thickening, and the subsequent ulceration is often of a worm-eaten character. *c. Epithelial Ulceration* generally attacks the posterior surface of the arytenoid cartilages and the corresponding wall of the pharynx. 3. The *Secretion* from the various ulcerations is distinctive. In syphilis, it is thick, yellow, and very tenacious. In phthisis, it is thinner, and frothy. In cancer, the secretion is scanty, except in a very advanced stage. The previous history, present constitutional condition, temperature, pulse, and state of the lungs, also greatly assist in forming an accurate opinion. The treatment of the ulceration of tertiary syphilis consisted in cleansing the ulcers with a dry, stiff, but soft camel's hair-brush, and then applying a very strong solution of nitrate of silver; or, better still, the solid nitrate fused on to aluminium rods. In protracted cases, a change of local treatment was often advisable. He frequently, in such cases, substituted copper for silver, as a local application. In addition, he administered iodide of potassium in ten-grain doses, in combination with ammonia, and largely diluted. He considered the local treatment in these cases of the very first importance; without it, in spite of the most able constitutional treatment, it was often impossible to arrest the disease.—A discussion ensued—chiefly on points of treatment—in which Mr. De Meric, Mr. R. W. Dunn, Mr. Henry Lee, Dr. Drysdale, Dr. Tilbury Fox, Dr. Silver, and Dr. Oppert, took part.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, MAY 29TH, 1869.

THE JOINT COMMITTEE AND THE ROYAL SANITARY COMMISSION.

AFTER two lengthened periods of incubation, extending over just eleven months, the sanitary brood of the Home Office have at last broken the shell, and begun to make themselves heard in the purlieus of Westminster. On May 22nd, the Joint Committee of the British Medical and Social Science Associations went to Her Majesty's Ministers in such force as to show they were thoroughly in earnest, and presented a Memorial and Memorandum for the consideration of the Government, which showed—two things, by the way, of considerable moment—that they knew what they were about, and also knew what they wanted. Their request was not only unanimous, but had respect to subjects of such acknowledged importance, and was withal so reasonable, that no Government could afford wholly to disregard it. They ventured to suggest "that the Imperial Parliament, which for many years had devoted much time and attention to the enactment of laws having reference to the amount, the causation, and the diminution of mortality in the United Kingdom, should take measures to ascertain how far its benevolent intentions have been appreciated, its laws obeyed, and its suggestions adopted; and how far, on the contrary, local regulations, customs, and prejudices, the parsimony of local authorities, the existence in the same districts of conflicting jurisdictions, and defects or obscurity in the laws themselves, have tended to defeat, in whole or in part, the labours of the legislature." A not unreasonable suggestion, truly, though there was a quiet sarcasm in the allusions to the patient and self-denying toil, the benevolent intentions, the unheeded suggestions, and the blessed ignorance, of the Imperial Parliament, which was the reverse of flattering to that august body.

It was not till the 24th of November that a brief and straightforward paragraph in the *Gazette* announced, without circumlocution, the appointment of a Commission worthy of the nation's confidence, and empowered, in compliance with the earnest representations of the Joint Committee conveyed to Mr. Hardy by Dr. Acland, to extend its inquiries to every part of the United Kingdom. The change of Ministry, and the consequent retirement from the Commission of several of its best working members, necessitated its reconstruction, and threw the whole matter into the hands of the new Home Secretary, the narrowness of whose views on this question were as well known as his tenacity of purpose. At length, after five months' further delay, there appeared in the *Gazette* of April 20th a proclamation—the pompous verbosity of which contrasted curiously with the meagreness of its provisions—appointing a Commission to inquire and report on the operation and administration of the sanitary laws in England and Wales, with the exception of London and the liberties thereof! This refusal of the Home Secretary to permit a comprehensive survey of the whole subject bodes ill for the results of the present inquiry, and will, we fear, vitiate hopelessly the proceedings of the Commission. Let it be distinctly understood from the outset, that not on them so much as on Mr. Bruce rests the blame of probable failure. In answer to a request for full information, with the view of providing a simple, intelligible, and consistent sanitary code for the whole kingdom, he authorises an inquiry which excludes from view Scotland, Ireland, and this huge metropolis!

We learn from our able contemporary the *Builder*, that at the first meeting of the Commission on the 22nd of April, the chairman (Mr. Adderley) proposed that the first proceedings should be as follows:—

"I. To take evidence on the operation of the sanitary laws: (1) their machinery; (2) their administration, as to (*a*) areas, (*b*) local authorities, (*c*) powers; the enforcement of the sanitary laws, and their defects; the central control over the local authorities.

"II. That, for the present at all events, scientific controversies as to the best mode of carrying out sanitary improvements should be postponed.

"III. Evidence to be taken—first, from the Home Office and the Privy Council Office; next, from sample towns and districts.

"IV. A digest of judicial decisions on disputed cases under the Sanitary Acts since 1848, or in matters connected therewith, to be prepared immediately."

We have also before us a schedule framed with great care by the Joint Committee, and which we hope soon to lay before our readers, setting forth what should, in the opinion of the Committee, be the nature and scope of the inquiry. While the Commissioners take for their starting point the SANITARY LAWS, the Committee propose that the inquiry should have special reference to OFFICERS and DUTIES. To those who are at all acquainted with the chaotic state of our legislation on matters relating to the public health, and the heroic contempt of method and consistency with which provisions are enacted, and duties defined, prescribed, or left optional, in unexpected corners of a multitude of Acts, the advantages of the latter method will be obvious at a glance. The Commissioners, if they would avoid hopeless confusion, should begin by defining what they mean by "Sanitary Laws." Not a few of the most important sanitary duties are prescribed in Acts which are not commonly reckoned among the so-called Sanitary Laws. For instance, one of the longest sections in the Committee's schedule has reference to the inspection of factories, workshops, and mines, the health of the workers, and the nature of the work as affecting health, subjects on which very few, if any, of the sub-inspectors, who are nominally responsible, are qualified to form an opinion. Other duties equally important, such as the systematic inspection of ports—so ably advocated by the *Times*—and of emigrant depôts and rivers, are either wholly unprovided for, or discharged in the most unsatisfactory manner; while the inspection of rural districts, of labourers' cottages, and of villages, so often the scene of destructive—though easily preventable—outbreaks of typhoid fever, seems to be a fond dream of the distant future. We are suffering now, not so much from the want of laws, as from their non-enforcement; and unless the Commissioners fairly grapple with the great and avowedly difficult questions of the inspection and supervision both of towns and of rural districts, and of the consolidation of duties as well as of laws, their labours will be in vain. No one, as far as we know, has ever thought of appointing officers, whose will should be law in their respective districts; but without such officers to furnish accurate information, upon which the local authorities may act, the laws, however judiciously framed, must remain a dead letter. We therefore conclude, with the Joint Committee, "that no consolidation or amendment of the existing statutes will be of much avail, which does not provide an efficient machinery, both central and local, for the execution of the law in rural as well as urban districts." We shall return to this subject.

WATER-ANALYSIS FOR SANITARY PURPOSES.

II.

IN attempting to ascertain what may be the value of results obtained by chemical examination of water for sanitary purposes, one of the chief points to be borne in mind is the fact, that the amount of organic substance in fresh water, whether derived from wells or rivers, is always extremely small; rarely exceeding two grains per gallon, or 1-35,000th part by weight, and frequently less than half a grain per gallon, or 1-140,000th part by weight. Moreover, the organic substance that is believed to be injurious, or capable of becoming so—the putrescent or nitrogenous substance—generally constitutes only a part of the total amount of organic impurity.* Therefore, since there is a practical limitation of the quantity of water to be operated upon, for determining either the amount or the nature of the organic impurity, it follows that the actual quantity of organic substance to be determined will be, in any case, very minute. For this reason alone it is essential that the method of chemical examination should be proportionately delicate, and as free from liability to experimental error as possible. It is, therefore, obvious that the chemical determination of organic substance in water is a matter of extreme difficulty, inasmuch as the actual quantity of that substance to be dealt with in the operation may be very much less than a quarter of a grain, and would rarely be much more than that, except in cases of such flagrant impurity as might be recognisable otherwise than by chemical examination.

No limits have as yet been assigned to the amount of organic impurity that may be disregarded, and it is impossible to say how small an amount may be prejudicial. It may, therefore, be taken for granted that, except in the case of very bad water, any judgment as to quality that can be obtained by the ordinary evidence of the senses, either from the colour, smell, or taste of water, is of very slender value in reference to the amount or nature of the organic impurity, which is believed to be of the greatest importance. A positive result may shew that water is extremely bad, but a negative result does not prove the water to be good. Thus, for instance, the water of rivers and lakes in peat districts is often distinctly coloured by the organic substance it contains, though it may be otherwise very pure, and in all respects free from any unwholesome character. On the other hand, water of the most suspicious origin, and containing an unusually large amount of organic impurity, sometimes presents a very attractive appearance, and has an agreeable taste. Moreover, prejudicial organic impurity is not necessarily stinking; and, if it were so, the presence of so small a proportion as is commonly met with in water might easily escape detection by the nose. Therefore, neither the eye, the palate, nor the nose, can be trusted as indicating the quality of water. Any estimate formed by those means must be regarded as very dubious: in fact, such a method of inquiry appertains more to that order of intelligence which may be seen at country fairs in exercise by our old friend *porcus eruditus*, than to the scientific consideration of an important subject. Even the observation of colour, recently adopted as a control of other results, affords so little indication as to the amount or nature of the organic substance, or as to the quality of water, that Dr. Letheby's two-feet tube for this purpose may be classed, as an instrument of research, with the dousing rod and the magic crystal.

The indication of the presence of organic impurity afforded by water becoming putrid, or by the development of confervæ, when it is kept for a few days at about 80° F., is a positive result tolerably decisive against the character of the water; but a negative result, under similar conditions, affords no certain indication that the water is wholesome, or that it is free from objectionable organic impurity. Moreover, the time required for such a test renders it in many cases inconvenient, as well as unsatisfactory in its results.

The method of estimating the organic substance in water by evaporating to dryness, igniting the weighed residue until all carbonaceous particles are burnt off, and, after treatment with carbonic acid water, then weighing again, to ascertain the loss of weight caused by ignition, gives a result which represents not only organic substance, but may, and generally does, comprise several other substances besides. In the case of water with only a very small amount of fixed mineral contents, the loss of weight caused by igniting the dry residue may represent tolerably well the organic substance present in the water. But when the fixed mineral contents of the water exceed a very small amount, that is not the case; and then the loss of weight caused by igniting the dry residue may comprise, besides organic substance, ammoniacal salts, water of hydration, the volatilisable portion of nitrates, chlorine, and perhaps sulphur, in varying proportions. Consequently the result thus obtained, and expressed as representing *organic and other volatisable substances*, is extremely vague; it affords no indication either of the actual quantity of organic substance in the residue of evaporation or of the nature of that substance; and, therefore, it does not admit of any safe inference as to the quality of water, so far as organic impurity is concerned. The loss on ignition may be large, and yet there may not be any organic substance in the water. Moreover, it must be remembered that the residue obtained by evaporating water to dryness will not always contain all the organic substance in the water. For certain kinds of organic substance, likely to be present in water, would be liable to undergo decomposition, while the water is being evaporated, and to be thus, at least partially, lost. Such a decomposition would also take place most readily in the case of water containing putrescent impurity; and this source of error would therefore have the greatest influence precisely in those cases where the accurate determination of organic impurity was of most importance. For these reasons the only practical utility assignable to results obtained in this way would be in affording some uncertain ground for suspecting the character of water found to give a considerable loss on ignition; and even in that case, the result may only in part represent organic substance, while that organic substance may be entirely free from, and incapable of acquiring, noxious characters. Negative results would have still less value.

The plan of adding a known weight of sodic carbonate to the water, before evaporating it to dryness, has the effect of eliminating from the residue obtained, ammonia and water of hydration; probably, also, of preventing expulsion of chlorine and sulphur during the ignition of the residue; but though the result thus obtained would to that extent represent more nearly the amount of organic substance in the residue, still, even in this case, the loss of weight caused by ignition would comprise the volatilisable portion of nitrates, and it would still fail to afford any indication as to the nature of the organic substance. Moreover, the presence of alkaline carbonate in the water during evaporation would much facilitate decomposition of any putrescent organic substance or of urea. This important source of error attending the use of alkaline carbonate would, therefore, have the greatest influence on the result, especially in the case of bad water; and the consequent error in the result would be of more importance, since it would make the amount of organic substance appear less than it really was. In the case of bad water, another source of error would obtain, affecting the result in the same direction, and consisting, probably, in the formation of a cyanate, or cyanurate, by a reaction between the alkali and urea or other nitrogenous organic substance during ignition, the consequence being that part of the organic substance would not be driven off by ignition. A third source of error consists in the unexplained increase of weight that sometimes occurs when the ignited residue is moistened with carbonic acid water and again ignited. The error due to this latter cause may, in some cases, exceed even the total quantity of organic substance in the residue of evaporation. At the utmost, therefore, the loss on ignition, however determined, can only afford some ground for speculation, as to the amount of organic substance in water. The loss by ignition may be little or nothing, and yet the amount of organic substance in the water may be considerable. It may be large, and yet not represent any hurtful impurity. It is indeed probable that, in regard to the quality of water, numerical results obtained in this way have less real value than results obtained without any pretence of chemical testing, such as those obtained by observing the behaviour of the dry residue when gradually heated to ignition; for by this means it is often possible, with practice, not only to judge of the amount of organic substance, but also, by the odour evolved, to ascertain whether it be merely carbonaceous, or whether it be nitrogenous, and even to judge whether it be of vegetal or of animal origin.

The method of estimating organic substance by means of a permanganate solution has the advantage of being applicable to the water itself; the evidence of reaction afforded by decoloration of the permanganate is very decisive; and, consequently, the quantity of oxygen taken up by the organic substance may be determined with great precision. There is, however, much difficulty attending the interpretation of the result thus obtained. As regards the actual amount of organic substance present in water, it may be said to afford no indication whatever. In the first place, different kinds of organic substance require very different amounts of oxygen for their oxidation, this variation in the amount of oxygen ranging from one-eighth to more than twice the weight of the substance oxidised; and, even though the range of probable variation may be reduced within much narrower limits, by having regard to the chemical nature of the organic substance likely to be present in natural water, it is still too great to admit of the quantity of organic substance being indicated by the quantity of oxygen taken up. Moreover, organic substances are unequally acted upon by permanganate; and though, by contact with permanganate, the substances commonly present in water may be eventually oxidised in full, still the differences in the time required for the production of this result are so great that it is necessary, in the practice of this method, to confine observation to the effects produced within definite periods, in order to obtain results admitting of any useful comparison with each other. For these several reasons, therefore, it is almost inconceivable that, with the object of ascertaining the amount of organic substance in water, it should have been seriously proposed to multiply the quantity of oxygen absorbed by any constant. Results thus obtained might well indicate ten times as much or only one tenth as much organic substance as the water really contained. They may even indicate the presence of a considerable amount of organic substance in water that does not contain any; for nitrites, which are frequently present in water, decolorise permanganate far more readily and copiously than any organic substance. Consequently, the decoloration result, obtained with permanganate solution, does not always afford a positive indication even of the presence of organic substance in water; neither does the quantity of oxygen taken up, in any case, indicate the amount of organic substance.

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* The term "impurity", applied to water, appears to have been regarded by some as having been used in an abusive sense. It is only for this reason necessary to state that the term is intended merely to denote the presence of substances which are chemically foreign to water, and of accidental origin, whether they be mineral, organic, harmless, or prejudicial.

But, though the permanganate test is wholly untrustworthy as a means of ascertaining the amount of organic substance in water, it has been considered capable of affording useful indications as to the nature or condition of that organic substance. Its application with that important object is due to Dr. R. A. Smith; and the plan which he adopts does afford some means of discriminating between probably noxious organic impurity and substances that may be harmless. The principle on which he proceeds in thus estimating the quality of water--viz., that actually putrescent or decaying organic substances are most likely to be injurious, and also most susceptible of oxidation by permanganate—is rather assumed than established; but it has much probability, both on physiological and on chemical grounds. With these presumptions, the proportion of oxygen taken up, or of permanganate solution decolorised within a given time, may be regarded as affording an approximate relative indication of the quality of water. However, the actual magnitude of the result thus obtained in any particular instance will depend very much upon the mode of operating, and upon the length of time that the permanganate is left in contact with the water. The result obtained within fifteen or twenty minutes will not be more than about one-tenth of that obtained in twenty-four hours; and the choice of any particular time within these extreme limits is quite an arbitrary matter. Considerable and rapid decoloration of permanganate generally affords some reason for suspecting the quality of water; but it is no proof that the water is bad, for, independent of the influence of nitrites, it may be caused by a perfectly harmless substance, such as that present in some kinds of peaty water. There is, therefore, no certainty that even the relative quality of water is represented by the results thus obtained. A given quantity of oxygen taken up may represent either a harmless substance or a highly objectionable impurity. Moreover, though it is probable that putrescent organic substances would most rapidly decolorise permanganate solution, it might on the contrary be expected that organised bodies would resist the action of that reagent even more than any kind of less hurtful organic impurity; and, consequently, that the permanganate test would not indicate the presence of germs or ova, to which the prejudicial influence of water in causing disease has been ascribed. In fact, the results obtained in any way with the permanganate solution are, from a chemical point of view, neither definite, precise, nor certain, so far as relates to the determination of the amount or the nature of the organic substance in water. However, the ready applicability of the permanganate test renders it very serviceable in many cases where any more thorough examination would be inapplicable, and where it is required merely to ascertain with some degree of probability whether water is very bad or tolerably good.

From the foregoing account of the sources of error which may affect results obtained by the ignition or permanganate tests, it will be evident that the attempt to control those results by any method which itself furnishes uncertain results must be extremely fallacious. The observation of the colour of water, adopted by Dr. Letheby for this purpose, is of such a nature; for water that is perfectly free from colour may contain twice as much organic substance as water that has a distinct brown tinge. Dr. Letheby does not state how his control is applied; but it has been aptly compared to the attempt to ascertain the true time from the mean of several clocks that are wrong. That appearsto be the extent of its claim to scientific consideration. If the application of this control constitutes the improved means of testing to which Dr. Letheby has referred as having been introduced by himself during the last few years, the chemistry which it manifests may well be regarded as on its trial, as was suggested at the late Meeting of Medical Officers of Health.

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Mr. Gregory Smith has been appointed, for a term of five years, Resident Medical Officer to the new Convalescent Home in connexion with St. George's Hospital.

Dr. T. Henry Green, Lecturer on Pathology in the Charing Cross Hospital Medical School, has been appointed Assistant-Physician to the hospital. The vacant physicianship in the skin department has not been filled up, none of the candidates having complied with the regulations.

Vice-Admiral Francis Decimus Hastings, a brother of the late Sir Charles Hastings, M.D., D.C.L., died on the 21st instant, at his residence near Worcester.

A movement is on foot to erect a cottage hospital, with ten or twelve beds, in Dorking. Mr. Cubitt, the well known contractor, has contributed £1,000 towards the object.

The Committee of the Leeds Eye and Ear Infirmary have postponed the appointment of a Surgeon. A Subcommittee has been formed to confer with the authorities of the General Infirmary, with a view to an amalgamation.

The election of members of Council at the Royal College of Surgeons will take place on Thursday, July 1st. The Councillors who retire in rotation are, Mr. Solly, Mr. Mackmurdo, and Mr. John Adams. For the vacant seats, in addition to the retiring members, Mr. Erichsen, Mr. Gay, and Mr. Erasmus Wilson, have announced their intention of coming forward as candidates.

The thirty-ninth Meeting of the British Association for the Advancement of Science will be held in Exeter, on August 18th and following days, under the Presidency of G. G. Stokes, D.C.L., Secretary to the Royal Society, and Lucasian Professor of Mathematics in the University of Cambridge. The local Committee, who are actively engaged in making preparations for the meeting, have issued circulars to those whom they have reason to think likely to be present. Every necessary arrangement for the reception and comfort of visitors is being made in Exeter, and in the neighbouring towns of Exmouth, Dawlish, and Teignmouth.

Dr. Ludovigo Pascale has died, at the early age of 33, of typhus fever, contracted in the discharge of his duties as one of the physicians to the Fever Hospital during the recent epidemic prevalence of the disease in Naples. Dr. Pascale was also Secretary to the Sanitary Committee of that city.

Mr. Frederick Attenborough, formerly a private and mess-room steward in the 3rd Dragoon Guards, has bequeathed to the General Hospital near Nottingham the sum of £4,200, in gratitude for the skill and kindness shewn to him when a patient of that institution fifty-three years ago.

HIS ROYAL HIGHNESS THE PRINCE OF WALES.

His Royal Highness the Prince of Wales, President of St. Bartholomew's Hospital, has intimated his intention of being present at the "annual view" at that hospital on Monday forenoon.

STUDY OF NATURAL SCIENCE IN SCHOOLS.

The Chemical Society has decided on petitioning Parliament to enact such laws as may procure for chemistry and other branches of natural science as important a position among endowed school studies as that now occupied by Latin and Greek.

THE LECTURESHIP ON PHYSIOLOGY, ST. BARTHOLOMEW'S HOSPITAL.

The vacancy in the Lectureship of Physiology at St. Bartholomew's Hospital, caused by the resignation of Mr. Savory, will be shortly filled up. We understand that Mr. Morrant Baker, Demonstrator of Anatomy and Operative Surgery, and Warden of the College, is a candidate for the appointment, which, we may state, is one of the most lucrative of the kind in the country.

THE ASYLUM FOR IDIOTS, EARLSWOOD.

The first stone of the enlargement of this asylum will be laid on June 28th, by His Royal Highness the Prince of Wales. Ladies presenting purses of five guineas on the occasion will be entitled to a life vote; and gentlemen will be allowed the opportunity of showing their sympathy with the objects of the institution—votes being given to them in proportion to the amount contributed. The annual fête and summer entertainment at the asylum will also take place on the same day. We heartily commend this most excellent institution to the benevolence of our readers.

LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

Mr. Le Gros Clark will commence his lectures at the Royal College of Surgeons on Wednesday next, June 2nd. The subject of the course, which will be in continuation of that given last year, will be the Principles of Surgical Diagnosis, especially in Relation to Shock and Visceral Lesions. The lecturer will commence by completing his remarks made last year on lesions of the nerve-centres, and discussing the propriety of surgical operation in fracture of the spine. Afterwards, he will take up, in succession, lesions of the thoracic, abdominal, and pelvic viscera. The course will be published in this Journal. Mr. J. W. Hulke will also deliver at the College on June 3rd, 8th, and 15th, three lectures on the Minute Anatomy of the Eye.

ISSUE OF THE NOMENCLATURE OF DISEASES.

Within the next few days, the authorities at Her Majesty's Stationery Office will commence to issue, free of charge, a copy of the College of Physicians' *Nomenclature of Diseases* to every registered practitioner in the kingdom whose address appears in the *Medical Directory.* They will be despatched by post, at the rate of one thousand copies a day, first to the metropolis, and afterwards to the provinces of England and Wales, then to Scotland, and lastly to Ireland. The Government copy is somewhat smaller in size than that issued by the College of Physicians, and is lightly bound, but in every other respect the same as the original.

POISONING BY ACONITE.

A herb-collector, named Flanery, has lately died in Liverpool from aconite poisoning. He was in the habit of going out to collect herbs, for the purpose of supplying various herb-shops in the town. On Sunday, he returned home as usual with a large quantity. A woman named Ann Carney complained to him of suffering severely from rheumatism, and Flanery recommended her to eat some portion of the herbs which he had collected. She did so, and so did Flanery. Directly afterwards they were both violently purged, and great numbness took hold of their limbs. Carney became alarmed and ran off to the dispensary, where an emetic was given to her. She, however, is still in great danger. Flanery was dead before a medical man could reach him. At the inquest, it was found that death had been caused by aconite.

THE INTERNATIONAL MEDICAL CONGRESS.

The programme of the Second Session of the International Medical Congress, to be held in Florence on September 20th and following days, has appeared in *L'Imparziale.* The honorary presidency is offered to M. Bouillaud, who presided at the Congress held last year in Paris. The following questions are proposed by the Executive Committee for discussion. 1. Marsh miasma: the conditions which favour its developement in different countries; its effects on the human organism; the most efficacious means of destroying its causes and its effects. 2. The therapeutic value of the various methods of local treatment of cancerous diseases; the indications and contraindications for their use; the special value of methods of general treatment. 3. The treatment of gun-shot wounds, in its relations to the progress of the art of war and of modern international laws. 4. The hygienic conditions of hospitals, and the value of medical attendance at patient's homes. 5. The influence of railways on the health of man. 6. The conditions which favour the developement of endemic or epidemic diseases in large towns; the methods of preventing these diseases, and the manner in which large rivers or the sea in the vicinity of cities can be applied for this purpose. 7. The rights and duties of the medical man in relation to the legislation of various countries, and the improvements which may reasonably be expected. Communications on other subjects than those mentioned in the programme will also be received and discussed.

EXTENSION OF THE CONTAGIOUS DISEASES ACT.

An influential public meeting was held in Newcastle on the 24th inst., the Mayor in the Chair, to urge the application of the Act to the civil population. The Sheriff, the Undersheriff of Newcastle, the Mayor of Gateshead, the French and Portuguese Consuls, many of the Town Councillors, the leading physicians and surgeons, and other persons of influence in Newcastle, were present. Letters approving of the object were read from the members for the boroughs, Hon. H. G. Liddell, M.P., Sir W. Hutt, M.P., Mr. Headlam, M.P., the Archdeacon of Durham, etc. The Honorary Secretary to the Newcastle Branch of the Contagious Diseases Association, Dr. Arnison, Surgeon to the Newcastle Infirmary, then read a report of the Committee, which mentioned that a public meeting had been held in May last year to inaugurate the Branch of the Central Association, since which time ample evidence had been collected to show the need for preventive restrictions in Newcastle and neighbouring seaports. He also remarked that the impetus given to the movement by the Newcastle meeting had called forth similar meetings in Birmingham, Reading, Cheltenham, Bristol, and many other large towns. The report furnished valuable evidence for convincing the Government that the amount of disease in Newcastle is very great. Of the total number of regular patients (excluding accidents) applying for relief at the Newcastle Infirmary during the last five years, one-fifth were suffering from this form of contagious disease; and of the in-patients, again excluding accidents, one-fourth were similarly affected. At the Newcastle Children's Hospital, Dr. Murray and Mr. Fife stated that no less than one in every twenty of the patients suffer from contagious disease inherited from their parents. The Mayor, in explaining the object of the meeting, pointed out the great benefit conferred by the Act in all towns where it is in force, by preventing the solicitation in the streets now almost universal in English towns. Dr. Embleton briefly explained the simple provisions of the Act; which, however, were not appreciated by one or two speakers, who evidently desired to make the operation of preventive legislation a penalty for immorality, instead of simply a means of saving society from the incalculable loss which the spread of these diseases among all classes now entails. The meeting then separated, after resolving to send fresh petitions to Parliament in favour of applying the Act to Newcastle and Gateshead.

DOCTORS IN AMERICA.

THE *California Medical Gazette* says that Boston contains 574 persons who claim to be doctors. The largest division is composed of the "regular army", 275 strong; thirteen call themselves eclectics. "Forty-six light skirmishers with globules and infinitesimal weapons follow next." "Then we have a division of female physicians, sixty in number; and bringing up the rear are 180, whom the *Directory* calls *other physicians*." Among the specialties in the last two divisions are electricians, botanic and cancer doctors—males; magnetic, sympathetic, mesmeric, and clairvoyant doctors—females; also a bone-setter who pursues naturepathy, and a female who practises baunschedismus! There is one regular physician to every 800 people; and, "taking the whole medical force, one professor of healing to every 400 souls," calling the population of Boston 230,000. Out of the 230,000, about 30,000 cases are treated annually by charity. In San Francisco, there are 354 disciples of Æsculapius; and supposing the population to be 135,000, there is one practitioner to 381 people. There are, besides regular practitioners, botanic, cancer, Chinese, electro-magnetic, astrologists, spiritual, waterists, clairvoyant, and one of the "baunschedismus" order; also one who must be a machineropathist, judging from the name and description of the machinery with which he guarantees to chase away the ills to which flesh is heir.

CULTIVATION OF CINCHONA IN INDIA.

DR. JOSEPH EWART, Professor of Physiology in the Bengal Medical College, in an article in the *Indian Annals of Medical Science* for January 1869, reports very favourably on the condition and prospects of the cinchona cultivation as carried on in British Sikkim, near Darjeeling. In that locality there are three plantations, those of Rungbee, Rishap, and Rayeng; on which, in October last, there were 924,316 plants of various species of cinchona thriving in the open air. Including stock plants, seedlings, cuttings, etc., there was a total of 2,196,974 plants. The process of cultivation is very simple; and labour is abundant and cheap. From Dr. Ewart's information, it seems likely that before long there will be an abundant supply from the Darjeeling plantations of cinchona, yielding a very fair amount of quinine; a specimen of *cinchona succirubra* yielded 3.20 per cent. of the alkaloid. Dr. Ewart says, that a cinchona alkaloid manufacturer will soon be required for the plantations; and he suggests that such an officer, being an expert chemist, might be procured from among the cadets of the Army Medical School at Netley. The cinchona alkaloids are more readily obtained from the fresh than from the dried bark; and all the requisites for the manufacture may be had on the spot, or are within convenient distance.

THE CONVERSAZIONE AT GUY'S HOSPITAL.

THE biennial *conversazione* at Guy's Hospital passed off successfully on Friday evening, the 21st inst. The large out-patient rooms were carpeted, and profusely and tastefully decorated with flowers and shrubs. The walls were hung with numerous pictures, either belonging to the hospital, or kindly lent by friends for the occasion. Among the former were John Absolon's fine pictures representing "The Pleasures of Labour", which were presented about a year ago to the hospital by the artist. In the various rooms were numerous microscopes, instruments, and other objects of interest, sent by friends, or exhibited by well known London firms; a fine collection of Wedgwood medallions, and a marble by Flaxman, sent by Dr. Hicks; a sponge from the Philippine Islands, taken 130 fathoms below the surface of the sea, by Dr. Gull; a new polarising saccharometer, by Dr. Dupré; a new disinfecting towel, similar to Mr. Tustin's, for the wards of the hospital; an ozone-generator for disinfecting hot rooms or hospitals, by Mr. Ladd; a powerful medical coil machine, with primary and secondary currents, in action, by Mr. J. How; Middledorf's galvanic cautery apparatus, from the electrifying room of the hospital; new immersion lens, the circulation in the *vallisneria spiralis*, and other specimens, by Messrs. Powell and Lealand; an aquarium with hippocampi, a salamander with young, *coronella levis*, the new British snake, and other specimens, all alive, by Mr. G. King of Great Portland Street; and a host of photographs, microscopes, etc. The attendance was very large, upwards of one thousand ladies and gentlemen being present. Amongst the guests was Dr. Bickersteth, Bishop of Ripon, thirty-three years previously a student of the conjoined Guy's and St. Thomas's Hospitals.

THE MIDDLESEX HOSPITAL.

AT a Quarterly Court held on Thursday, Mr. Nunn, who has hitherto acted as exra surgeon, was appointed full surgeon. We believe that Dr. Francis Hawkins and Dr. A. P. Stewart, late physicians to the hospital, have been recommended for appointment as consulting-physicians; and Mr. Shaw as consulting-surgeon.

SCOTLAND.

DR. ANDREW INGLIS, the newly elected Professor of Midwifery in the Aberdeen University, was inducted into office on Monday of last week.

THE sum subscribed towards the new Infirmary buildings, Edinburgh, now amounts to almost £74,000.

AN anonymous donor has contributed £500 towards the expense of erecting a Convalescent Hospital in connexion with Aberdeen Infirmary.

INVERNESS ROYAL INFIRMARY.

THE annual general meeting of managers of the Northern Infirmary, Inverness, was held on the 19th instant. Mr. Waterson, the treasurer, submitted his statement of accounts for the year, which showed an income of £1254 : 7 : 10, and an expenditure of £1338 : 11 : 2, leaving a shortcoming of £84 : 3 : 4. It was stated that Mr. Macintosh, M.P., who had offered to erect a children's ward, had approved of one of the plans submitted, but had at the same time intimated that he would send down from London the sketch of a suitable erection, and would not restrict himself to the sum of £500 originally specified by him.

IRELAND.

THE PRESIDENT-ELECT OF THE ROYAL COLLEGE OF SURGEONS.

THE professional and other friends of Mr. Macnamara have subscribed a very handsome sum for the purchase of a carriage and horses, which are to be presented to him on the occasion of his taking the presidential chair.

THE IRISH MEDICAL ASSOCIATION.

THE annual meeting will be held in the Albert Hall of the Royal College of Surgeons, on Monday, June 7th, at twelve o'clock. The Superannuation Bill, the Common Law Courts Bill (under which the payment of medical witnesses is provided for), and the extension of the Royal Sanitary Commission to Ireland, will be among the subjects debated. The annual dinner is arranged for the same day, at seven o'clock, in the Exhibition Palace. Last year, sixty members, and guests introduced by them, dined together.

DEATH-RATE IN DUBLIN.

According to the Medical Officer's Report, the city has been unusually healthy, 450 deaths, or nearly 100 below the average, having been recorded. The diminution was mainly in the zymotic class; but bronchitis and phthisis, owing to low temperature and east wind, were fatal to a more than average extent. The immunity from enteric fever and diarrhœa is attributable to the excellent water-supply, which, according to Professor Frankland's analyses, contains but five grains of solids per gallon, and not a trace of nitrites or nitrates.

THE WORKSHOPS REGULATION ACT.

The Dublin Health Committee are taking active steps to enforce this statute. Its provisions having been extensively made known, prosecutions for breaches of them have been instituted. In one case, twenty-two seamstresses were crowded into a workroom which contained but 3,400 cubic feet.

ANNUAL REPORT OF THE COLLEGE OF SURGEONS.

This document has just been circulated among the Fellows, previous to the meeting for its adoption next Monday. The total income was £4906 : 6; the expenditure, £3709 : 18 : 7, including the following items: Library, £277 : 6 : 9; Museum, £373 : 2 : 9; and School, £267 : 18 : 7. The publication of a new museum catalogue, the addition of operative surgery to the examinations, and the superannuation of Poor-law officers, are amongst the objects discussed at length.

UNIVERSITY COLLEGE, LONDON.

The distribution of prizes in the Faculty of Medicine, of University College, took place recently under the presidency of Mr. W. Spottiswoode, F.R.S.—Dr. J. Russell Reynolds read the report, which stated that the prospects of the medical school were highly satisfactory. There had been enrolled during the Session 222 students. These numbers corresponded closely with those of the last year, and exhibited a marked increase over previous years. Many of the students had graduated in the university of London; and throughout the session the conduct of the students of the Faculty of Medicine had been such as to merit the highest approbation. Certificates and Prizes were awarded as follows.—Medicine: Gold Medal—H. N. Martin, of Newry. First Silver Medal—C. H. Carter of London. Second Silver Medal—Howell Rees of Maesteg. Anatomy and Physiology: Gold Medal—G. D. Thane of London. First Silver Medal—A. R. Saunders of Haverfordwest. Second Silver Medal—A. H. Carter of Pewsey. Anatomy: Gold Medal—G. D. Thane. First Silver Medal—J. B. Ball of Dublin. Second Silver Medal—W. W. Carr of Blackheath. Junior Class: Silver Medal—T. S. Parry of Mold. Chemistry: Gold Medal—C. A. Nankivell of Torquay. First Silver Medal—E. G. Whittle of Whitehaven; Second Silver Medal—W. B. Houghton of London. Surgery: Gold Medal—R. T. Smith, of Hebden Bridge; First Silver Medal—R. Parker of Liverpool; Second Silver Medal—A. Shewen of Sevenoaks. Comparative Anatomy: Gold Medal—A. R. Saunders. Practical Physiology and Histology: Silver Medal—A. H. Carter. Junior Class: Silver Medal—E. A. Schafer of Highgate. Fellows Clinical Medicine Gold Medal—H. N. Martin; First Silver Medal—Ethelred Desse of Barbadoes; Second Silver Medal—W. H. Davies of Newport.—The Chairman expressed lively interest in all educational institutions, and especially in this college. Referring to the peculiar branch of study in which they were engaged, he pointed out that the system of public examination in general branches of education contributed more than anything else to raise the tone of the profession generally, whilst it was of great service in saving the time and labour of the Professors. He said the making a scientific study of physiology the base of their medical course must, in his opinion, be of great advantage, and in conclusion he offered a few words of advice to the students.—Mr. Grote, the President of the College, said that it was with feelings of the greatest satisfaction that he had witnessed the number of meritorious young men who were to receive prizes for efficiency in the medical classes. He was glad that the report had been such as they need not be ashamed to read before any gentleman who might occupy the chair, and he was rejoiced to find that the demeanour and conduct of the students in the school had been good.—The proceedings were then brought to a close with a vote of thanks to the Chairman.

WESTMINSTER HOSPITAL.

The annual distribution of prizes to the students of the Westminster Hospital took place on May 20th, at the Boardroom of that Institution, Mr. Clabon in the chair.—Mr. Holthouse, dean of the hospital, gave in his report, regretting that the number of students was not equal to what it had been in some former years. This arose from various causes, which he hoped would pass away; and, on the other hand, he had to state, as a proof of the excellence of the training received at this hospital, that not a single student sent from this hospital for the last two years had failed to receive his diploma. He reminded the students that the prizes then on the table were not all that were to be obtained in this hospital; in fact, there was not a position in any of the metropolitan or other institutions which was not open to the diligent and assiduous student.—The Chairman then addressed a few words to the students, congratulating them upon the favourable report of their studies which they had just heard. He thought they had no reason to fear the great hospital (St. Thomas's) which was rising up on the other side of the river. The Westminster Hospital, he had no doubt, by the zeal and energy of the heads of the hospital and the diligence of the students, would continue to hold its place as one of the first hospitals in London.—The following is a list of prizes. *Summer Session*, 1868.—Practical Chemistry: Mr. C. Harvey, prize; Mr. F. Wallis, certificate.—Materia Medica: Mr. C. Harvey, prize; Mr. T. P. Lucas, certificate.—Botany: Mr. T. P. Lucas, prize; Mr. F. Wallis, certificate.—Forensic Medicine: Mr. W. H. Box, prize; Mr. F. W. E. Dowson, certificate; Mr. Walter Wearne, ditto.—Midwifery: Mr. W. H. Box and Mr. F. W. G. Dawson (equal) prize. *Winter Session*, 1868-69—Anatomy: Mr. C. Harvey, prize; Mr. T. Harvey, certificate. Anatomy: (special prize awarded to first year's students): Mr. T. W. Butler, prize; Mr. W. Arthur, certificate. Prosector's Prize: Mr. F. W. G. Dawson. Physiology: Mr. F. Wallis, prize; Mr. T. Harvey and Mr. T. P. Lucas (equal), certificate. Chemistry: Mr. J. R. Hoching, prize; Mr. W. Arthur, certificate. Medicine: Mr. W. Wearne and Mr. F. W. E. Dawson (equal), prize. Surgery: Mr. F. W. E. Dawson, prize; Mr. W. Wearne, certificate. Clinical Medicine: Mr. W. Wearne, prize. Clinical Surgery: Mr. F. W. Dawson, prize. Dental Surgery, Mr. W. Wearne, prize; Mr. T. Harvey, certificate. Chadwick Prize: Mr. F. W. E. Dawson. The prizes consisted mainly of medical and surgical books, interspersed with others on general literature, together with cases of surgical instruments. The Chairman announced, amid general applause, his intention to give a purse of five guineas for general proficiency.—Thanks were voted to the Chairman for his conduct in the chair, and especially for the generous offer.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.

The distribution of prizes took place on Saturday last, the 22nd inst.; W. R. Grove, Esq., Q.C., F.R.S., in the chair. In the absence of the Dean, Mr. Gascoyen read the Report, from which it appeared that the number of students had not decreased. The average yearly number for the past three or four years had been about 70. The staff of teachers had been but little changed during the year, but had been somewhat increased. Dr. Russell had been appointed Lecturer on Chemistry in place of Dr. Matthiessen. Mr. James Lane had given half the course Lectures on Surgery. Mr. A. T. Morton has been appointed joint lecturer on Anatomy with Mr. Gascoyen: retaining, however, his office of Demonstrator, with the assistance of a colleague in the dissecting-room. Mr. Howard Hayward has been appointed Assistant Surgeon-Dentist. The general conduct of the students had been satisfactory; few rejections by the examining board had taken place. The competition for prizes had been keen; and the unsuccessful competitors, though defeated, were not disgraced. Mr. Gascoyen then introduced the successful competitors to Mr. Grove, who presented the prizes, and certificates of honour. The following are the names of the recipients. *Winter Session* 1868-69. Scholarship in Anatomy (value £25): Mr. A. J. Wall. Prosectorship in Anatomy: Mr. W. G. Watson, and Mr. G. Millson. Students of the First Year, prize (value £20): Mr. W. T. Drew; Second Prize, Mr. J. Lidderdale; Certificate (in the class of Anatomy): Mr. W. H. Williams. Students of the Second Year: Prize, Mr. E. J. Parrott. For Students of the Third Year: Certificates (in the class of Medicine), Mr. H. J. K. Vines; (in the class of Clinical Surgery), Mr. P. R. D. Gabbett. Practical Anatomy: Prize, Mr. W. G. Watson; Certificate, Mr. H. B. Harrison.—*Summer Session*, 1868. Class of Practical Chemistry: Certificates, Mr. H. J. K. Vines, Mr. G. M. Grant, Mr. J. F. Parsons. Students of Second Year: Prize, Mr. H. J. K. Vines; Certificate (class of Forensic Medicine), Mr. B. R. Anderson. Comparative Anatomy: Certificate, M. le Baron Armaud de Watteville. Mr. Grove then delivered an address which is published *in extenso* at page 485. The proceedings concluded with a vote of thanks to Mr. Grove, proposed by Dr. Sibson, and seconded by Dr. Handfield Jones.

ASSOCIATION INTELLIGENCE.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet in LONDON, on Wednesday, the 9th day of June, 1869, at 3 o'clock P.M., *precisely*.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.
13, Newhall Street, Birmingham, May 11th, 1869.

SOUTH EASTERN BRANCH.

A MEETING of the Executive Council of this Branch will be held at Laker's Hotel, Redhill, on Thursday, June 3rd, at 3.30 P.M.

The twenty-fifth annual meeting of the above Branch will be held at the Public Hall, Reigate, on Thursday, June 17th, at 2 o'clock; C. HOLMAN, M.D., in the Chair. Visitors will be admitted on the introduction of a member of the Branch. The President-elect will be happy to see members and their friends to luncheon at one o'clock. Carriages will be at the Redhill Junction Station, at 10.30 A.M., to convey those gentlemen who would wish to visit the Idiot Asylum, Earlswood. Carriages will also meet the 4.14 P.M. train at Reigate Town Station, to convey members and their friends to see the Natural History Collection of W. Wilson Saunders, Esq., F.R.S., who has kindly consented to throw open his conservatories and museum.

The dinner will be provided at six o'clock precisely. At the dinner, the testimonial will be presented (by Francis Sibson, M.D., F.R.S., President of the Committee of Council of the Association, on behalf of the subscribers) to Thomas Heckstall Smith, Esq., F.R.C.S.Eng., etc. Tickets for the dinner (including wine, dessert, coffee, and attendance), 10s. 6d. each, to be obtained at the Public Hall.

Gentlemen desirous of bringing forward communications to the meeting, will be pleased to give notice thereof to the Honorary Secretary, one week previously to the meeting; and those who intend to be present at the dinner, will oblige by informing him on or before the 14th of June.

G. F. HODGSON, *Honorary Secretary*.
52, Montpellier Road, Brighton, May 1869.

METROPOLITAN COUNTIES BRANCH.

A SPECIAL general meeting of this Branch will be held at the rooms of the Royal Medical Benevolent College, 37, Soho Square, on Friday, June 11th, at 4 P.M. precisely: To consider the terms of appointment of the Royal Sanitary Commission.

A. P. STEWART, M.D. }
ALEXANDER HENRY, M.D. } *Honorary Secretaries*.
London, May 25th, 1869.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the above Branch will be held at the Hen and Chickens Hotel, Birmingham, on Friday, June 18th, at 3 P.M.; J. VOSE SOLOMON, Esq., President, in the Chair.

Dinner will be on the table at 5 P.M. punctually. Tickets, including waiters and dessert, 7s. 6d. each.

T. H. BARTLEET, *Honorary Secretary*.

EAST ANGLIAN BRANCH.

THE annual meeting of the above Branch will be held, in conjunction with the Cambridge and Huntingdon Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. FISHER, M.D., Downing Professor of Medicine, President.

The meeting of the Council will take place at 1.45 P.M.

Dinner tickets may be had of the Secretaries.

B. CHEVALLIER, M.D., Ipswich. }
J. B. PITT, M.D., Norwich. } *Hon. Secs*.
Ipswich, May 18th, 1869.

SOUTH MIDLAND BRANCH.

THE thirteenth annual meeting of the above Branch will take place at the Northampton General Infirmary, on Tuesday, June 29th, at 1.30 P.M.: WILLIAM NEWMAN, M.D. (Stamford), President, in the Chair.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same, forthwith, to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton }
G. P. GOLDSMITH, Esq., Bedford } *Hon. Secs*.
Northampton, May 1869.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE annual meeting of the above Branch will be held, in conjunction with the East Anglian Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. FISHER, M.D., Downing Professor of Medicine, President. By the permission of the Masters and Fellows, the meeting will be held in the Hall of Gonville and Caius College.

Gentlemen intending to read papers or cases, are requested to communicate with the secretaries of these respective Branches, at their earliest convenience.

With the permission of the Master, Professors, and Fellows, the dinner will be served in the Hall of Downing College.

P. W. LATHAM, M.D., *Honorary Secretary*.
17, Trumpington Street, Cambridge, May 5th, 1869.

MIDLAND BRANCH.

THE annual meeting of the above Branch will be held in the Board Room of the Leicester Infirmary, on Thursday, July 1st, at 2 o'clock; T. W. BENFIELD, Esq., President, in the Chair.

Dinner at the Bell Hotel at 5.30 P.M. Tickets 5s. each, exclusive of wine.

Gentlemen intending to read papers, are requested to communicate, without delay, with JOHN SLOANE, M.D.,
Leicester, May 1869. *Honorary Secretary*.

GLOUCESTERSHIRE BRANCH: GENERAL MEETING.

THE second general meeting of this newly formed and prosperous Branch was held at the Cheltenham Hospital on May 13th; THOMAS EVANS, M.D., President, in the Chair. Eighteen members were present.

Papers.—The following papers were read.

1. Mr. CRIPPS read a paper on an extreme case of Pemphigus occurring after Scarlet Fever, and prolonged, in defiance of all treatment, for many months. Some of the bullæ contained as much as three ounces of fluid, and the patient's life was at one time in danger. The recovery, after many relapses, at present seems secured.

2. Dr. WILSON read a paper on Subcutaneous Injection. Dr. Wilson had performed the operation upwards of twelve hundred times on one patient alone.

3. Mr. FLEISCHMANN asked that his paper on Records of Rheumatic Fever should be taken as read, it having recently appeared in the pages of the *Lancet*. He rested his treatment upon the virtues of an exceedingly large dose of alkalies, given in the earliest stages of the disease, and pushed until sickness or alkalinity of the urine is produced.

Each of the papers was productive of animated discussion, and of valuable practical observations from different gentlemen present.

New Members.—Messrs. Jessop, Humphreys, and Winterbotham, were elected by the Council members of the Branch.

Dinner.—The members afterwards dined together at the Queen's Hotel.

PARLIAMENTARY COMMITTEE.

A MEETING was held at 37, Soho Square, May 14th, 1869; ROBERT DUNN, Esq., in the Chair.

Letters containing suggestions on the business of the meeting were read from the Rev. Dr. Haughton (Dublin), Dr. Falconer (Bath), Dr. Leet (Dublin), Mr. Wheelhouse, M.P. for Leeds, Dr. E. C. Seaton, Dr. Diplock, and Dr. Lankester.

The Hospital, etc., Rating Exemption Bill was discussed, and many objections were raised both as to its principle and to its details. On the motion of Mr. HECKSTALL SMITH and Dr. GEORGE WEBSTER, it was unanimously resolved, "That, inasmuch as the Bill appears to be objectionable, this Committee do decline to afford any assistance towards carrying it through Parliament;" and "that the foregoing resolution be communicated to Mr. Wheelhouse, in reply to his application for assistance."

The County Coroners' Bill was submitted to the Committee, when a general opinion was expressed that the appointment to the office of county coroner ought not to be placed in the hands of either the Lord Chancellor or the Home Secretary. Mr. LORD proposed, Dr. GEORGE WEBSTER seconded, and it was carried, "That the election should either be vested in the freeholders who are on the parliamentary register, the county bearing the expenses of the election; or in the justices of the peace."

Dr. GIBBON reported that the Marquis of Townshend had withdrawn his Contagious Diseases Act (1866) Amendment Bill; and that the Pharmacy Act Amendment Bill, containing the amendment proposed by this Committee and one or two proposed by Dr. Brewer, had passed the House of Commons.

The amendments proposed by the Subcommittee to be made in the Metropolis Poor Act (1867) Amendment Bill, and in the Draft Medical Acts Amendment Bill, were confirmed and approved, and the Honorary Secretary was directed to send a copy of such amendments to the President of the Poor-law Board and to the General Medical Council respectively.

The means of providing for the Direct Representation of the Profession in the General Medical Council were fully discussed. It was resolved, on the motion of Dr. Stewart and Dr. Waller Lewis, that the following arrangement would be expedient: "That the seventeen members of the Council, at present elected by the Universities and Corporations, be reduced to nine, to be returned on the principle of grouping the elective bodies; and that the eight seats so provided be filled by the votes of the registered medical practitioners."

BENGAL BRANCH: ORDINARY MEETINGS.

An ordinary monthly meeting of the Bengal Branch of the British Medical Association was held at the theatre of the Medical College on the 11th of August, 1868, at half-past 8 P.M.: Norman Chevers, M.D., President, in the chair.

Treatment of Tetanus.—A paper on tetanus by Dr. Chuckerbutty was then taken up for discussion.

Dr. Francis had, during his connection with the Medical College Hospital, used large doses of opium, mostly in the form of *gooly* (smoking), and found it very useful, especially in idiopathic cases. He asked the opinion of the Meeting as to Dr. Lee's theory that a great length of umbilical cord left attached to the child was one of the principal causes of the frequency of tetanus neonatorum amongst the Burmese children.—Dr. Charles had used chloroform in tetanus neonatorum, and children lived longer under its use than they otherwise would have—sometimes to the extent of three or four days. He generally gave cannabis Indica with chloroform. Most of these cases were traumatic, very often arising from irritation in the umbilicus. He had never seen a case recover except once. In puerperal cases he had used cannabis, by the mouth, by the rectum, and hypodermically; but he could not say that it had any effect in saving life in cases of acute tetanus. He had given extract of cannabis Indica to the extent of 20 grains in 16 hours to a groom of his who had tetanus after pricking himself in the heel with a nail, but the man died in about 24 hours from the commencement of the symptoms. In chronic cases, cannabis, he thought, was useful in soothing a patient and keeping the fits in abeyance, as, whenever it was stopped, the spasms recurred with violence. Large doses of alcohol had an useful effect in this way, and kept up the patient. Attention was always given to proper feeding; and, deglutition failing, he was in the habit of using beef-tea injections with pepsine and muriatic acid. He asked if Dr. Chuckerbutty did not follow the practical division of Brodie and others into acute and chronic tetanus, and if he did not consider the former to be in almost all instances fatal. As to Dr. Lee's theory, he thought that length of cord was of no consequence, as in Calcutta there was the same disease where the tendency was to cut the cord very short. Bad air, insufficient ventilation, and sudden change of temperature were the chief agents in the etiology of tetanus neonatorum, as had been proved by Dr Joseph Clarke of Dublin.—Dr. Chevers asked the members the shortest time in which they had seen a fatal termination. He himself had a case that proved fatal in twelve hours; and knew one, of Allen Webb's, in which the first spasm of opisthotonos terminated existence, probably from laryngismus, or from spasm of the heart.—Dr. Charles had a case that ended fatally in eight hours. He believed that such cases died from spasm of the diaphragm and other respiratory muscles. A chronic case of tetanus was not necessarily mild.—Dr. Francis had had three cases, in the rainy season of 1863, at Bareilly, among the children of soldiers, which ended fatally in twenty-four hours; and had heard of one in a sepoy, in which the duration was said to extend over only two hours.—Dr. Chuckerbutty observed that, in his analysis of hospital cases for the years 1850-54 and 1860-65, the mortality of tetanus was 56 per cent. He once believed that chronic cases would generally recover; but he had repeatedly seen patients die after one week. In the paper under discussion, one case admitted after nine days, and another on the eighth day, proved fatal; and three cases recovered, one admitted on the second day and two on the fourth day. The efficacy of cannabis was according to the largeness of the dose; he gave drachm doses every three hours. Death from other causes, but occurring in the course of tetanus (as in three of his cases), was often attributed to it. As to temperature, he had not used the thermometer, but found the skin warm throughout, except in the last stage, when it was cooler. The most acute case he knew was in a person who went to bed perfectly well, but was found dead in the morning, in a state of emprosthotonos. The disease could not have lasted more than six hours. He wished to know if any one could explain or corroborate the greater frequency of tetanus amongst females; of his 13 cases, 10 were females, and only three males. He thought that chloroform weakened patients, and although the mouth could be opened by its use, they still could not swallow. In his experience, the immediate cause of death in tetanus was asphyxia or asthenia.—Dr. Francis said that, in his experience, traumatic cases were generally acute, and idiopathic ones chronic, and that three-fourths certainly of his cases (idiopathic) recovered; but there were not more than three or four such cases. He agreed with Dr. Morehead in thinking that chloroform weakened patients, and increased the tendency to spasm.—Dr. Chevers remembered a case of Dr. Wilson's, which lasted nearly six weeks, although traumatic, but proved fatal. He found benefit from the use of chloroform—not to the extent of stupefaction; he always kept his patients, as it were, in an atmosphere of chloroform, by sprinkling it upon their bed and clothes, and rubbing them profusely with chloroform liniment. Two of his patients who fell into a very low state, got cholera in the hospital, and recovered.—Dr. Charles had seen some cases dying in a fit, and others, that he expected to die of asphyxia, ending in a different way.

Dr. Chevers exhibited some Plaster of Paris Casts of cases that fell under his observation within the last few years. One was an extreme Angular Curvature of the Spine from an active beggar woman; and three were casts of aneurism of the Aorta absorbing the ribs or sternum and forming visible and palpable external tumours. His plan of treatment was rest and the use of sedatives, and the like. He had used iodide of potassium since Dr. Chuckerbutty proposed it, and thought that cases made but little and slow unfavourable progress under its use. He suspected that the progress of thoracic aneurism was very slow in a great many cases.—Dr. Chuckerbutty did not consider cases of spinal curvature, as represented by the cast, to be angular, as the prominence was rounded, and there was no acute spinal projection, nor paralysis of the lower limbs. He had, a few days previously, seen an old French lady, 96 years of age, with a similar deformity.

An ordinary monthly meeting of the Branch was held at the Medical College, on July 14th, at half-past 8 P.M.; Norman Chevers, M.D., President, in the chair.

Baboo Chundra Mohun Ghose regretted that medical certificates signed by graduates of the College or University were often ignored, not only by Government officials, but also by mercantile and trading companies, and even in courts of law; and proposed that the question of the public recognition of such certificates be referred for consideration and report either to the Council of the Association or to a special Committee.—The motion was seconded by Baboo Govinda Chundra Chatterjee.—After a short discussion, the question was referred to the council.

Dr. Ewart gave notice, for the next annual meeting, that he would propose that the time for the reading of papers be limited to thirty minutes; that no member be permitted to speak more than once on the same subject, nor for a period exceeding ten minutes.

Dr. Chuckerbutty exhibited the Stomach of an East Indian aged 49, who came into the hospital with a pain in his stomach. He had had intermittent fever and symptoms of chronic dyspepsia. He vomited an enormous quantity of blood just before death, which took place five days after admission. In the *post mortem* examination, about 4 ounces of clotted blood were found in the stomach, and a small ulcer near its pyloric end, involving the whole thickness of its mucous membrane. Dr. Chuckerbutty was not sure if any of the principal branches of the coronary artery was exposed in the ulcer, as the arteries had not been injected. There was melanotic or carbonaceous infiltration of the bronchial glands.

Dr. Chuckerbutty also shewed the Brain of a patient who had been admitted for epileptic convulsions terminating in death from exhaustion. He had the first attack fifteen days before, but, recovering from it, had resumed his usual avocations. Two days before admission the convulsions recurred, and the intervals between the paroxysms diminished after each accession, so that in a short time the patient permanently lost his consciousness, and was soon exhausted; the peculiar epileptic cry with which a fit commenced became weaker and weaker, till at last it was almost inaudible. The convulsions were more marked on the right side than on the left.

Dr. Chuckerbutty also shewed the Brain and Mesenteric Glands of a girl aged 4, in whom the existence of tubercles in the lungs was diagnosed during life. After death, which was preceded by convulsions, tubercles were found not only in the lungs, but also in the bowels, liver, spleen, mesenteric and broncnial glands, and outer and anterior part of the left hemisphere of the cerebrum.

CORRESPONDENCE.

THE REPORT OF THE EDINBURGH COMMITTEE ON THE ACTION OF MERCURY.

SIR,—I was very much surprised to see the four letters in your last number from members of the Edinburgh Committee on the Action of Mercury; because, immediately after the Report was published in your JOURNAL of the 8th inst., I caused a meeting to be summoned in order to explain how it appeared as it did. This meeting the four gentlemen refused to attend; and it never occurred to me that scientific inquirers would first decline all explanation, and then, ignorant of the facts, publicly protest against what had been done. This proceeding is the more remarkable, seeing that no useful end is aimed at. It is not alleged that the facts are inaccurately stated, or any of the conclusions fallacious, but that "the reporter has given the experimental facts a force, which" (in Dr. Christison's opinion) "the facts themselves do not sustain."

I am at some loss to understand what this charge of having exaggerated the force of facts really means. It is possible, that the tabular forms in which the facts were embodied having been omitted from the report, the conclusions might appear, to one unacquainted with those facts, not to be clearly demonstrated. Dr. Christison did not take a very active part in the proceedings of the Committee. In fact, during the two years over which the inquiry extended, he was present at three only of its meetings. So anxious, however, were we to obtain the advantage of his experience, that, on one occasion, a meeting was arranged to take place in his own house; but even this he could not attend. I trust, therefore, that, when he sees the tables printed in your paper, and compares them with the conclusions, he will not find the latter so strong as he imagines.

What, however, seems to have dissatisfied these gentlemen, and certainly requires some explanation, is made known to your readers by Dr. Christison in these words, viz.: "I did not see the Report, and had no other opportunity of considering its conclusions until its publication." It is true that Dr. Christison did not see the Report; but that he had no opportunity of considering its conclusions is incorrect. In the first place, he received the printed tables giving the results of the Committee's inquiries; and, in the second place, he was invited to hear the *interim* report—which contained all the conclusions regarding the influence of mercury on the liver—read and discussed at the meeting held for that purpose. Surely no one is entitled to say, under such circumstances, that he had no opportunity of considering them.

But the other gentlemen who were present when the Report was read, who criticised it, and authorised its being brought before the meeting of the Association in autumn, say also that the Report was never submitted to them. Now, I cannot maintain that the Report, as published, was word for word the same as the one read to the Committee on the 1st of August, which was discussed at length and finally agreed to by them. On the contrary, in preparing it for the press, the phraseology is here and there altered, and, as it is thought, improved. Headings also are introduced, and a more methodical character given to it. Moreover, its appearance in your columns was completely changed by the omission of the tables, and the insertion of abstracts of them, for which I am not responsible. But I assert that the report, in so far as the action of mercury on the liver is concerned, is essentially the same, and contains no statements that are not fully warranted by the facts.

A fortnight before the Report on the influence of mercury on the liver was read and agreed to by the Committee, it was suggested by Dr. Christison, at one of the three meetings which he attended, that further experiments should be tried with podophylline and taraxacum. The observations with these drugs were made after those with mercury had been brought before the Oxford meeting. Some of them, however, were read to the Physiological Section of the British Association at Norwich, and inserted in the report which is printed, but not yet published in their *Transactions*. No time was allowed me at the commencement of the winter session for bringing these under the notice of the Committee, as they were passing through the press for the *Transactions*; but it was my intention to have done so on receiving a proof of the Report when about to be published in your JOURNAL. Unfortunately, as you have explained, it was supposed, because I sent it in print, that no proof was necessary; and I was thus accidentally deprived of the opportunity of laying the results of these later researches before the Committee previously to publication, as I had intended.

Dr. Christison says he could not have concurred in the censure upon his colleagues at the close of the Report. The passage was not intended as, nor does it appear to me to possess the character of, a "censure." The members of the Association are simply informed that the toil, annoyance, and, there should have been added, expense of the Committee's proceedings, were greatly increased by the resolutions of the Senatus. He supported these resolutions for reasons, which he tells us, appeared to him "very valid." To me, the reasons appeared weak and futile in the extreme; and, if acted upon, they would be utterly destructive to the progress of physiological science. But, if the reasons for suppressing physiological experiments in the University were valid to Dr. Christison, it is remarkable that he should have subsequently suggested that such experiments should be extended in order to try the effects of podophylline and taraxacum, which could only be done in defiance of the University authorities. In fact, these experiments were so made; that is, covertly, and at unnecessary expense and annoyance to myself and others. But I, for one, do not regret this, as it rendered the inquiry complete.

On the whole, I trust that the members of the Association will perceive that, if these four gentlemen had attended the meeting of the Committee, and heard the explanations I have now made, they would probably not have been so hasty in expressing their dissatisfaction with the manner in which the report has been brought out in your pages. It will be seen when the tables—which I am glad you are about to publish—are printed, how far the conclusions are warranted by the facts; and it is open for each member of the Committee, as it is for every individual in the profession, to criticise them as severely as they please. I believe that the conclusions of the Report are essentially correct; and I shall be gratified if the vague disclaimer of Dr. Christison should have the effect of drawing greater attention to them; or, by means of any discussion it may originate, serve still further to elicit the truth.

I am, etc., J. HUGHES BENNETT, M.D.

REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

SIR,—Mr. Gant's letter in the JOURNAL of May 15th, induces me to ask for a corner in order to give him in as few words as possible the explanation he seeks.

As my personal welfare has been so pointedly alluded to in your columns, thereby greatly increasing my private correspondence, allow me to commence by thanking those numerous members of the Association and other professional friends who have kindly written to me, and to assure them that half a year's travelling has enabled me to return to my duties; that I am as anxious as ever to carry out the work unavoidably interrupted; and that I will reply to every letter in turn.

I was under the impression that everyone interested in the subject knew the origin of my scheme of medical reform. It arose out of a long series of private communications with eminent statesmen, prior to the Medical Act 1858 being passed. Towards the close of 1867, a long correspondence resulted in a formal statement of my views being drawn up for the use of the late Lord Palmerston. A portion of this correspondence found its way into some papers; and an imperfect copy of one of my letters to Lord Palmerston was copied into a Glasgow medical journal in January or February 1858. Other parts of the correspondence were very widely circulated during the discussions that preceded the Act. Last year, fuller statements were circulated amongst the graduates of the Universities of Edinburgh and St. Andrew's, by those who brought me forward as a candidate for their parliamentary suffrages. Through the medium of an association of Scottish University *alumni*, for which I have laboured for many years, I have also endeavoured to promote the same reform, so far as those universities are concerned.

If I remember correctly, Mr. Gant ably supported, after the Act had passed, that view with reference to the London College of Surgeons which I had all along maintained as to all the corporations. I confess that the reform of a single corporation in this matter is but a small portion of what is required, though I should be very glad to help even in that. Still the grand object must be to accomplish for all the corporations what Mr. Gant seems desirous of doing for one.

And now, sir, a word as to the proposal of your powerful Association. It is not necessary to enter upon any argument as to which of the two plans is to be preferred, since no one has yet shown that one is hostile to the other. I am rather desirous of reminding your associates that my scheme, if once carried, would certainly hasten the adoption of that which you have urged, *provided the profession desired it.* The plan I have advocated is not only a measure of justice, in strict harmony with the constitution of our country, but contains within itself the possibility of a much greater development; and it is believed by some to be attainable without an Act of Parliament. Once in operation, it would afford a certain means of ascertaining the opinion of the profession. Should that opinion be in favour of the increased number of representatives in the Council suggested by the Association, so much the more easily could that end be attained. I ask, therefore, all who seek that end to support a plan which would partly accomplish their own object. That plan is making steady progress, and I look forward to the time when it will be in operation. Should the profession then clearly express a wish for another step, I should not fear to take it. I have spent too much time and money on the question to grow cold about it.

I am, etc., PROSSER JAMES, M.D.

Dover Street, Piccadilly, May 1869.

DEBATING COLUMN FOR DISCUSSION OF PAPERS, ETC., PUBLISHED IN THE "JOURNAL".

PERCHLORIDE OF IRON IN POST PARTUM HÆMORRHAGE.

SIR,—The question of the efficacy and safety of intrauterine injection of perchloride of iron in *post partum* hæmorrhage is one of such paramount clinical importance that I am induced to offer a few observations upon Mr. Steele's letter.

Mr. Steele does not, if I interpret his letter right, base his objections to this remedy upon personal observation; but, premising that the "*only efficient means of controlling uterine hæmorrhage is to secure contraction of the uterus*", he "is disposed" to deny that the perchloride "has any claim to be preferred to the more generally recognised remedies and measures, such as ergot, compression, cold, etc." He further says, "local styptics are, as a general rule, inapplicable to puerperal hæmorrhage." He objects to Dr. Norris's clinical illustrations in support of the value of the practice, partly because "two cases out of eleven were fatal in spite of the perchloride"; and he fails to discover any satisfactory evidence that the intrauterine injection of perchloride of iron produced permanent contraction of the uterus.

Upon these objections I would offer the following remarks.

1. I dispute the universality of the proposition that contraction of the uterus is the "*only*" means of controlling hæmorrhage. The bleeding will stop if you can seal up the mouths of the vessels by clots. I affirm this, because I have observed that the hæmorrhage has stopped although the uterus has remained large and uncontracted. Of course I admit that the mode commonly adopted by Nature to stop hæmorrhage after labour is contraction of the uterus, and that every effort of the obstetrist should be directed to obtain this end.

2. Admitting the value of contraction, I deny that the ordinary means —ergot, compression, cold, etc.—can always be depended upon to cause contraction. And when you get contraction by their aid, can you depend upon maintaining it? Has not Mr. Steele, like many others, given ergot, deluged the patient with cold water, filled the vagina with ice, and still stood over the flooding woman, compressing the uterus and aorta till exhaustion compelled him to give way to another, who in his turn has been tired out? and, in spite of all, has not the woman bled to death?

Now it is precisely in these desperate cases, where the ordinary means fail to cause contraction, that the perchloride comes to the rescue. If "prompt and unremitting attention to those measures which experience has shown to be efficient in the *majority* of cases" fail, are we to abandon the *minority?* That is the question which I have on many occasions had to face at the bedside; and I have answered it by applying a remedy which, ample experience has taught me, is equal to the emergency.

I, like Dr. Norris, have seen patients sink after the use of perchloride of iron; but I have concluded that in these cases death ensued, not because the perchloride failed as a styptic, but because the system had been already drained of blood. The remedy came too late. Perchloride of iron is not a substitute for blood lost; it can only prevent the loss of more. In these cases, transfusion is the remedy.

Believing that the intrauterine injection of perchloride of iron to arrest *post partum* flooding is one of the most valuable improvements ever introduced into the practice of midwifery, and knowing the fear and distrust which hinder its general adoption, I propose to bring the subject, illustrated by clinical evidence, before the meeting of the Association at Leeds.

In the meantime, not doubting that some mothers may perish from the neglect of this means, I do not shrink from the responsibility of recommending it to the earnest attention of my brother-practitioners.

I am, etc., ROBERT BARNES.

P.S. In using the perchloride, the following rules should be observed.

A. *In cases of post partum flooding.*—1. Take four ounces of the strong solution of the *British Pharmacopœia*, add eight or twelve ounces of water; put this in a deep basin; pump some of this fluid two or three times through a Higginson's syringe back into the basin, so as to ensure the exclusion of air from the syringe. 2. Pass the hand into the cavity of the uterus, if necessary, to clear away placenta or clots. 3. Slip up, guided by the palm of the hand that is in the uterus, the uterine tube attached to the syringe, until the point touches the fundus of the uterus; then inject, *slowly and gradually*, letting the fluid trickle down over the inner surface of the uterus. Inject about three-quarters of the fluid in the basin, avoiding the last quarter, lest air be sucked up into the syringe.

B. *In cases of abortion or non-pregnant women, where the uterus is small and the cervix imperfectly open.*—Do not use the injecting syringe. It is generally enough to swab out the interior of the uterus with a sponge saturated with the perchloride. The common probang answers very well.

R. B.

SIR,—I feel much obliged to Mr. Steele for his courteous remarks on my paper on the above subject; and I acknowledge that the incompleteness of the article has fairly laid it open to his criticism. This defect arose from a desire to condense, as far as possible, the matter of my "notes," and indirectly from a wish to avoid anything like overstating my cases. I am glad, however, to have the subject ventilated, inasmuch as I am quite sure that, in cases where the perchloride is properly used, its value will be admitted by the practical obstetrician; and I will, with your permission, endeavour to reply to Mr. Steele's objections in as succinct a manner as possible.

First, then, I would state that I only intended to recommend my remedy in cases of urgency or peril; in proof of which I quote some remarks contained in the paper originally read. "It may be asked, how came it that, knowing the value of the above drug, I have no record of its use from the 20th October, 1861, to the 28th February, 1865? In reply, the only explanation I can offer is, that I am daily becoming more and more convinced of the wisdom of exercising every precaution against the occurrence of this danger; and, although I have seen a few cases of alarming *post partum* hæmorrhage in the interval, yet they have always yielded primarily to the measures I have adopted. Moreover, I should not advise the injection of the perchloride unless the flooding was proceeding, or, at all events, evincing a marked disposition to return."

I, therefore, beg to explain that I am by no means of opinion that the remedy should be heedlessly or unnecessarily used, or that it should supersede the most rigorous attention to those precautions which are daily more strongly urged by the magnates of our profession, and which distinguish the successful obstetrician from the mere midwife. Had I thought or acted otherwise, I should have had many more cases to record. In reply to Mr. Steele's objection that it is not calculated to be of service in controlling "the torrent of blood which gushes from the opened mouths of the uterine sinuses in severe flooding, I may state that I imagine these to be the very cases which would tend to prove its real value; for I believe that the manner in which the remedy *instantaneously contracts, and holds permanently contracted,** the previously flaccid uterus, is sometimes little short of marvellous. At least, it has been so in those cases in which I have used it, even where death has supervened; and, this bringing me to the latter part of Mr. Steele's letter, he must pardon me for not feeling disposed to admit that Cases VI and IX invalidate the character for usefulness which I claim for the perchloride, since in neither of these was there any appreciable amount of blood lost after injection; and surely Mr. Steele would be one of the last men to ignore the effect of primary hæmorrhagic shock as a cause of death, even long after all bleeding had ceased.

I would add that, previously to my using the perchloride *as an injection*, I had no theory about it at all. I certainly saved the life of Case II by its use in this way (if a man may ever be allowed to say he has done so); for it was at first as unpromising an example of placenta prævia as could well be imagined, both from the temperament of the patient, a stout flaccid body, with no appearance of tone in her whole constitution, and from the attendant circumstances. I carried the drug with me in order to saturate a *tampon* with it, should I deem the case a fit one for "plugging." The peril, however, was so imminent, and the patient's condition so critical, that the injection was the result of that process of rapid, quasi-mechanical, thought, that every obstetric practitioner of experience, who is anxious for the well-doing of his patients, must know so much about. The contractile effect on the uterus was such as to fill me with surprise. The exhaustion was extreme; the hæmorrhage was fearful; but the injection was followed by instant and *permanent* uterine contraction, cessation of flow, and recovery.

The effect on my mind produced by this case was a determination to try it again and again; and I am only too glad to have by me such a remedy when called to attend a labour, though I should no more dream of using it in every case of *post partum* hæmorrhage, than I should of putting on the forceps in every case of tedious parturition.

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* This contraction is in some cases so remarkable, that the ball-like body of the womb descends almost into the vagina, and can scarcely be felt above the pubis; but *per vaginam* it appears almost like a procidentia—which, however, it is not.

To conclude, I do not blame Mr. Steele for his caution. I thank him for his criticism, which has given me an opportunity of explaining myself; and I ask him to make trial of the remedy, since I do not think we are much at issue as to principles, after all.—I am, etc.,

South Petherton, May 1869. HUGH NORRIS.

SOME REMARKS ON MR. THOMAS SMITH'S COMMUNICATION ON "STONE IN BOYS."

SIR,—I have read, with much interest, Mr. Thomas Smith's excellent paper on "Stone in Boys," in the JOURNAL of May 15th, and offer a few remarks on it. In enumerating the symptoms of stone, Mr. Smith omits retention of urine. I have under my care in the West London Hospital a boy whom I cut a month ago, and in whom retention of urine was the first and only symptom of calculus. As a means of ascertaining the presence of a stone, he mentions that of tilting up the bladder by introducing the finger into the rectum; a method recommended by me in an article on "Lithotomy" in the *British and Foreign Medico-Chirurgical Review* for Jan. 1, 1867, p. 205. Mr. Smith advises a limited incision into the bladder, and consequently extracts by dilatation, which is laceration, and, as a result of this, he has to take precautionary measures against the occurrence of secondary hæmorrhage, which often follows operation by a limited incision, but rarely that by a free incision. Secondary hæmorrhage is infinitely more dangerous than primary hæmorrhage, because more insidious, and hence more likely to be overlooked by a house-surgeon. In one case only have I had secondary hæmorrhage in boys, all of whom, operated on by me, recovered. The simpler the way an operation is performed the better. Mr. Smith uses four instruments: I employ only two, a staff and a knife, always extracting the stone with my forefinger. I object to the use of forceps in boys, as the stone can be taken out more quickly and easily by the left forefinger. I am unable to see what advantage is gained by using a tube, all my cases having done very well without it. The best way to prevent secondary hæmorrhage is to make a clean cut wound into the bladder, it being well known that wounds made by laceration are more liable to be followed by secondary hæmorrhage than those made by cutting. I am, etc.,

10, Portman Square, May 1869. W. F. TEEVAN.

PROFESSIONAL REMUNERATION.

SIR,—The Annual Meeting of the British Medical Association is fast approaching, and the period within which notice must be given of any subject for discussion will soon be overstepped. There will no doubt be matters of great interest and importance for consideration at that meeting; but there is one subject mature for consideration, than which I know none more important, whether regarded in a private or professional point of view. I allude to the subject of professional remuneration. In all other professions, as far as I know, there is a regular fixed scale of fees; in our profession there is nothing of the kind, at least there is none generally recognised.

Let us take any provincial town in England, and inquire of our professional brethren, severally and individually, and we shall most likely find them ignorant of the scale of fees adopted by each other. A. may be overcharging his patient, or he may be underselling B. B. may be doing the same by some other patient or some other professional brother. A. may be acting with a view to sustaining the "dignity of the profession;" but, at the same time, he may, to use a vulgar expression, be cutting his own throat, and his less ambitious brother may be quietly reaping the advantage thereof, while supposed to be working on equal terms. Far be it from me to venture to offer advice upon such an important subject, one which is surrounded by difficulties; but I trust I may, without being accused of presumption, beg of you to insert in the JOURNAL some ideas which have suggested themselves to me, founded principally upon the division of labour, which is tacitly and practically adopted in our great professional community.

The profession of medicine and surgery, as at present existing, is divided into four classes or divisions.

1. Gentlemen who practise *purely* as physicians or physician-accoucheurs.—2. Gentlemen who practise as physicians, surgeons, and accoucheurs, who *write* their prescriptions, and who do not directly or indirectly supply medicine.—3. Gentlemen who charge per visits (medicine included).—4. Gentlemen who charge for attendance and medicine separately.

It appears to me, that there should not be much difficulty in establishing scales of remuneration, at least in towns of any considerable population, in divisions 1, 2, and 3. In division 4, I confess to great difficulty, principally dependent on the variety of items and class of patients.

As regards division 1, I hold strongly to the opinion that there should be no competition between this and any of the other three divisions. They should be men of independent means and extensive acquirements, whose position should be that of consultants, and whose *lowest* fees should be a guinea a visit, and two guineas when in consultation.

As regards division 2, I think that gentlemen, who adopt this style of practice, should never take a *silver* fee. Their fee in consultation should not be less than one guinea, and their scale of fees for general attendance should be at the rate of three, four, or five visits for a guinea, according to the circumstances of the patient.

As to division No. 3, my impression is that the scale of remuneration should be at the rate of 4s. or 5s. a visit, medicine included; and that such sum should be accepted even as a single fee.

As to division No. 4, which embraces the hardest worked and worst paid men in the profession, whose practice lies among a class of patients to whom professional dignity is a myth, and who would not willingly pay for anything but *physic*, it would be difficult to strike a tariff of charges; but I do not see why this class who justly understand the subject should not arrive at a regular fixed scale to be universally adopted, regulated by the circumstances of patients.

I feel assured that the above-mentioned views may be considerd utopian by some; or, like the Amendments to the Irish Church Bill, they may be met with cheers of derision by others; but, be it remembered, I only put them forward most humbly as suggestions on a subject which has, from time to time, attracted much attention. I confess I should like to "set the ball rolling," and I shall then be content to leave the matter to others, who play a more important *rôle* in the affairs of the Association than I have the honour to aspire to. At the same time, as an humble member of the body, I shall be happy to act with others in furtherance of an object which appertains to the dignity and interests of the profession. I am, etc., VINDICATOR.

THE POOR-LAW MEDICAL SERVICE
OF
GREAT BRITAIN AND IRELAND.

POOR-LAW MEDICAL SERVICE.

ST. PANCRAS.—The Board of Guardians of St. Pancras, at a meeting last week, proceeded to discuss a proposition to ask the Poor-law Board for power to abandon the erection of schools at Leavesden. The contract for these works was not only concluded by the late board, but they are already in progress, and £9,500 has been paid to the builder in consideration of the portion completed. The report of the Committee appointed to consider the subject expressed alarm at the extent and distance from town (18 miles) of the works, and recommended that, having regard to the immense infirmary buildings in progress at Highgate, and the possibility of adapting a portion of them for schools, the Poor-law Board be applied to for power to suspend the works, with the view of ultimately disposing of them. Mr. North, the chairman of the Committee, moved, in accordance with this recommendation, that the Poor-law Board be applied to, to rescind the order given by them for the erection of the Leavesden schools, and that the School Committee be instructed to report further on the matter. Mr. Parson seconded, and Dr. Collins supported the motion. Mr. Watson opposed the motion. Dr. Edmunds then moved an amendment, which named a committee of seven to go through the whole subject, and take evidence. Sir Sidney Waterlow seconded the amendment. The amendment, upon being put, was lost, and the original motion was carried.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

FACULTY OF PHYSICAL SCIENCE.—In a Convocation to be holden on Thursday, June 3rd, it will be proposed that a sum of £1,000 be placed at the disposal of the Professor of Experimental Philosophy for the purpose of providing apparatus to be set up in the physical laboratories now building at the University Museum.

THE RADCLIFFE INFIRMARY.—The subjoined paper, signed by Mr. John Slater, and Drs. Acland and Rolleston, has been printed and circulated. "It has been suggested that a short printed explanation should be laid before Convocation as to the grant of £500 which the University has been asked to make towards the provision of accommodation for fever cases upon the grounds of the Radcliffe Infirmary. The following statement has in consequence been drawn up by the undersigned, who had the duty of asking the Council to recommend the making of this grant entrusted to them. The governors of the Radcliffe Infirmary, having decided to provide certain accommodation for fever cases, have determined to draw largely upon their own resources in furtherance of this object. They have also sought aid from other sources besides the University, and, as they have reason to believe, with good hope of their application being successful. The peculiar interest which the University has in the establishment of such an addition to the Radcliffe Infirmary as the one contemplated has not been overlooked. This will be seen from the following extract from a resolution passed at a special court of the Governors of the Infirmary, held May 12th, 1869:—'That these, or some other beds, be also available for use by patients whose friends are willing to remunerate the infirmary, to the extent at least of the whole cost of their treatment, whenever such beds are not likely to be in requisition for the poor.' It has been decided to provide upon the present occasion accommodation for sixteen fever cases; and the powers given by a recent resolution to the committee of management as to the application of the capital of the infirmary in aid of the undertaking furnish a sufficient guarantee for the completion of the work."

OBITUARY.

JAMES JOHNSTONE, M.D.,

VICE-PRESIDENT OF THE BRITISH MEDICAL ASSOCIATION.

DR. JAMES JOHNSTONE, honorary consulting physician to the Birmingham General Hospital, died on May 11th, at his residence, Clarendon Crescent, Leamington. He was the son of Dr. Edward Johnstone, a physician of great eminence, one of the founders of the General Hospital, and the first President of the British Medical Association. For many generations past there have been members of the family who have signalised themselves in the same profession. A letter, signed "Old Times", published in the *Birmingham Gazette* of December 22, 1864—a few days after Dr. James Johnstone sent in his resignation of the post of senior physician to the General Hospital, which he had held for upwards of thirty years—says: "We know that Edinburgh has possessed its first, second, and third Monro; Leeds its first, second, and third Hey—'all good men and true'—but the first, second, and third Johnstones that Birmingham has to boast of are men as eminent, as honoured, and as true." Dr. Johnstone was educated at Cambridge, and went afterwards to Edinburgh, London, and Paris. His sound sense and high principles of honour, with unflinching truthfulness, gave him a high position in his profession, and he was looked up to as an example of all that is kind and courteous in manner. Modesty as to his own acquirements and knowledge was sometimes carried to an extreme, and thereby prevented his opinion from gaining the confidence to which it was entitled. He was connected with the Queen's College from its commencement, and was professor of materia medica, and afterwards professor of medicine for many years. For more than thirty years he was physician to the General Hospital, and during that time he gained the affection of all his colleagues, and the esteem of all who knew him. He sent in his resignation in December 1864; and, at the meeting at which his letter of resignation was read, a resolution expressive of regard for his character, and regret at the loss sustained, was passed unanimously.

A public subscription was commenced, and handsomely responded to, for the purpose of painting his portrait. This portrait, which now adorns the Board Room at the General Hospital, was painted by Mr. Roden, and is generally considered to be the best work of that artist, and one of the most speaking likenesses anywhere to be found. The engraving from this portrait, by Mr. Doo, is reckoned to be his *chef d'œuvre*.

Dr. Johnstone was ever a warm supporter of the British Medical Association. He was President of the Association in the year 1856, in which year the annual meeting was held in Birmingham. Many will remember the singular dignity and courtesy with which he filled his office. We must add a few more words to record the universal feeling of respect and gratitude which every pupil who has ever been brought into contact with Dr. Johnstone held towards him. His manner was ever kind, courteous, and encouraging. Whatever may be in store for the Medical Department of the General Hospital in times to come, we doubt if they can surpass, even if they may equal, the honour and dignity which has shone round the office of physician in the "times past."

About two years ago, Dr. Johnstone and his cousin, Mr. D. W. Crompton, the eminent surgeon, of Birmingham, presented the General Hospital with a valuable collection of books, to form the nucleus of a library. A room has been handsomely fitted up for the purpose, and the library is now tolerably complete.

About a fortnight ago, Dr. Johnstone was seized with an illness, but it was not considered dangerous until a week ago, when he became much worse. He died at eight o'clock on Tuesday evening, in the 64th year of his age.

He had a very large family, nearly all of whom survive; and although none of his sons have entered the profession to which their forefathers have added great lustre, they have yet distinguished themselves very highly in other ways. One has achieved considerable distinction as an officer in the Indian army; and another, who is connected with Her Majesty's navy, has had the singular good fortune to have conferred upon him a post in the Duke of Edinburgh's ship.—From the *Birmingham Daily Gazette.*

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 20th, 1869.

Anderton, James Parkinson, Halliwell, near Bolton
Hardyman, Charles Edward, Beacondale, Norwich,
Kelsey, William, Monkgate, York
Le Tall, Frederick Tindall, Woodhouse, near Sheffield
Mills, Daniel Ernest, Nottingham
Webster, William, King's Lynn

As an Assistant in compounding and dispensing medicines.

Iredale, George, Leeds

MEDICAL VACANCIES.

THE following vacancies are declared:—

BRENTFORD UNION, Middlesex—Medical Officer for Isleworth District.
BRIXTON, STREATHAM HILL, AND HERNE HILL DISPENSARY—Medical Officer.
CHARING CROSS HOSPITAL—Physician to the Skin Department.
CLAREMORRIS UNION, co. Mayo—Medical Officer, Public Vaccinator, and Registrar of Births, etc., for the Ballindine Dispensary District (£100 per annum, and Registration and Vaccination Fees).
CLEOBURY MORTIMER UNION—Medical Officer for District No. 2 (£80 per annum); and Workhouse (£20 per annum, with fees for quarterly visits to Lunatics, and Vaccination Fees in each case).
*DALGETY, Fifeshire—Parochial Medical Officer and Public Vaccinator (£16 per annum, and Vaccination Fees).
DENTAL HOSPITAL OF LONDON—Dental Surgeon.
DURHAM UNION—Medical Officer and Public Vaccinator for the Southern District (£20 per annum, and Vaccination Fees and extras).
EAST ASHFORD UNION, Kent—Medical Officer for District No. 2.
*FORDEL and DONIBRISTLE COLLIERIES, Fifeshire—Surgeon (about £160 per annum).
GLYNCORRWG COAL COMPANY, near Briton Ferry—Medical Officer (about £150 per annum, and private practice).
GREAT WESTERN AND BRISTOL AND EXETER RAILWAYS PROVIDENT SOCIETY—Medical Officer for the Yeovil District.
HAY UNION, Brecknockshire—Medical Officer for the Radnorshire District (£45 per annum).
KING'S COLLEGE—Professor of Physiology.
KING'S COLLEGE HOSPITAL—Assistant-Physician.
LANCASTER INFIRMARY—House-Surgeon (£90 per annum, with apartments, coal, gas, and attendance).
LEICESTERSHIRE AND RUTLANDSHIRE LUNATIC ASYLUM, Leicester—Assistant Medical Officer.
LUTTERWORTH UNION—Medical Officer for Districts 3 and 4.
MORTON, Dumfriesshire—Parochial Medical Officer.
NEWCASTLE-UPON-TYNE INFIRMARY—Physician; House-Surgeon; Junior House-Surgeon.
NEWPORT UNION, Salop—Medical Officer for District No. 4.
NORTH RIDING ASYLUM, Clifton, York—Assistant Medical Officer (£120 per annum, with board, washing, and furnished apartments).
NORTH RIDING INFIRMARY, Middlesborough-on-Tees—House-Surgeon (£70 per annum, with board and apartments).
NORTHUMBERLAND PAUPER LUNATIC ASYLUM, Morpeth—Assistant-Surgeon (£85 per annum, with board and residence).
PRESTON DISPENSARY—House-Surgeon (£100 per annum, with apartments, attendance, coal, and gas).
ROYAL ASYLUM FOR THE INSANE, Edinburgh—Assistant-Physician.
ROYAL KENT DISPENSARY, Greenwich—Three Surgeons for Deptford.
ST. BARTHOLOMEW'S HOSPITAL—Lectureship in Physiology.
ST. GEORGE-IN-THE-EAST UNION—Resident Dispenser (£60 per annum, with residence, board, and washing).
ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Manchester—Resident Medical and Surgical Officer (£40 per annum, with board and lodging).
ST. MARYLEBONE GENERAL DISPENSARY—Resident Medical Officer.
ST. PANCRAS WORKHOUSE INFIRMARY—Medical Officer (£175 per ann., with rations, apartments, and washing).
SOUTHAMPTON—Physician to the Southamptonshire Female Penitentiary; Physician to the Southamptonshire Female Orphan Asylum.
SOUTH SALOP AND BRIDGNORTH INFIRMARY—House-Surgeon.
UPPER NITHSDALE COMBINATION POOR-HOUSE, Morton—Medical Officer.

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* These are usually held by the same person.

WEST LONDON HOSPITAL, Hammersmith—Dispenser.
WEST SUSSEX, EAST HANTS, AND CHICHESTER INFIRMARY AND DISPENSARY, Chichester—House-Surgeon (£80 per annum, with board, lodging, and washing).
WHITEHAVEN, Cumberland—Admiralty Surgeon and Agent; Certifying Factory Surgeon.
WHITEHAVEN AND WEST CUMBERLAND INFIRMARY—Surgeon.
WORCESTER GENERAL INFIRMARY—Resident House-Surgeon's Assistant and Dispenser (£50 per annum, board and washing).
YORK COUNTY HOSPITAL—Non-resident Dispenser (£65 per annum, with partial board).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

GREEN, T. Henry, M.D., appointed Assistant-Physician to Charing Cross Hospital.
JONES, E. S., Esq., appointed House-Surgeon and Secretary to the Denbigh Infirmary.
*PARSONS, Francis H., M.D., appointed Admiralty Surgeon and Agent for care of Sick and Wounded Seamen and Marines at Barking, *vice* Dr. Davidson, resigned.

BIRTHS.

ASHDOWN.—On May 22nd, at Northampton, the wife of *George Ashdown, Esq., Surgeon, of a son.
CARPENTER.—On May 15th, at Lambeth Terrace, the wife of J. W. Carpenter, M.D., of a son.
CLAREMONT.—On May 22nd, at Millbrook House, Hampstead Road, the wife of C. C. Claremont, Esq., Surgeon, of a son.
GOULDSBURY.—On May 22nd, at St. Stephen's Road, Westbourne Park, the wife of V. S. Gouldsbury, M.D., Staff-Assistant-Surgeon, of a daughter.
LITTLEJOHN.—On May 22nd, at Edinburgh, the wife of Henry D. Littlejohn, M.D., of a daughter.
ROGERS.—On May 20th, at Rainhill, Lancashire, the wife of *Thomas L. Rogers, M.D., of a son.
SECCOMBE.—On May 23rd, at Terrington St. Clement, Norfolk, the wife of John T. Seccombe, M.D., of a son.

MARRIAGES.

BLAKER, Nathaniel P., Esq., Surgeon, of Brighton, to Fanny Jane, second daughter of John O. Smith, Esq., of Brighton, on May 19th.
MAY, the Rev. J. Henry, incumbent of Trinity Church, Yackandandah, to Helena Jane, third daughter of George Dunn, M.D., of Doncaster, at Ballan, Australia, on March 11th.
SALISBURY, Ezra Horatio, Esq., to Esther Kate, daughter of *John HARRISON, Esq., Surgeon, of Chester, at Birmingham, on May 19th.

DEATHS.

BRODHURST.—On May 15th, at 20, Grosvenor Street, aged 6 months, Percy Henry Bellot, infant son of *B. E. Brodhurst, Esq.
CALLAWAY, Thomas, Esq., late Assistant-Surgeon to Guy's Hospital, at Sydney, New South Wales, aged 47, on February 20th.
DUNBAR.—On May 21st, at Cheltenham, agad 11, Cuthbert Walter, youngest son of J. A. Dunbar, M.D., M.D., retired Inspector-General, Bengal Army.
*FIDLER, John D., M.D., at Whitehaven, aged 50, May 14th.
FLUDER, Charles John, Esq., Surgeon, at Cromer, Norfolk, on May 17th.
*GIMSON, William, Esq., of Walton, Leicestershire, aged 57, on May 18th.
HALL.—On May 10th, at Brighton, aged 24, Alfred Henry, second son of *Alfred Hall, M.D.
HORNER, Josiah, M.D., at Redcar, Yorkshire, aged 70, on May 20th.
LEWIS.—On May 17th, at Oxford, Robert, only son of *James Lewis, M.D., of Maesteg, Glamorganshire.
MOORE, Edward, M.D., at Charles Terrace, Victoria Road, aged 64, on May 22nd.
MORRIS.—On May 19th, at Chipping Campden, Gloucestershire, Charlotte, wife of *Charles W, Morris, Esq., Surgeon.
SECCOMBE.—On May 23rd, at Terrington St. Clement, Norfolk, aged 26, Elizabeth Margaret, wife of John T. Seccombe, M.D.
WEAVER, John Davies, Esq., Consulting-Surgeon to the Chester Infirmary, at Chester, aged 40, on May 23rd.
WEEDING, Samuel, M.D., at Notting Hill, aged 76, on May 23rd.
*WHITCOMBE, Edmund Bancks, Esq., Surgeon, at Cleobury Mortimer, aged 63, on May 24th.

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BEQUESTS.—Mr. S. Bostock, of the Stock Exchange, has bequeathed £5,000, consequent on the failure of certain trusts, to each of the following charities, among others: the Seamen's Hospital, and the King's College, University College, Middlesex, and London Hospitals; also, under like condition, £1,000 to the South London Dispensary and the Surrey Dispensary.—Miss M. Michell, of Speen, Berkshire, has bequeathed £100 to the Royal Berkshire Hospital.—Miss E. S. Kemp, of City Road, has bequeathed £100 to the Royal Free Hospital.—Mr. William Gibson of Arbroath, has bequeathed £250 to the Devonshire Hospital, Buxton.

CASE OF UNITED TWINS.—The *Eastern Post* reports that the wife of a respectable mechanic in St. Luke's lately gave birth to united twins. The mother, a woman aged 23 years, was a person of a nervous and excitable temperament, and these were her first children. They were born without life. They were united by a band of flesh and cartilage five inches in breadth, extending from the upper part of the chest to the navel. They were fully developed, and their united weight was 8½ lbs. One was sixteen inches long, and the other was half an inch taller. Each child had all her external and internal organs complete. The circulation was carried on through one umbilical cord.

A GREENWICH HOSPITAL PENSION of £50 a year, vacant by the death of Mr. W. Folds, Deputy-Inspector of Hospitals and Fleets, has been granted to Dr. John W. Elliott, Retired Deputy-Inspector of Hospitals and Fleets.

ETHNOLOGICAL SOCIETY.—At the anniversary meeting held on the 26th instant, the following officers and Council were elected:—*President:* Professor Huxley. *Vice-Presidents:* Dr. A. Campbell; Sir J. Lubbock, Bart.; E. B. Tylor, Esq.; Thomas Wright, Esq. *Honorary Treasurer:* H. G. Bohn, Esq. *Honorary Secretaries:* (*General*) Col. A. Lane Fox; (*Foreign*) Hyde Clarke, Esq. *Council:* W. Blackmore, Esq.; R. Dunn, Esq.; Major-General Balfour; W. B. Dawkins, Esq.; Sir A. W. Clavering, Bart.; Canon Greenwell; J. Dickinson, Esq.; J. W. Flower, Esq.; D. Forbes, Esq.; Dr. R. King; Sir R. I. Murchison, Bart.; Sir C. Nicholson, Bart.; Captain Sherard Osborn; Captain Burton; J. McK. Hughes, Esq.; F. Hindmarsh, Esq.; A. W. Franks, Esq.; A. R. Wallace, Esq.

THE SEA-SIDE CONVALESCENT HOSPITAL, SEAFORD, SUSSEX.—The ninth annual meeting of this valuable charity took place on the 19th inst., at 8, Charing Cross; Captain Sherson in the chair. The report announced that since the foundation 2,064 orders had been issued, each giving to some poor convalescent four weeks of pure sea-side air and the best of diet. The number of orders in 1868-69 was 488, or 81 more than 1867-68. The financial statement showed that after expending £2,180 (of which £1,750 was on the actual service of the house), £288 had been invested, and £245 brought to the new account. The Chairman announced that his Grace the Archbishop of Canterbury had very kindly accepted the presidency, and that a late subscriber had bequeathed the society £2,000. The report and accounts were unanimously adopted, and after an earnest discussion several changes in the fundamental laws were passed, and an important resolution to guard, as far as practicable, against the nomination of patients in an actively morbid condition. The appointment of honorary medical referee in place of the regretted Dr. H. G. Wright was conferred on Dr. Edward Johnson, of Cavendish Place.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Anthropological Society of London., 8 P.M.
WEDNESDAY.—Obstetrical Society of London. 7.30 P.M., Council Meeting. 8 P.M., Report of the Infant Mortality Committee. Dr. Lawson Tait, "Case of Reduction of Chronic Inversion of the Uterus"; Dr. Barnes, "A Demonstration of a New Method of Embryotomy, shewing how a Mature Fœtus can be extracted through a Pelvis having one inch in the Conjugate Diameter"; and other papers.
THURSDAY.—Linnæan Society.—Chemical Society.—Royal Society.
FRIDAY.—Western Medical and Surgical Society of London, 8 P.M. Annual Meeting; Reports of Council and Treasurer to be read; Election of Officers for ensuing Session; For the narration of Cases.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

SIR,—If Mr. F. J. Gant be surprised at Dr. M. L. Johnston claiming for Dr. Prosser James the "honour" of having originated the scheme of indirect representation of the profession in the Medical Council, many will, in common with myself, feel still more surprised at Mr. Gant coming forward at this period to claim for himself that which has long since, I might say, been universally conceded to Dr. James. It must be vivid in the recollection of most of your readers, that, when Dr. Prosser James was before the electors of Edinburgh and St. Andrew's Universities, he worked out, as London editor of the *Medical Press and Circular*, in an exhaustive manner, the indirect scheme of medical representation in the columns of that paper. Other professional cotemporaries, with the *Star* and *Daily Telegraph*, lent their aid by countenancing the system advocated. Then Dr. P. James was acknowledged as the *primum mobile;* and then it was Mr. Gant should have contested the "honour" which he is now so solicitous to obtain, by sharing and assisting in the work him whom we acknowledge, and for whom we still lay claim as the originator of the scheme—an empty compliment surely to Dr. James, considering the eminent professional services which he has rendered so indefatigably, and which are likely to result so satisfactorily, at considerable pecuniary expense; but, more important than all, at the sacrifice of his health; yet one to which he is entitled.

In justice to Dr. Prosser James, I solicit the insertion of this letter.

May 1869. I am, etc., J. WARING-CURRAN.

MR. THORPE's paper will appear in due course.

IMPROVEMENTS IN APPARATUS FOR BEDSIDE ANALYSIS OF URINE.

SIR,—Will you kindly supplement the notice you lately gave of my suggestions for the above object, by mentioning that the nitric acid tubes are found to answer perfectly; and that for the sponge contrivance, I have substituted a metallic tube filled with asbestos, and carried in the spirit-bottle itself, which entirely overcomes the difficulty of the lamp heretofore in use.

Both these articles are to be obtained of Krohne and Sesemann, the instrument-makers to the London Hospital, who are also engaged in bringing out from my design a pocket-case, containing, in a very small compass, the whole of the apparatus. I am, etc., EDWARD MARTIN.

Victoria House, Weston-super-Mare, May 1869.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, May 26th; The Western Daily Press, May 25th; The Lincoln Journal, May 25th; The Nottingham Daily Guardian, May 20th; The Welshman, May 14th and 21st; The New York Medical Gazette, May 8th; The Western Mail, May 22nd; The Sheffield and Rotherham Independent, May 20th; The California Medical Gazette for May; The Boston Medical and Surgical Journal, May 6th and 13th; The Middlesex County Times, May 22nd; The Melbourne Argus, March 22nd and 25th.

ERRATUM.—In Mr. Langston Parker's paper on Iodide of Potassium in Syphilis, printed in last week's JOURNAL, in the third line from the end of the third paragraph, the word "antiseptic" should be "antisyphilitic".

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. J. Sloane, Leicester; Dr. Tilbury Fox, London; Mr. J. Harrisson, Congleton; Mr. Sargeant, London; Mr. James Reid, Canterbury; Mr. Langston Parker, Birmingham; Mr. Joseph Barber, Manchester; A Medical Student, London; Mr. T. G. Horder, Bournemouth; Mr. H. C. Medcalfe, Howden; Mr. G. F. Hodgson, Brighton; Mr. C. W. Thorp, Todmorden; Mr. G. Nayler, London; Mr. C. H. Taylor, Bradford; Dr. Gervis, London; Mr. R. Dunn, London; Mr. F. Le Gros Clark, London; Mr. E. C. Buckoll, Nottingham; Dr. G. Buchanan, Glasgow.

LETTERS, ETC. (with enclosures) from:—

Dr. H. Charlton Bastian, London; Mr. Furneaux Jordan, Birmingham; Mr. G. G. Gascoyen, London; The Honorary Secretary of the Midland Branch; Dr. Balmanno Squire, London; Dr. F. H. Parsons, London; Dr. Teevan, London; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. J. Ross, Newchurch; Dr. Hewitt, Dublin; Mr. G. Ashdown, Northampton; Dr. F. T. Griffiths, Sheffield; The Honorary Secretary of the Royal Medical and Chirurgical Society of London; Mr. W. Burt Shorto, Southampton; Mr. A. Roper, London; The Honorary Secretary of the South-Eastern Branch; Dr. W. G. Smith, Dublin; Dr. F. P. Weaver, Frodsham; Mr. Evan Roberts, Penygroes; Mr. G. P. Blackett, Whickham; Dr. J. Hughes Bennett, Edinburgh; Dr. Allfrey, Chislehurst; Dr. H. Blanc, London; Dr. E. D. Mapother, Dublin; Mr. Berkeley Hill, London; The Honorary Secretary of the Western Medical and Surgical Society of London; The Honorary Secretary of the Obstetrical Society of London; Mr. R. Freeman, London; Dr. D. Campbell Black, Glasgow; Dr. A. P. Stewart, London; Mr. T. Watkin Williams, Birminghrm; Dr. T. H. Green, London; Dr. G. B. Mead, Newmarket; Mr. E. B. Whitcombe, Birmingham; Mr. A. P. Trow, Cleobury Mortimer.

BOOKS, ETC., RECEIVED.

The Baths and Wells of Europe. By John Macpherson, M.D. London: 1869.

Tributes to Truth. By Nicholas Littleton. Plymouth: 1868.

The Sixth Annual Report of the Argyll District Asylum for the Insane. Glasgow: 1869.

Results of Meteorological Observations, for the week ending Saturday, May 22nd, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.686	0.683	51.4	49.6	47.8	81	61.7	40.8	20.9	59.6	45.5	105.5	..	8	5	..	0.7	1	0.3	0.6	1.7	1.7	..	1	2.5	6	0.76
BOURNEMOUTH Dr. Compton, F.M.S.	29.756	0.620	50 1	48.1	46.0	86	60.5	40.0	20.5	57.5	47.0	135.0	36.2	5.3	4.7	0.7	1	..	0.3	..	1.7	2	0.3	1	1.9	7	0.73
DUBLIN Dr. J. W. Moore.	29.781	0.632	48.0	45.8	43.4	85	57.8	37.7	20.1	53.5	43.4	..	32.7	7.3	..	0.8	0.7	..	2.3	..	..	0.7	2	0.5	1.9	5	1.20
KEW Dr. Treutler, F.L.S., etc.	29.725	0.651	50.5	47.8	44.0	82	62.8	37.3	25.5	57.8	45.1	149.9	31.1	7.6	6	..	0.7	..	..	..	2.3	0.3	1.7	2	2.1	4	0.48
LLANDUDNO Drs. Nicol and Dalton.	29.686	0.710	49.0	47.3	45.4	88	60.4	41.3	19.1	57.2	44.1	..	..	6.7	..	1.5	..	2	1.5	..	..	0.5	1.5	..	1.4	3	1.09
MALVERN Messrs. W. and J. Burrow.	29.686	0.698	48.9	46.7	44.4	85	65.4	38.9	26.5	58.9	42.9	119.0	32.5	7.2	4.4	0.3	0.6	1	0.6	0.6	2	0.6	1	..	1	5	1.48
SCARBOROUGH Dr. C. Fox, M.R.C.P., etc.																											
SIDMOUTH Dr. Mackenzie, F.M.S.																											
WORTHING W. J. Harris, Esq., M.R.C.S.E.	29.710	0.634	51.0	48.9	46.7	85	59.9	38.8	21.1	56.7	46.4	..	31.9	8.1	5.1	0.3	..	..	..	0.3	2.3	0.7	0.7	2.7	3.2	6	1.27

REMARKS.—Atmospheric pressure has during the week been generally somewhat lower than during the previous one; nor has the range been so great. Temperature has also declined, while its range has been variable, being greater in Dublin, at Kew, and Worthing, and less at all other stations. Winds have been very variable and light,—those from the S.W. predominated a little. Rain has fallen abundantly: the largest amount was again collected at Malvern. The amount of clouds has been greater, while ozone has been less than during last week. On the 18th, a thunder-storm passed over Malvern between 3 and 4 p.m. On the 19th, a thunder-storm, accompanied by a heavy fall of rain, occurred at Kew, at 1 p.m.; and also at Malvern, between 11 and 12 a.m. In Dublin heavy hail showers, in the afternoon of the same day, while the ranges of the Dublin and Wicklow Mountains where covered with snow. Snow fell at Lough Bray, 12 miles S.E. of Dublin, and at the elevation of 1250 feet above sea level. The state of the public health continues satisfactory.

N.B.—The barometric and thermometric means in this Table are corrected for Diurnal Range from Mr. Glaisher's D. R. Table; in future, all the returns will be so corrected. In an early number of the JOURNAL *will be published particulars with reference to situation, exposure, elevation, etc., of the instruments of each observer at the various stations from which returns are received.*

Kew, W., May 26th, 1869. W. J TREUTLER.

Plants first observed in Flower at Kew during the Week:—

Plantago media.
Briza media.
Papaver Argemone.
Trientalis europæa *(R.G.)*
Rhamnus Frangula *(R.G.)*
Aceras anthropophara *(R.G.)*
Geranium lucidum.
Medicago lupulina.
Stellaria Holostea.
Solanina Dulcamara.
Lychnis vespertina.
Geum urbanum.
Sambucus nigra.
Callitriche verna.
Ophrys muscifera *(R.G.)*
Linnæa borealis *(R.G.)*
Myosarus minimus *(R.G.)*

NOTE.—The letters R.G. placed after the name of a plant denote that, though a British one, it is flowering in the Royal Gardens only. All the others were observed wild in the neighbourhood.

REMARKS

ON

THE "MUSCULAR SENSE", AND ON THE PHYSIOLOGY OF THINKING.*

By H. CHARLTON BASTIAN, M.A., M.D., F.R.S.,
Professor of Pathological Anatomy in University College; Assistant-Physician to University College Hospital, and to the National Hospital for the Paralysed and Epileptic.

How far are these views in accordance with anatomical and pathological data? We know that in cases of locomotor ataxy, where, as we have seen, the "muscular sense" seems to be frequently impaired, the stress of the pathological lesions falls upon the posterior columns of the cord; and, to a minor extent, as Lockhart Clarke has shown, upon the posterior grey cornua, and the posterior roots of the spinal nerves. Then the posterior columns of the cord are now believed, on good anatomical and pathological evidence, to contain at least two sets of fibres—one kind passing from any given part of the spinal cord to various other parts above and below (these constituting the commissurial fibres concerned in spinal co-ordination), and another kind passing upwards from the different regions of the cord to some parts of the encephalon, which have not yet been fully determined.† Now we know also from experimental evidence that these fibres of the posterior columns do not convey impressions to the brain which reveal themselves in consciousness; so that I think it very possible that the latter kind of fibres may transmit to the encephalon the unconscious impressions of the "muscular sense." And, having regard to the experimental evidence adduced in the early part of this paper, showing the effects of section of the posterior roots of the spinal nerves, I am disposed to think that these fibres have not previously emanated from the muscles or passed through the roots of the spinal nerves either anterior or posterior, but that they have proceeded more or less directly from posterior prolongations of the ganglion-cells in the anterior or motor regions of the cord. There must, of course, be some constant proportional relationship existing between the cerebral volition, the changes in the intervening spinal motor cells, and the functional activity of the particular muscles which are excited by these latter; therefore, it seems quite possible that impressions produced by changes in the spinal motor cells might well convey to the brain symbolic notions as to the functionally related changes occurring in the muscles themselves. Thus I assume it to be possible that, when molecular changes are excited in certain spinal motor cells as a result of a volitional impulse, proportional recurrent impressions may be carried along certain fibres taking origin from the motor cells, and ascending in the posterior columns of the cord; so that there may be conveyed to the brain definite impressions (not revealing themselves in consciousness) referrible to the changes induced in the state of the various muscles of a limb.

Now, then, it is easy for me to answer the question which immediately preceded this inquiry into the nature of the "muscular sense." We cannot recall ideally the impressions derivable through the "muscular sense", for the simple reasons that such impressions, in their actuality, never did reveal themselves in consciousness. Therefore, also, I am bound to come to the still further conclusion that, if words be ever revived primarily as "suppressed articulations", the only form in which these could be recoverable as such in idea would be as remembered feelings of the movements of our organs of articulation. How vague and comparatively indefinite these are, any thoughtful person will soon be able to satisfy himself; and it wou d certainly seem that such vague sensations would be very poor and shadowy substitutes for the definite and readily recoverable symbols with which auditory and visual impressions supply us.

Having arrived at these conclusions from a consideration of physiological facts, and from a careful examination of our conscious states, we are in a better position for proceeding with our special inquiry into the physiology of thinking, with the view of explaining various phenomena met with in the "Aphasic" and other allied conditions.

I have elsewhere (*Fortnightly Review*, Jan. 1869; "Art. On Physiology of Thinking") pointed out that, as the first stage in the acquirement of language during infant-life, "we find the mere association of a particular sound with a particular set of attributes belonging to some external object, and this association becoming one of considerable constancy, so that the name invariably recalls to the child's mind the idea of the object; and the presentation of the object as promptly calls up the memory of the sound with which it has become mentally associated. Here, therefore, a *remembered sound*, or a perceptive impression revived in those portions of the cerebral hemispheres which are in remote connection with the ganglionic centres of the auditory nerve, must have been the symbols of thought made use of by the child if language of any kind entered into its thinking processes. But afterwards, as we have seen, when the child begins to make articulatory efforts, a secondary association is gradually established; viz., one between the remembered sound of the object, and the articulatory effort which the child makes in order to utter this sound for itself." To this was added the following sentence:—"Let it be granted that after a time this secondary association becomes as perfect and recurs as easily as the remembered sound, which at first was the only linguistic symbol, then the question arises: Do we, when we are, as it is termed, thinking to ourselves, still make use of the old and original remembered sounds of words as the vehicle for our thoughts—our mental symbols? or do we cast these aside, get at primarily, and make use of as our vehicle, the remembered acts of articulation necessary for the pronunciation of the said sounds?" Professor Bain, in commenting upon these views (*Fortnightly Reveiew*, April 1869, p. 494), whilst he in part admits the truth of what is said concerning the period in the child's life previous to the ability to articulate—that at this time "the ideas of language must consist solely of sounds"—then goes on to say, although it is perfectly evident that certain name-sounds do recall to the child's mind the objects with which these have been previously associated: "Dr. Bastian too hastily assumes the inverted operation—objects recalling names a possible process, no doubt implied in the fact of association, yet at that stage serving no end, and giving no evidence of its existence. There is neither proof nor probability that the child indulges in recollections of sounds by themselves; trains of auditory ideas ending in nothing. None of its operations require such trains; and there is the greatest unlikelihood that they are indulged in previous to the stage when they can be reproduced in speech, or become a guide to action." It seems to me somewhat surprising that Professor Bain should have made these remarks. It can scarcely be questioned that, in the great majority of cases at least, where an association, such as I have assumed, does exist between certain sensory impressions—between impressions of sight and impressions of hearing, for instance—such an association is as perfect in the one direction as in the other; that the visual impression is as capable of recalling the auditory, as the auditory impression is of summoning up the visual. I was, therefore, perfectly justified, in the absence of evidence to the contrary, in assuming that the same equal relationship existed between the sights and sounds impressing themselves upon the infant's organism. If Professor Bain really thinks that such is not the case, he is wishing to establish an exception to a general rule, and therefore it lies with him to adduce the evidence in support of his opinions. When he says "there is neither proof nor probability that the child indulges in recollections of sounds by themselves", I would ask him whether there is also no proof or probability that the child indulges in recollections of sights by themselves: there certainly is just as much ground for denying the one as for denying the other; and if we deny the one we may deny them both, and thus theoretically reduce the mental life of the child which is still unable to articulate to the lowest possible level—to a hypothetical level, in fact, the utter erroneousness of which cannot fail to strike those who have watched young children in an unprejudiced manner. But as a matter of fact, I never did suppose that the child indulged in "recollections of sounds *by themselves*, trains of auditory ideas ending in nothing": I expressly stated, "It would seem pretty obvious that, so far as the infant thinks by means of language, it does so by the *remembered sounds* of words; these are its linguistic symbols of thought, which must, however, be mixed up inextricably in its mind with other sense-impressions, and more especially with those of sight" (p. 60). Professor Bain then goes on to state that none of the child's operations require such trains of auditory ideas; but, with the understanding just mentioned, that in the immature mind of he child such trains are probably even more intermixed with visual remembrances than they are in the adult, we are bound to admit that, if the child can think at all, however simply, it must necessarily make use in its thought of these very trains of which Professor Bain says it has no need.

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* Concluded from page 463 of last number.

† See a paper on Secondary Degenerations of the Spinal Cord, by the author, in *Med.-Chir. Transact.*, 1867.

When we now come to consider the later periods—the time when the child begins to speak in articulate language, and has acquired the power—we have to return to the question which I have formerly stated: "Do words recur to the mind engaged in silent thought in their passive or in their active forms, as remembered impressions derived through the auditory ganglia, or as remembered combinations of muscular movement?" I have been induced to answer this question in favour of the passive forms of sensibility. I think words are primarily revived in the cerebral hemispheres as remembered sounds; that these afterwards, in the case of speaking aloud, automatically incite the necessary combined movements for the acts of articulation, but that a remembrance of molecular movements never does intervene as the idea of speech.[*] I have come to these conclusions for the following reasons.

1. I have just shown that the details of articulatory acts are never revealed in consciousness, and, therefore, obviously they could not be capable of ideal recall. All that we are conscious of is certain more or less vague and ill-defined feelings, resulting from the mere movements of our organs of articulation. These, therefore, are the only forms under which articulation can be revived in thought. The so-called "active" modes of sensation have in reality no existence as conscious impressions.

2. Then, if we turn our attention to the phenomena presented in a well marked case of Aphasia, it will be found that very valuable evidence is supplied in proof of the views which I have been advocating. We do commonly find aphasic individuals suffering from no paralysis of articulation, and unable to speak more than perhaps one or two words, who are yet able to think quite well, and whose mental faculties do not seem appreciably impaired. If such an individual think to a great extent by means of remembered articulations, how would it be possible, when his power of accomplishing the actuality was abolished, that he could still reproduce a word ideally, if this reproduction depended, as Professor Bain thinks, upon the action of the motor nerves, through the medium of the "muscular sense"? He has himself said: "It is not very easy to shew, on the other hand, that a series of actions can be repeated mentally and not bodily; for, as the mental actions are performed in the same circles, it usually needs only a volition, often the removal of a restraint, merely to bring them to the full length of actuating the muscles." (*Senses and Intellect*, third ed., p. 346.) But I have also shown it to be almost impossible that such an ideal recall of impressions could occur alone, and without the muscular actions of which, in Professor Bain's view, they were the concomitants. The facts of aphasia, therefore, tend still further to strengthen the view which I have been advocating, as I think Professor Bain must perforce admit; so that we are bound to believe that aphasic individuals, like other people who are not deaf, must either revive verbal symbols (1) out of the auditory perceptive centres, or else (2) they must employ such indefinite counters as the mere remembered passive sensations of the movements necessary for the articulation of different words. I can only say that, in my opinion, influenced by the considerations which follow, the choice is not a doubtful one between these two possible methods of verbal recall.

3. Bearing in mind, therefore, what alone can be the real nature of an "articulate recollection" such as Professor Bain speaks of, I think it will not be difficult to show, in the first place, that what he considers to be the purest exercise of this sort of recollection is not such in reality. Professor Bain says (*Fortnightly Review*, April 1869, p. 496):—"I will now give the instances that seem more or less to exclude auditory ideas, and to throw the stress of the acquisition on the articulate ideas. There are some strong facts of this character. Take the case of the child conning its lessons without being allowed to speak aloud. Here the only mental effects allowed, in the first instance at least, are upon the eye and upon the articulating organs. What, then, is the actual course described? The child looks at the sentence to be committed to memory, and then repeats it in a suppressed articulation: if there be a break, it refers to the book, and again repeats articulately till the string of words becomes coherent. Now, in such circumstances, one would say that the coherence takes place either in the visual circles or in the articulate, or most probably in both." Professor Bain also adduces the case of the "student who derives his knowledge from books not read aloud"; but, he says, "still more decisive than these is the fact that the deaf have been taught to speak." These, it appears, are the strongest cases which Professor Bain can adduce as tending to throw the stress of our acquisition of words upon remembered articulations. And it is especially worthy of note here that, in the first two instances cited, even Professor Bain is obliged to admit that the visual impressions have a very great deal to do with the assimilation of the words. So far, I entirely agree with him; only I think that in these very instances the auditory perceptive centres would have been also called into play; whilst he says there is "neither proof nor presumption" that they would be. The boy who merely cons his lesson-book without speaking aloud, receives in his visual centres certain impressions which are then translated into Perceptions of the words seen; and one almost certain result of this elaboration would be, as I maintain, the revival of activity in certain functionally related cells of the auditory perceptive centres.[*] In fact, the boy is now, for the most part, only reversing the association by which he was taught the meaning of the visual symbols. And in the case of words with which he has been previously unacquainted, it seems to me almost certain that he would have to conceive some suitable sound-combination to represent them; and that then he would subsequently make his articulatory efforts in accordance with the sound-conceptions. A close investigation of actual and recorded cases of "aphasia" has convinced me that many of the phenomena which they present are explicable only upon the assumption that, in the state of health, the most complete interaction and functional relationship exist between the visual and the auditory perceptive centres, but that the acts of speech are prompted almost entirely by incitations emanating from the latter. As evidence, I would call especial attention to the case of Dr. Hertz, quoted in one of my previous papers (*Brit. and For. Med.-Chir. Rev.*, Jan., p. 219; and see also April No., pp. 481-487 inclusive), though it must be confessed that a consideration of this case, and more especially of that recorded by Dr. Hunn, which I have quoted in the next page, seems to justify the opinion that the motor stimuli inciting the acts of articulation during the process of *reading aloud* may pass off directly from the visual centre.

But the instances which Professor Bain has cited, although in his view they might be conceived to show that auditory impressions had nothing to do with the recall, do not in the least establish what he wishes to prove—namely, that we may recollect mere trains of articulations only.[†] The instances mentioned would simply go to establish, if his view were correct, that articulations in these cases were automatically incited by revived visual rather than by auditory impressions—a view which I should be much more inclined to admit, than that we recollected words as remembered articulatory movements simply.

And I will now endeavour to show, that in fact, in the case of the deaf who are taught to speak—the instances which Professor Bain thinks most confirmatory of his theory—precisely such a relation between visual signs and articulatory acts does exist as in ordinary individuals obtains between auditory signs and articulatory acts; so that these cases, instead of favouring his view, are really strongly confirmatory of mine. The deaf having lost the use of their sense of hearing, the sense of sight takes its place; so that in them revived sight-impressions are the verbal symbols which automatically incite the muscles of articulation, as they have previously done those of the hands and fingers. I have lately visited the London Asylum for the Deaf and Dumb, and, through the courtesy of the Principal, Mr. James H. Watson, I was made acquainted with the method of tuition, and heard many very interesting results of it. The pupil must, as a preliminary, be able to interchange ideas with his teacher by means of the finger-language; and the pupil is also mostly able to write himself, and to read the writing of others. There are perfect means of communication, therefore, through visual symbols. The pupil understands that he is to be taught an additional mode of communicating his own thoughts, and of receiving those of other people. In order to utter a given sound, he is instructed (through the sense of sight, by watching his teacher) how to place his organs of articulation, lips, tongue, etc., in order himself to produce such a sound, which, he is led to understand, corresponds with a certain previously known and well understood visual symbol. This is the essence of the process—the building up of new combinations between known and commonly used visual impressions and certain muscular acts which the pupil is taught to consider as the equivalents of these. The pupil's education is carried on, of course, on *phonetic* principles; so that he has to be instructed that, although certain words are spelt quite differently, and have different meanings, they must be articulated in precisely the same way. In this manner the education is slowly and laboriously proceeded with, until the most perfect adhesion exists between the several visual symbols with which the deaf child thinks and the muscular acts necessary for their articulation. The education, however, is much slower and more laborious than that of an ordinary child, where articulatory acts are incited by auditory impressions. Any why is this so? Simply because the child lacks the auditory sense which would enable him easily to modulate or correct the sounds produced, and possesses instead, as his only means of knowing what he has achieved and of guidance, nothing but those much more vague and indefinite feelings of movement emanating from his articulatory organs. Thus the difference in facility of educating a deaf child and of educating one who is equally intelligent, but not deaf, comes to be a sort of gauge of the relative superiority of auditory impressions over these other more indefinite symbols derived from the mere feelings of movement.

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[*] This was the definite position that I endeavoured to establish in my previous paper; it did not really concern me to show whether in Professor Bain's opinion "suppressed articulations" formed our only "ideas" of speech. I thought they never did occur as "ideas" of speech; and hence I was quite justified in criticising a passage in Professor Bain's book, in which he put this mode of revival forward as a prominent one. His charge of unfairness therefore was, I think, wholly uncalled for; and I can assure him that I did not quote the passage referred to in order to "fasten upon him the opinion that there was no other form of verbal recollection but the articulations." I was criticising the most prominent statement which Professor Bain had made upon the subject—one which has stood in all three editions of his work, and which has been emphasised by the use of italics; it was sufficient for me therefore to show, in that paper, that I believed such a mode of revival impossible. The misrepresentation is, I think, on his side. In order to convince his readers that I had been dealing unfairly with him, he puts prominently forward (*Fortnightly Review*, April 1869, p. 493) a passage in which he does express opposite views; and although he says he has "uniformly expressed this opinion", the passage exists only in his recently published third edition, whilst the other which I quoted had existed in all three editions. Then with the effect, at all events, of apparently still further convicting me of misrepresentation, Professor Bain employs italics to emphasise this recently introduced passage (without saying that they do not exist in his book), and gives only an imperfect and maimed reproduction of the passage I had quoted, and now suppresses the italics by which he had always emphasised this statement in his work. Thus altogether an erroneous impression is conveyed; and, worse still, there is an imputation rather than a confession of unfairness. Of course, I am glad to find from Professor Bain that there is more agreement between us than I had imagined from my study of the earlier editions of his work, though the statements at present existing in the third edition are somewhat contradictory and confusing.

[*] The boy would almost certainly derive an advantage from articulating the words of his lessons, instead of merely conning them. He thus supplements the visual impressions by conscious auditory impressions, and at the same time allows these sense impressions to take a firmer root, as it were, in his system, by strengthening the organic connections between his auditory and visual perceptive centres and the parts upon which the motor acts depend. But because articulation of some kind is so generally associated with reading, and because after we have once acquired the faculty of speech, we do usually embody our thoughts in motor acts, and not stop at the mere primary sense symbols, it does not seem to me so wonderful that we should be unable to remember "a passage read, either purely as a printed page seen by the eye, or purely as suggested ideas of how it would sound if pronounced." But, notwithstanding this, under what form does Professor Bain think Aphasics are enabled to recollect what they have heard or read?

[†] In his article (*loc. cit.*) at p. 495, Professor Bain is contending with a shadow. He seems to suppose that I have denied the possibility of an adhesion between muscular acts—a possibility which I never doubted in the least. I only denied that we were *conscious* of all the details of muscular action by which an utterance was effected; of course, in the articulate utterance of any moderately long word, I know that cell-connections permitting "truly muscular adhesive groupings" must have been formed. But that is a very different thing from believing that whole strings of these combinations can, as it were, call themselves into being, and ideally constitute our verbal symbols.

Then a very convincing reply can be made also, from an observation of deaf persons, to the argument adduced by Professor Bain, to the effect that, because in thinking we do often mutter or make use of suppressed articulations, this is of itself an evidence that such articulation, ideal or actual, is an essential part of the process. The reply is this: Where, as in the case of the deaf, the mental symbol is more dissociated from the muscular act destined to give the word a physical expression (because the two are not so frequently and so habitually conjoined), then the processes of thought do seem to go on entirely by means of the visual symbols, and it is quite a rare thing for the mere thought to give rise unconsciously to either of its accustomed physical manifestations: it is neither associated with finger-movements nor with muttered articulations. This is perfectly in accordance with opinions which I have previously expressed concerning the significance of the suppressed articulations which occasionally accompany thought, and of the finger-movements that were seen during dreams in the case of Laura Bridgeman. These are to be regarded as accidental, and not as necessary accompaniments.

Thus Professor Bain's most decisive example in favour of "articulate" modes of verbal recollection in reality affords no proof of his hypothesis whatever—visual* symbols simply take the place of auditory symbols, and the articulations themselves are still secondary and automatic.

But yet another argument against the view that words are recalled and retained in memory as "suppressed articulations" is to be drawn from the case of the deaf. It is now a well known and undisputed fact that, if a child of five or six years old become absolutely deaf, it soon loses the power of speaking altogether, however good the power of speech may have been before. Mr. Watson assured me that such a result would inevitably follow, if no special education were resorted to. And then the child is reduced practically to the same condition as the child who has been deaf from birth, and he can be reinstructed to speak only in precisely the same way as the congenitally deaf child. Now this fact is quite in harmony with my view of the physiology of speech; but it does not seem very easy to make it accord with the doctrine that words are remembered even in part as articulations. The capacity for receiving impressions of the "feelings of movement" remains unimpaired; these must, moreover, be capable of ideal recall as much as they ever were; and yet the child gradually ceases to talk, precisely as it would do if these feelings were not at all concerned in the revival of the verbal symbols. And then it cannot be supposed that this gradually diminishing power of speech is owing to the lack of guidance in the acts of articulation usually derivable through the ear; because, when these same individuals have afterwards been instructed to build up their articulatory efforts upon sense-stimuli of a different kind—those of sight—they do succeed in speaking through the sole guidance of these feelings, which would have been supposed to be inadequate for the purpose.

Such are the reasons against the presumed articulate mode of recurrence of verbal symbols; and I will now give those which, I think, tend to strengthen the supposition that words are recalled in thought as revived auditory symbols.

4. Auditory impressions do possess in the highest degree those characters of definiteness and intellectual retentiveness which would eminently fit them for such a function; whilst the very reverse is to be said concerning our mere feelings derived from articulatory movements.

5. Then I think it is another argument in favour of the same view, that, if we suppose the auditory impressions to be the forms under which words are revived for thought, we do suppose the continuance of a method which alone was possible (so far as words are concerned) during the first twelve months of the child's life. I am more inclined to believe that fresh acquirements after this date would take the form of additional and superadded associations, rather than that the early modes of thought should be reversed or superseded. I shall certainly not be dissuaded from this view, if Professor Bain is unable to find any better argument against it than the stigmatising of such a continuance as an instance of "blind conservatism".

6. Lastly, it is no argument against the views I have been advocating, to say that we have, ordinarily, no *consciousness* of these auditory impressions which I presume to be evolved.* If we analyse carefully what takes place when a person *improvises* music on a piano, and consider all the previous education which has been gone through, we shall be almost bound to come to the conclusion, as I have elsewhere stated, that, "by dint of long practice and habit, there must have grown up in the person that sort of knowledge, which now seems intuitive, as to how, when, and in what manner, to touch the various notes, so as to make the instrument produce the desired sounds. These muscular movements follow as rapidly, and with as much precision and delicate adjustment, as do the muscular movements of the larynx, lips, and tongue, in the acts of articulate speech. Both alike follow automatically; and both sets of muscular movements, as it seems to me, are set going by the agency of revived impressions in the perceptive centres pertaining to the sense of hearing; so that, as quickly as the person improvising music conjures up in imagination the idea of the several parts composing the piece, this translates itself into the suitable muscular movements necessary for educing the sounds; the different steps of the process following so rapidly upon one another, that the performer himself is perhaps conscious of giving no separate attention to the ideas of the several sounds as they become nascent, and which are so immediately translated into muscular movements of the greatest precision. Still it would seem that such a succession as this must occur—that the cerebral hemispheres must be necessary for such a process; and yet here, too, there is involved a reflex action precisely analogous to that occurring in the process of speaking. If it can occur in the one case, therefore, it can occur in the other. Here, however, the ideal sound-combination is, so to speak, the subject of thought itself, and therefore should arouse consciousness more as its successive parts become nascent and act as stimuli, inciting to the rapid and precise secondarily automatic move-

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* After the views which I have already expressed, it is almost needless for me to say that I do not accept Professor Bain's views concerning the sense of sight. He says:—"In all that regards visible movement and visible form, the muscular consciousness, it is now contended, is the indispensable element; the optical sensations merely guiding the movements. Naked outlines, as the diagrams of Euclid and the alphabetical characters, are, to say the least of it, three parts muscular and one part optical; their retention is supposed to depend upon the adhesive property of the ocular muscles and their nerve-centres, and not upon purely optical circles." In his larger work, Professor Bain has fully expounded these views. I think he lays far too much stress upon this "muscular consciousness"; that this exists only to a very small extent; and that the impressions so derived are passive, and not "active", as he supposes. Much of the information which he attributes to "muscular consciousness" is, I think, only mediately derived through the activity of the muscles. The activity of the ocular muscles does enable us to derive notably more varied sense-impressions of a purely optical character; and all these, more or less associated with vague passive sensations, emanating directly from the muscles, and knit together by the multitude of inferences which we learn to draw instinctively during the education of this sense, give us, I think, that knowledge which Professor Bain seems to suppose we derive directly through our "muscular consciousness".

* See Professor Bain's paper in *Fortnightly Review*, p. 497. Does Professor Bain know that Aphasics can add, subtract, and multiply, without articulating?

ments performed by the hands and fingers.* If, however, in these cases, the several parts of the ideal sound-combination do cause such a slight and transient mental impression as to be almost unnoticed as distinct phases of consciousness, can it be wondered at that, in the process of speech, there should be so little evidence of the consciousness of words becoming nascent as remembered sounds?"

THE SOUDAN:

HALTING-PLACES; SICKNESS BREAKS OUT; TREATMENT EMPLOYED; QUININE AND BRANDY; METEMMA; BALWAHA.

By HENRY BLANC, M.D., M.R.C.S.E., F.R.G.S., etc.,
Staff-Assistant-Surgeon, Bombay Army.

PART IV.

THE selection of the halting-ground for the night is also of some importance. We preferred, when practicable, some rising ground—at all events, a clear, open space, where the grass was dry or burnt, free from trees, and at some distance from valleys and swamps. We never halted for the night on the banks of the few streams we crossed; and, although during the day-time we enjoyed immensely the cool shade of the well-wooded valleys of the Anseba, of the Gasch, and of the Atbara, at sun-set we moved our camp to some distance, afraid of sleeping at night too near those charming but dangerous localities. On a few occasions, when necessity obliged us to halt on some low, damp, unhealthy ground, after a few hours' rest we started in advance, allowing the camels to follow us. On other occasions, when wood was procurable, several large fires were kindled around our camp, and kept burning all night by the followers, who watched and slept in turns. This practice of night-fires is very extensively followed by the natives—not so much as a precaution against diseases, as to keep off the lions, very numerous and very daring; nevertheless, although the motive is somewhat different, the results are, all the same, favourable, and protect many from the evil effects of cold damp nights.

We avoided the midday sun as far as possible: at all events, we always protected ourselves, to the best of our ability, by following the rules which I described in the first chapter. I have explained our usual daily mode, our life, the care we took concerning the water, the precautions we adopted at night, etc. I believe that any one electing the same course, and following the same plan, will reap, under equally dangerous circumstances, the same immunity and benefits. A last recommendation before I conclude this part of my subject. Now and then, especially when our morning march led us through jungles or valleys, we took a grain or two of quinine in a wine-glass of sherry; and every third or fourth day we made our Indian servants drink half a cup of black coffee, with a few grains of quinine dissolved in it.

Up to Kassala, about half our journey, we had in our camp hardly any sickness at all. Strict orders had been given to our servants and followers not to delay, but to come to me at once on the slightest indisposition. Fear had made the order generally obeyed; and, in consequence, a few timely remedies had averted, in several cases, severe illness. But, after leaving Kassala,—with our forced halt of several days in that most unhealthy of cities, and our losing our way in the dark the evening we left that place, and having, in consequence, to encamp on a kind of island in the bed of the river Gasch, where we were overtaken by a severe storm of rain, together with the damp and green prairies we had to cross, and the greater scarcity in some places, and still more inferior quality in others, of the water—all these circumstances combined to bring on sickness: fever, diarrhœa, and dysentery made their appearance; and, before we reached Metemma, almost all our servants and followers suffered more or less from one or the other of these diseases.

On a quick march like ours, sick or well, every one must keep up with the caravan. For many, many miles, not even a roving Bedouin is to be met with, and we had no option but to carry our sick with us. This was no easy matter; we had only a few spare mules; all the camels were laden, and the cameleers were very adverse to have any extra weight placed upon their beasts; but, as necessity left us no alternative, we had to make them submit, and consent to allow the sick to ride on the top of the baggage and boxes. A sharp attack of dysentery, a burning fever, are evils painful enough in themselves when the patient is surrounded by the best of comforts; what, then, must have been the sufferings of those poor wretches, dangling backwards and forwards on the top of a camel, exposed to the sun by day, to the damp by night, often having to ride in that fatiguing position from 3 P.M. to 5 A.M., with, perhaps, in all that time, but an hour's rest! But we could not help ourselves. As we advanced, water daily became more scarce; and, even once or twice, we found none at all, and had to push on as fast as we could, contenting ourselves, sick and all, with the little turbid, nauseous fluid we carried with us.

For the medical man, every one will understand me, the difficulty was indeed great. I had to contend not only against severe and fatal sickness, but under circumstances that seemed almost to paralyse any efforts of mine. However, I did my best to make the poor sufferers as comfortable as possible; availed myself of every halt, and adopted an energetic treatment, followed, I am happy to say, with success in every case. The majority of the fever cases belonged to the simple remittent type. In a few instances, it affected a more continuous and serious form, accompanied by adynamic and ataxic symptoms, whilst in the simplest cases the fever assumed a mild intermittent type.

The fever began usually by severe aching pains in the limbs, headache, and prostration, soon followed by a more or less lasting rigor, the reaction (the intensity of which was in relation to the severity of the first symptoms) being more or less violent and persisting. The treatment which I adopted was the following. All, before starting, took a dose of quinine, varying, according to cases, from six to ten grains. At the halt, during the heat of the day, a mild emetic was given to those presenting a coated tongue—a small dose of castor-oil in such cases where the bowels did not act properly. When water was procurable, the heat of the body was reduced, and the skin's action increased by cold packing. Beef-tea or arrow-root, with port wine, was allowed to every one twice a day. In the evening, before starting, all received an ounce of brandy and another dose of quinine; and, when the night-march was long, another half-ounce of brandy, in cold tea, was given to the most debilitated. In a few severe cases, where the tongue presented a rough, red, dry appearance, a blister was applied on the epigastrium. The cry for water was indeed painful to hear; but I would not give in, and only allowed to each patient a couple of bottles of cold tea or rice-water, as the case might be; carried on the shady side of the camel; and strict orders were given to those who accompanied the sick, never to allow them to drink from any of the pools or wells they might come across.

Every one of them eventually recovered; and, by the time we reached Metemma, only three of the worst cases remained on the sick-list. After a few days' rest and a continuation of the former treatment, aided in its effects by a better diet, these also quickly improved; and, as all were only weakened by sickness, and not also by the treatment, the convalescence was, in every case, short, and with but few relapses; and, before many days after our arrival at Metemma, the whole party was in excellent health, and in good working order.

Diarrhœa, in some cases, was rather severe, accompanied by much griping, and with a tendency to pass almost at once into dysentery; in those who came at once to me, a grain or two of opium in half-an-ounce of brandy, or some thirty minims of chlorodyne in brandy, never failed to check, and soon to stop entirely, the disease. When mucus or streaks of blood had already made their appearance in the stools, or even when dysentery had actually declared itself, I adopted the following treatment. At the first halt, a mustard-plaster was applied for half-an-hour on the epigastrium, and twenty-five minims of tincture of opium were given at the same time; half-an-hour afterwards, from forty to fifty grains of ipecacuanha were administered in one dose. The result in every instance was so satisfactory that it never required a second application of the same treatment to modify entirely the character of the disease. In the evening, chlorodyne and brandy were given, as in the simple cases, to check the little diarrhœa that remained. In every case of diarrhœa or dysentery, beef-tea or arrow-root, with port wine, was given once or twice a day; and at night, or before sunrise, all received a small dose of quinine and brandy. In a few cases, where for several days afterwards a little mucus was still to be seen surrounding the fæcal matters, an enema or two of simple cold water were sufficient to complete the cure. All the cases of diarrhœa and dysentery recovered even before we reached Metemma.

If now I sum up the medical portion of our journey through the Soudan, I believe I can advance that it is the only instance known of such a large party having performed that long and dangerous journey without the loss of a single life, and what was, on a mission like ours, almost as good, without having a host of invalids and broken-down followers to drag along or dismiss just when they began, by having learnt our habits, to make themselves useful. For awhile, our many precautions completely baffled sickness; and when at last it fell upon our party, situated although we were in the very midst of the most unfavourable circumstances, such as hot days, cold nights, bad water, exposure, constant fatigue, etc., the treatment employed was so successful that I felt in its very success the reward of my anxious exertions.

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* More than in the case of speech, where the words, when revived in the auditory centres, only come up as the *symbols* of thought, and would, therefore, naturally occupy an even smaller amount of attention, inasmuch as the person is engrossed with the thought itself. But in the case of the person improvising music, the several ideal sounds are at once both thought and symbol.

In any journey such as ours, be it in Africa, Egypt, Syria, India, or China, there are, considering the matter in its widest sense, but four diseases usually met with, but four diseases which we must avoid, fear, and, when present, contend with: these are fever, diarrhœa, dysentery, and ophthalmia. All are rapid in the march, disastrous in their effects all must be subdued at once, crushed, not nursed, not petted; no trifling must be allowed, no mild, roundabout ways; no expectant treatment must for an instant be permitted; an hour lost is often but a verdict of death. In fever, for the traveller in malarious lands, there are but two remedies that can be depended upon—quinine and brandy. Both are valuable; the first the more so; in the absence of the one, the other is still powerful; and, united, the effects are so certain, that even fear is banished. A dose of ipecacuanha or of castor-oil; wet towels, removed as soon as they become heated; cold applications to the head, a blister on the epigastrium, when the tongue is red and dry; a few cooling drinks, a tonic, and appropriate diet, are one and all useful and worthy auxiliaries; but, nevertheless, are mere trifles compared to the important antidotes, quinine and brandy. These, under any circumstances, must never be omitted, never put aside; whatever the general condition of the patient may be, in these we must persevere. When delirium had set in, when the head was hot, burning, aching, the eyes bloodshot, the pulse rapid and bounding—in a word, when, according to the so-called authorities, quinine and stimulants ought to be carefully avoided, looking but at the cause, I *increased the dose of both*, and a favourable result always crowned my temerity. The cause is malaria, whatever that may be—a poison requiring an antidote; the old adage, that unless the cause be removed, the effects will remain, is here, more than elsewhere, never to be forgotten; it is a fight between the two; unless the first be conquered, no hope remains.

After diarrhœa has been checked, as I have indicated, a mild aperient generally proves useful; the same after dysentery; but here again, in both these affections, quinine and brandy, one or both—better both—should be prescribed and insisted upon for some days after the return of health. Malaria is here also, in some form or the other, the original cause; and, should those therapeutic agents be omitted, relapse is certain to take place before long.

In dysentery, ipecacuanha at high doses (recommended some years ago by a surgeon in India, whose name I unfortunately do not remember) is really wonderful in its effects. Should, however, the disease persist in a milder form after that treatment, a few cold water enema, quinine and brandy, will complete and assure a permanent cure.

In ophthalmia, such as is met with in those lands, produced by the glare of the sun and the flying sand (we had a certain number of cases on our journey), the best remedy is a few grains of sulphate of zinc, dissolved in a few drops of water, and dropped into the eye. I have never seen it once fail. Unfortunately for myself, I only learned the value of the remedy so applied but too late, otherwise I would have avoided a month of fearful sufferings when, at Massawah, I almost lost my sight from an attack of ophthalmia.

For the traveller, be he a medical man or not, a few very simple medicines are all that he requires; the simpler the better; quinine, brandy, ipecacuanha, castor-oil, chlorodyne, seidlitz-powder, sulphate of zinc, blistering tissue, nitrate of silver, ammonia, etc., are about the only things which he really will want. Admitting that calomel and mercurials may be useful in cold climates, in tropical lands they never, to my knowledge, do good, and but too often much harm. Let the traveller, should they have been fitted in his medicine chest, throw them away before he lands: all the mischief they do it would be out of place for me to discuss here. I only trust that the day will come when mercurials will meet in tropical lands with the same discredit as blood-letting; and that in presence of facts and experience, those remedies of a bygone age will be considered as dangerous, and be banished from climes where their effects are so noxious and baneful.

From Massawah to Metemma, the whole land is inhabited by Bedouins—tribes of such a purely Arabic appearance, that no doubt whatsoever can be permitted as to their origin. The language is Arabic; the Koran is read by the learned; and between these men and the Arabs of the opposite coast the difference is so slight that the traveller can hardly credit that he is wandering over an African plain instead of the smiling lands of Arabia the Happy. Diseases and medicine are very much the same as what I have mentioned when speaking of the tribes that inhabit nearer the coasts of the Red Sea. Like the people of Massawah and its neighbourhood, the Bedouins of the Soudan are very partial to snuff; none, or very few, smoke. The Bedouins suffer frequently from ophthalmia, and use, as a remedy, their favourite and constant companion, snuff; a pinch of it is dropped into the eye, and, when applied before the inflammation is too intense, one application, as I have seen it done myself, brings on a cure in a few hours. The pain, however, seemed almost unbearable, and for more than ten minutes the patient was rolling on the ground in great agony; but here again I suppose the result justifies the means.

We arrived at Metemma, the capital of Gallabat, on the 21st of November, 1865. The town, about four miles from the Atbara, is almost surrounded by a small, dirty rivulet, the acknowledged boundary between Egypt and Abyssinia. The inhabitants, called Takruries, a negro colony from Darfur, number about 2,000, about 8,000 more being scattered in the many villages that arise for miles around. Be it town or village, the conical grass and wood-hut is everywhere the abode of both rich and poor, the size and better state of repair alone indicating the possessor to belong to the "upper thousand." The palace of the chief is, in many respects, inferior to his subjects' huts. Life is held cheap in those lands, and, should the chief be thought worth while to kill, no doubt his reign would soon be cut short: he, therefore, although rich, appears as poor as the poorest, and does his best to dispel the credited suspicion that he possesses immense treasures buried under the ground. Metemma is, with Kassala, one of the most unhealthy spots on the surface of the known world. We luckily arrived there in the would-be healthy season; nevertheless, applications for medicine, on account of fever, dysentery, or ophthalmia, were constant—almost importunate; but, before and immediately after the rains, only the tough Takruree can resist; the Abyssinian is certain to die; the European most likely; and, should he survive, it is but to remain an invalid for life.

The chief placed one of his "summer palaces"—a wretched shed on a small hillock, near the town—at our disposal, until we should receive Theodore's orders to pass the frontier. As we knew that we would, in all probability, have to remain some time, and as sickness had, as I have said, been rather severe amongst our party, we did our best to place ourselves in the best hygienic condition possible, not only with regard to our present welfare, but also for the complete recovery of our convalescent followers. At the very first look of the place, we accused the water used by the inhabitants as one of the most serious causes of the unhealthy condition of the locality. The little rivulet from which all the water is obtained is a small running stream, receiving as it flows towards the Atbara every possible filth and pollution. Mr. Rassam, convinced as well as ourselves, that no one could possibly drink of such water and retain his health, at once made arrangements with some of the natives to have a couple of camels daily sent to the Atbara, thus affording to all a supply of good and wholesome water. The result was as we justly expected; every one enjoyed good health; a few who had contracted fever in the journey had a few relapses, but of no great importance; and, on the whole, every one, Europeans, Indians, and natives, enjoyed perfect health when, about a month later, we started at last for the highlands of Abyssinia.

On the 25th of December 1865, we trod, for the first time, on Abyssinian ground.

Although, a month later, the object of our mission (the delivery of Her Majesty's letter) had been secured, it was only after a residence of two years and a half in that land where we had to endure so many mental and physical sufferings, that, with thankful hearts, now once more steering towards the north, we saw receding in the distant horizon, and fade away in one dim outline, our old friends the towering peaks of Taranta and Gedem, the land of the wild Shohos and the burning sandy coast.

When I recall my first impressions, once fairly in Abyssinia, how vividly they still live in my mind; hopes not unmixed with fears, strange joys, almost feverish longings. We had crossed at last that forbidden circle which despotism had traced around the unknown that we yearned to fathom. A gallant officer, white men, our brethren, all a tyrant's victims, would be by us restored to life and liberty. The many perils and dangers which we would have to overcome, made the task only more attractive; and to travel heralds of such a noble cause, through a land of fairy tales; to conquer Theodore with words of justice and love, were indeed happy thoughts, and we justly felt proud and honoured to have been selected for such a generous errand.

Of our deceptions, of the misery we endured, of our long, painful captivity, the narrative has already been made known,* and needs no mention here. At last, like men returned from the grave, preserved by God's hand, rescued by our brave countrymen, we saw Magdala fall, and liberty once more our lot. Instead of a cruel death, we met with dear friends again; the past a dream of sorrow, made only more loving the embrace of those who had mourned for us; and if the delightful, adventurous feelings we had enjoyed some years before had their charms, it is only to those who, like us, have borne the crushing weight of adversity, that these calm, quiet, but true emotions, can be understood—nay, conceived.

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* *A Narrative of Captivity in Abyssinia, etc.* By H. Blanc, M.D. Smith, Elder, and Co., 15, Waterloo Place.

But I must apologise for having allowed my thoughts to have for an instant led me away from my subject; and, without further reflections, I will go on with the narrative of our journey, considered specially in its medical aspect. To give a description of all the diseases of the country, of the various native modes of treatment, of the peculiar native customs, of the geology, Flora, etc., would be quite beyond the limits of these papers. I propose, therefore, to select from my notes some as yet unpublished details, which will, under a more readable form than a long, dry dissertation, give, I hope, a clear idea of the several points most interesting to the profession.

After leaving Metemma, we passed at once into a hilly country, and on the 31st of December we encamped about half way between the high range above us and Metemma, now almost at our feet, at a place called Bal Waha. From the day we left the Soudan, we never had occasion to complain of the quantity and quality of the water-supply; although in certain localities it may be deemed insufficient for an army or a large body of men, we ourselves always found it good and abundant.

At Bal Waha we had to remain several days, until the escort and the bearers sent by the King arrived. Bal Waha seems to have been, during Theodore's reign, a kind of half-way house, a second-class "Hotel des Ambassadeurs"—first rank, of course—belonging to Magdala. A clear running stream (how we loved it!) divides the valley into almost two equal halves. We were shewn first the spot which poor Abdul Rahman Bey, the Turkish Ambassador, had a few years before selected for himself and party; and, by a kind of superstitious feeling, we moved further on, halting in the next open space, as yet associated with no record of treachery and unmerited misfortune. However, for all that our fate was even worse than our predecessors'. I have advanced elsewhere a fact that has been contradicted; namely, that Abyssinians, as a race, are cruel. Travellers but too frequently see but the smiles of those who constantly fawn on them, in the hopes of receiving presents; and, instead of studying the native *chez lui*, they judge him merely by his conduct towards themselves.

First impressions are generally true; and on New Year's day of 1866, for the first time, we saw a certain number of Abyssinians around us; and the manner they killed a cow which we had given them as a treat, made me feel that they must be cruel, or, what is very much the same, devoid of all sensibility, and taking pleasure in witnessing the sufferings of others, be they men or beasts.

In Abyssinia, every one who carries a sword is a butcher, and delights in the work. On the occasion I mention, the "amateur" butcher was one of our former messengers, named Hailo. Probably being of a poor family, he had not killed many cows before; and, to all appearance, was not well up to his work. Being in a great hurry to obtain, as soon as possible, a slice of the warm and thrilling flesh, he did not bind the animal's legs properly; and, no sooner was the cow knocked down, and kept apparently quiet and helpless by some five or six hungry fellows sitting upon it, than Hailo, in the name of the Father, the Son, and the Holy Ghost, proceeded with a blunt sword to cut the animal's throat. But the cow, not approving of the utter *sans gêne* displayed in an operation of such vital importance to herself, tossed off the fellow sitting on her head, and with a kick sent howling away a great big muleteer, who was at the time pulling on the tail with all his might. Imbued with fresh courage by her easy victory, the cow disengaged herself entirely from her terrified enemies, and, with the blood streaming from the wound in her neck, she made straight for a neighbouring thicket, seeking in its solitude safety against the crowd. The Abyssinians, after the first moment of surprise, rallied, and, exciting one another with shrieks and war-cries, followed after it. With a good deal of caution they surrounded her, and for some minutes the belligerents stood gazing at one another. Evidently with the loss of blood her warlike spirits seemed to have vanished, and her now pleading eye had nought of its momentary fury. One of the bravest Abyssinians advanced on tip-toe noiselessly from behind, and, with a blow of his sword, endeavoured to ham-string the poor brute. Too much caution, caused by a lurking fear that the *cow might turn round*, had somewhat arrested the violence of the blow; the cow was severely wounded, but the tendon was not severed. Off she started again, the crowd this time following closely upon her steps. Swords, spears, stones, were now freely used; and the poor brute, red with blood and covered with wounds, fell down in great agony. The Abyssinians, forgetting their hunger, enjoyed the fun immensely; they laughed, shrieked, in their delight danced around her; and for a while they were so excited that they positively refused to allow me to interfere and put an end to their sport; but I would not listen, and a bullet through her heart put an end to that disgraceful and disgusting scene. No sooner had I fired than a great rush was made; it was of all importance that before life should be completely extinct the mystic invocation should be repeated, otherwise *no good Abyssinian Christian* could partake of the flesh without fear of eternal damnation.

But it may possibly be suggested that this is an exceptional case, and proves nothing. I will therefore, in the next paper, adduce some native customs and habits bearing upon this point.

ON THE MANAGEMENT OF DIET IN DISEASE.

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In taking up this extensive subject, I have no intention of attempting to treat even a portion of it exhaustively: my aim is simply to bring forward a few general considerations bearing upon it, and afterwards to discuss, suggestively, some points in the dietetic treatment of certain diseases.

It is noteworthy how seldom and how sparingly the subject has been treated from this point of view. The dietetic management of diabetes and of gout has indeed been a favourite topic with writers on those diseases, and writers on continued fever have usually attributed its fair share of importance to the conduct of the dietary; but when other morbid states, not directly affecting the stomach, are treated of, the diet is usually dismissed as briefly as possible. It is not long since Dr. Fuller, in a paper read before the London Medical Society, complained with justice that the reporters of cases, while revelling in the minutest particulars of history or pathological anatomy, usually omitted or slurred over all account of the treatment—medicinal or dietetic—which had brought the patient to the *post mortem* room, or at least failed to keep him out of it. The fact was at once a cause and a consequence, Dr. Fuller implied, of the backward state of the study of therapeutics among us. Certainly this particular department of therapeutics is not in advance of other portions of that science. We have many works on food and diet—some written for the profession, more for the public; but they almost all conform, with more or less strictness, to one model. The classification and chemical constitution of various aliments are laid down positively, minutely, and copiously; but the instructions for their employment in disease are scanty and hazy in the extreme. The reason of all this is obvious enough. If the application of principles of dietary to particular diseases is, with the exceptions above mentioned, so very rare, we naturally conclude that such principles are uncertain or awanting. We have in truth almost as little exact knowledge about the use and effects of foods as we have about those of drugs.

The same conclusion is pointed at by what may at first sight appear to be contrary instances. When Dr. Edward Smith or Dr. Dobell publishes an exactly specified ration, or two or three such rations, for consumptive patients, we remember the great variety of conditions, as regards capacity to take and digest food, and to be favourably or unfavourably affected by various kinds of aliment, in which our consumptive patients exist; and the attempt to apply to them such Procrustean rules leads us to suspect the narrowness or one-sidedness of the views on which the rules are based.

It seemed, not long ago, as though all the questions connected with the use of alcohol were likely to be withdrawn from the realm of dietetics, by the discovery of Lallemand that alcohol was not a food, but a medicine incapable of decomposition in the system. Certainly the observations on which this theory was based did not afford a sufficient basis for it; but even if they had done so, one would have been justified in denying, or at least doubting, the accuracy of those observations, so contrary were the views that sprang from them to the evidence of common experience. But the experiments of Dr. Anstie, while diminishing the value of those of Lallemand, and utterly overthrowing the theory based thereon, promise to afford us, if confirmed, a new and most important principle in dietetics—nothing less, in short, than a practical rule for the administration or denial of wine, based on a pathological principle. It is, I repeat, a curious and lamentable consideration, how few such rules are the common property of the profession. Stokes's single and excellent rule for commencing the administration of wine in continued fever, when the first sound of the heart approaches the second in quality, is one of the most valuable and best known. The work of Fonssagrives on *Alimentary Hygiene*, probably the best of its kind in any language, certainly contains more of such practical and valuable precepts than any English one, though our national vanity may be consoled by finding some of them referred to our compatriots Huxham and Sydenham, such as the precept that in all fevers the patient should drink very much, very frequently, and but little at a time.

On the other hand, our national susceptibilities or prejudices may be shocked, on reading, a little further on in the pages of Fonssagrives, a most trenchant condemnation of our fashionable modes of dietetic treatment in fever. "Dr. Todd", he says, "treated almost all his fevers by the association of a succulent regimen, of which beef-tea began the series, with considerable doses of alcoholic drinks; and he claimed a success which rather exhibited the long-suffering of nature, who took the pains to resist such dietetic brutalities, than the prudence of the practice that put them in force. Nor was Graves less absolute nor less ardent in his crusade against the Hippocratic abstinence; and he was so proud of feeding fevers that he expressly desired that this principle, which must have sent so many patients to the tomb, should figure dogmatically as an inscription upon his own."

Fonssagrives himself, like most of the French physicians, follows, in typhoid fever, what he calls "the traditional prescriptions of the Hippocratic diet"—utter abstinence during the early days of the fever, liquid aliments only afterwards; and, some time later, when the crisis of the fever is past, a gradual and well-managed transition to more substantial food. When we recollect that the French in general are very ready to allow wine to their patients where we are content with milder fluids, we shall interpret the phrase liquid aliments as inclusive of a little wine more or less diluted. Thus understood, the practice of Fonssagrives, which he allows to be less rigorous as to abstinence than that of some of his compatriots, will differ from our own chiefly with respect to the few early days of the attack. There are, I suppose, none of us on this side of the Channel who do not allow during that period milk, barley-water, and other such thin and unstimulant potations. There are, however, cases in which every kind of fluid is included among objects of loathing by the patient, and in such it might possibly be proper, for two or three days at least, to follow the indication of Nature, so long as the urine is tolerably healthy, except as to concentration. Usually, however, ice and iced water are not unpleasant to the patient, even when the perversion of taste renders all other fluids positively nauseous. I am by no means certain that the small quantities of nourishment which we manage to introduce during the first few days are of any real service. They are, no doubt, usually absorbed into the vessels; but whether they are subsequently employed in the economy for any useful purpose, or are cast out in the excretions, may admit of some doubt—doubt that might be solved by a careful comparative examination in a sufficient number of suitable cases.

During the middle period of enteric fever, there is not much disagreement, except as to the quantities of wine advisable, and the stage at which its use should be commenced. It is here that Dr. Stokes's rule is so valuable; but Dr. Anstie, if he should fulfil his expectations, will furnish us with another, equally valuable and more precise. I agree with Dr. Gairdner in believing that a great number of enteric fever cases, including most of those under twenty or twenty-five years of age, get through as well, or better, without wine, though at more advanced ages it can more rarely be dispensed with. I agree with him, too, in thinking that the copious use of alcoholic stimulants tends to prolong the duration of the fever, probably by lessening elimination, and thus retaining the fever-poison in the system. I think I have seen the same prolongation in typhus under like circumstances.

The copious use of beef-tea may now be said to be a matter of rule in enteric fever. It is doubtful whether it is not often pushed too far. As usually prepared, it may be defined as a weak solution of the saline constituents of flesh, including some, as kreatine, which appear to be simply waste products ready for excretion. I can see that some of the saline matters may be of the greatest possible use during convalescence, when they may help on the process of building up new tissue; but there is no reason to suppose that during the acme of the fever the salts waste faster than the albuminoid constituents of the body and blood; and it is difficult, therefore, to see how any large quantities of beef-tea can be useful then, except by their ill-understood stimulant action, while they may often prove positively hurtful by exciting diarrhœa. I therefore, regarding it as a stimulant rather than as a food, make but moderate use of beef-tea during the middle period, and trust mainly to iced milk, or milk with lime-water, which, as fluid, cool, grateful, bland, nutritious and readily digested, free of tendency to promote diarrhœa, and containing as much saline matter as seems requisite, is indicated as the best of all possible foods, except for persons of peculiar idiosyncrasy.

Where we have reason to suspect the existence of intestinal ulcers, that is, in the general run of cases, it is usually and rightly laid down that solid food should not be given until convalescence is somewhat advanced. This rule is, however, extremely vague. The stage of the case meant may perhaps be best indicated by the tongue and the stools having resumed their natural aspect, and kept the same for two or three days. A definition of the word solid is also needed. Is well-baked bread a solid in this sense? Scarcely; for, by the time the products of its digestion reach the ileum, they must be indistinguishable from those of any farinaceous liquid. But close, tenacious, ill-baked bread may, as I am reminded by Dr. Symonds, pass undigested and in bulk into the ileum. It may generally be allowed in small quantity as soon as the patient desires it. But flesh meat and fish are the solids especially pointed at in the rule just mentioned: the use of vegetables must be deferred to a later period still.

Among the heresies with respect to acute rheumatism which have lately arisen in this country, has been that of dieting the patients on meat and wine in liberal quantities. Of course, like all new procedures, it succeeded very well in the hands of those who tried it. For my own part, I have seldom departed from my usual plan of confining the patient to farinacea and milk, with perhaps a little beef-tea, without seeing reason, or thinking I saw reason, to repent it. If the poison of acute rheumatism be lactic acid, it is somewhat strange that milk does not disagree, while wine, according to my experience, almost always does.

There appears to be some room for doubting what is the proper diet for patients under active treatment for constitutional syphilis. I have usually proceeded, as I suppose most men do, on the principle that, as the disease itself is a lowering one, and the medicines used in the hope of eliminating the poison are mostly of the destructive class, their operation should be balanced by that of a liberal dietary. In many cases of tertiary affections, this view is pressed very forcibly upon us by the dread of the development of phthisical disease. But in Sweden and elsewhere the effects of an extremely restricted diet—the hunger-cure, as it is termed—are said to have been found singularly beneficial. And Professor Sigmund, the eminent syphilologist of Vienna, used to insist on a low and scanty, though not exactly a starvation diet, during the treatment of his patients by mercurial inunction.

A few words on the dietetic treatment of jaundice, and I have done. Frerichs says nothing on the subject, beyond advising the use of a regimen consisting mainly of easily digested animal food with vegetables; his object being purely, it would seem, to obviate discomfort from flatulence and constipation. In several of his clinical histories he notices the fact that the appetite of the patient was unaffected. I think we may go beyond that statement, and say that in many cases of jaundice, contrary perhaps to what one might expect, the appetite is unusually great. The cases in question usually terminate favourably, and belong, I presume, to the class of jaundice from mechanical impediment, and especially to the variety arising from catarrh of the biliary ducts; but I think I have observed it also in the early stages of some cases of cancer of the head of the pancreas, causing jaundice by pressure on the duct; and here Frerichs, at all events, does not contradict me. On the other hand, in jaundice with much constitutional disturbance, the appetite is greatly impaired. There should, one would say, be an appropriate difference in the dietary of these two classes, as well as in their medical treatment. The ravening in the former class arises probably from the stoppage or great diminution of the absorption of fat by the lacteals, through loss of the emulsifying agency of the bile, or it may be partly also, according to Liebig's theory, because the supply of carbon for oxidation is lessened through the deficient passage of bile. On the former supposition, here is a field for the employment of the pancreatic emulsion, together with a mixed diet constituted mainly on Frerichs's plan: it would seem, however, inexpedient fully to gratify the inordinate craving of the patient.

OBSTETRIC MEMORANDA.

PROLAPSUS OF THE UTERUS CONTAINING A CHILD, BETWEEN THE SEVENTH AND EIGHTH MONTHS OF THE SECOND PREGNANCY.

By William Allison, Esq., East Retford.

A Case of extroversion of the uterus with placenta, related (in the *Lancet* of February 6th, 1869) by Mr. Foster of Leeds, reminds me of an occurrence which happened in my practice in the year 1838.

On March 23rd, in attending upon a woman, I found the uterus, containing a child, in the bed, just as if the child had been born. After sponging off any trifles of lint, etc., from the uterus, the entire mass was carefully returned into the abdomen of the mother. On March 24th, a pessary was introduced, and each day, for three days, one of a different kind; but as all were intolerable, the woman was desired to lie or sit until labour came on. On May 2nd, after a lingering labour, the child was born and is now living—a healthy man in Sheffield. In 1844, a second son was born; both he and his mother are now living in this town.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

Lecture XV.

In the higher Mammals, the sulci and gyri of the Cerebrum, however complex, are yet reducible to more or less of a definite pattern. Those in Man are the Sylvian fissure and the external frontal, parietal, temporal, and occipital fissures before mentioned. On the inner surface of the cerebrum we have the "calloso-marginal" fissure running along about midway between the corpus callosum and upper margin of the brain; and we have the internal perpendicular, the calcarine, collateral, and uncinate fissures. As the lateral ventricles extend forwards, backwards, and downwards (as anterior, posterior, and descending cornua), we find prominences on the inner walls of these cavities corresponding to these fissures, and being projections and curves inwards caused by them. Thus the calcarine fissure causes a projection of brain-substance into the posterior cornu, which projection is spoken of as the hippocampus minor. Similarly, the hippocampus major and collateral eminence are produced through the uncinate and collateral fissures.

In the higher Apes, the arrangement is like what we find in Man; the convolutions are less complicated, and the disappearance of some of them behind gives rise to an "external perpendicular" fissure. In the lower Apes, a further simplification takes place, though the same fundamental pattern is preserved, until at last in the Marmosets the cerebral hemispheres are nearly smooth. It is very hard to detect any ratio between intelligence and a convoluted cerebrum, the absolute mass of an animal seeming to be an important element determining the convoluted condition of its brain. The great Baboons seem to be as intelligent as the highest Apes. The backward extension of the cerebrum with regard to the cerebellum also presents strange anomalies, that projection being very great in *Chrysothrix*, while in *Hybobates* and *Myates* it is very exceptionally small.

No very important change of structure is met with as we descend from Man to the Marmoset; but the Lemurine group presents us with an enormous difference—exceedingly large olfactory tube, and widely uncovered cerebellum, etc.

The Carnivora exhibit a very definite pattern in their cerebral convolutions; and those of the Ungulata are probably similar. The enormous amount of convolution in the last named group is very remarkable—even in the stupid Sheep and Rhinoceros—while the Elephant presents no such great advance in this matter. Intelligence, however, is a highly complex manifestation; and cerebral structure is only one out of the many factors which go to constitute it.

In the aquatic Mammals, such as the Seal, the brain is singularly complex as to its convolutions; and it is still more so in the Porpoise. If great intelligence really exists in the latter animal, it is difficult to see how its imprisoned genius can make itself felt. In these creatures we find the olfactory nerves and anterior commissure atrophied.

In the Edentata, there is a great variety in brain structure—the armadillos being wonderfully low. The Monotremes rather ascend in comparison, and do not lead us to, but rather away from, the Sauropsidan type.

Professor Huxley then turned to the Circulating System, and described the process of development by which it is built up, beginning at the period when the embryo first rises up, like a boat, from the surface of the blastoderm.

A cleft of the intermediate layers (beneath the head), at first continuous with the peritoneal cavity, becomes afterwards the pericardium, and it is here the heart arises, and its primitive place is immediately behind the mandibular symphysis. Meanwhile the capillaries begin to appear at the upper part of the yelk-sac, and soon a communication is established between them and the heart.

From the anterior end of the heart the arterial trunks arise, which curve upwards and backwards beneath the chorda dorsalis—the aortæ being at first double for their entire length. Each aorta gives off an artery (the omphalo-meseraic), which descends again to the capillaries, and thus a circulation is produced. This state of things, however, lasts but a very short time, as at about the end of the second day of the chick's incubation the two aortæ approach each other, towards the hinder part of the body, and coalesce; and thus we have a single aorta springing from the junction of the aortic arches. No vertebrate animal has yet been found in which the aorta remains in its primary, altogether divided, condition; but such an one may, some day, be discovered.

Each of the two aortic arches accompanies the mandibular, or first visceral, arch. Soon two other and more posterior arches arise, and each of these accompanies the Hyoidean, or second visceral, arch. Similarly a third pair of aortic arches accompanies the first branchial, or third visceral, arch, and this augmentation continues till five such pairs of arches have been formed; but, as the posterior ones arise, the anterior ones become obsolete. Very early a branch is given off from each first aortic arch, which branch goes in part to the eye, in part to the cerebral cavity. It is the internal carotid artery, and it unites, over the trabeculæ, with its fellow of the opposite side, as the several aortic arches unite over the several visceral arches. Another artery is given off from the lower primitive trunk of the aortic arches—this is the external carotid. The first two pairs of aortic arches disappear. The hinder pair gives origin, on each side, to a backwardly extending branch—the pulmonary artery. Those parts of the fifth pair, which extend from the origin of the pulmonary artery to the dorsal aorta, abort. The fourth aortic arch on the left side becomes lost; on the right side it increases in size, and becomes the only trunk continuous with the dorsal aorta. The third pair of aortic arches become the common carotids; and in Birds (perhaps in Crocodiles also) these coalesce in the middle line on the dorsal side of the œsophagus, and unite into one single carotid. At the junction of the fourth and fifth arches, the axillary artery is given off to the sprouting limb. The heart is at first a simple tube; it becomes bent upon itself, and septa are formed in the aorta; and that both in the distal bend (or ventricular part) of the heart, as also in its proximal bend (or auricular part), the septum in the ventricular division appearing first. Though these septa are formed independently, and are at first discontinuous, they have a direct relation to each other, and coalesce together. Veins are very early developed, bringing blood to the largest left-landed division of the auricles. The primitive venous arrangement becomes obsolete with the atrophy of the umbilical sac, the omphalo meseraic veins becoming continuous with the intestinal vein, and the mass of the blood being returned by the umbilical vein partly to the liver, partly to the heart. Two other important veins arise on each side of the body termed the anterior cardinal veins (which ultimately become the jugular veins), which pass backwards from the head to above the heart. Two other veins, the posterior cardinal veins (which afterwards more or less form the azygos veins), which pass forwards from the hinder part of the body to above the heart, and there, after joining the anterior cardinal veins, communicate with the heart by the ductus Cuvieri. As the true kidneys are formed, a new vessel arises to bring back their blood: this vessel is the inferior vena cava, and with it the veins of the posterior extremities become secondarily connected.

CLINICAL MEMORANDA.

A CASE OF INJURY TO THE ABDOMEN, WITH PROTRUSION OF INTESTINE.

By M. A. Wood, Jun., F.R.C.S., Ledbury.

A. B., a boy of ten years, was tossed by a cow on December 14th, 1868, the horn of the cow entering the abdomen. On seeing him soon after the accident, I found a portion of the small intestine protruding from an opening in the abdominal wall about midway between the umbilicus and the anterior superior spine of the left ilium. The loop of intestine was about a foot in length, and was accompanied with some omentum. Having ascertained that the bowel was uninjured, and having first poured some oil over it to lessen the chance of injury from manipulation, I attempted the reduction of it. Failing at this, I administered chloroform, and repeated the attempt; but, as I found that I could not then reduce it without using unjustifiable force, and that the internal opening of the wound was only just large enough to admit the end of the finger, I at once enlarged it upwards towards the umbilicus, using the finger as the director for the knife. The reduction was thus rendered easy. Having stitched up the wound, I applied a pad of lint saturated with carbolic acid and oil, and over this a firm compress and spica bandage. The boy was then made to lie on his right side, with the legs tied up towards the abdomen; and orders were given that he was to have no food.

The next day, I found him suffering from sickness, with a rather quick pulse, but not in much pain. He was ordered to have two grains of Dover's powder and a grain of hydrargyrum cum cretâ every fourth hour, and to suck ice.

Dec. 16th. The sickness was abated. He had a quiet pulse; no pain or tympanitis. He was allowed to have only milk.

Dec. 18th. There was no bad symptom. I dressed the wound, which looked healthy, using the carbolic acid and oil as before.

Dec. 20th. He was going on well, and was allowed some broth.

Dec. 22nd. The bowels acted for the first time; the fæces were quite normal. The wound seemed healed at the bottom. The powder was discontinued.

Dec. 28th. The wound was angry, and showed no disposition to cicatrise; and there was a free discharge of pus. This confirmed the experience of other surgeons, that carbolic acid, when applied continuously to a wound, hinders the process of healing by over-stimulating the parts. The wound was dressed with zinc ointment.

Jan. 8th, 1869. The wound was cicatrised. There was slight impulse on coughing. With the support of an abdominal elastic belt (an air-pad being placed over the cicatrix), the boy was soon able to walk and run about, and feels no ill effects of the injury.

REVIEWS AND NOTICES.

Lectures on Clinical Medicine, delivered at the Hôtel Dieu, Paris. By A. Trousseau, late Professor of Clinical Medicine in the Faculty of Medicine, Paris; etc. Volume Second, translated from the Edition of 1868, being the Third Revised and Enlarged Edition. By John Rose Cormack, M.D., F.R.S.E. Pp. 630. New Sydenham Society. London: 1869.

The Clinical Lectures of the late Professor Trousseau were two years ago, as many of our readers are doubtless aware, in course of being translated by Dr. Victor Bazire, when the lamented death of that gentleman for a time arrested the work. Subsequently, the New Sydenham Society undertook the completion of the Lectures; and last year republished, for the use of its members, the volume which had been completed by Dr. Bazire. We now have to congratulate the members of the Society on the appearance of a second volume.

Before saying anything on the merits of the work, a word as to its arrangement is necessary. Though called the second volume, as it has appeared after Dr. Bazire's, it is in reality the first. This is explained in the following sentences, taken from a "notice to the reader".

"The first volume of the translation of Trousseau's Clinical Medicine, as published by the late Dr. Bazire, and issued last year to the members of the New Sydenham Society, consisted of selected lectures. Dr. Bazire did not follow the author's order of sequence. In continuing the translation of the work, the Council has had two courses open to it; either to revert as far as possible to the original arrangement, or to continue the attempt at a fresh classification. The first of these has, for obvious reasons, been decided on. The only inconvenience which will result to the reader will be, that the numbers of the lectures in the translation will not correspond in all cases with their numbers in the original. Dr. Bazire's volume (Vol. I) contained Lectures numbered by him I to XXIII, but which in the original were otherwise numbered and otherwise arranged. . . . The present volume contains a translation of the first twenty-one Lectures. In the sequel of the translation, the enumeration of the original will be followed; and the Lectures omitted in their natural places will be found in Vol. I."

The Council has acted wisely in thus returning to the original arrangement; and also in dispensing with editorial notes and addenda, which formed a large portion of the former volume. Although, no doubt, Dr. Bazire's notes were very valuable contributions to our knowledge of diseases of the nervous system, Trousseau's work is, on the whole, one of those which are treated most justly by being left in their unadorned simplicity.

The Clinical Lectures of Professor Trousseau, in attractiveness of manner and richness of thoroughly practical matter, worthily take a place beside the classical lectures of our Watson and Graves. Very rarely it occurs that a book on medicine is met with so pleasant to read, and so abundant in sound practical instruction. In reading Trousseau's book, we feel as though the learned, eloquent, accomplished teacher—the observant, suggestive, kind, accomplished physician—were speaking *vivâ voce.* The remarkably graphic narratives of the cases present true and impressive pictures of disease, and retain for the book that interest which is generally limited to the living voice of the clinical teacher. The reader sees Trousseau's patients with him, listens to his remarks on their diseases, and applies to them individually the precepts inculcated and the pathological opinions set forth.

The preparation of the French edition, from which this translation has been made, was entrusted by M. Trousseau to his former *chef de clinique*, M. Michel Peter, to whom very high praise is due. "The first and second volumes", we are told, "were revised and corrected in accordance with the suggestions and under the control of M. Trousseau. M. Peter modified the third volume in conformity with the suggestions of his master, who had ceased to live when that volume was being prepared; he had, however, left instructions regarding it, which were scrupulously followed. As the interpreter of his venerated master, M. Peter has striven to be equal to his task, and to represent faithfully the latest sayings of that profound and eloquent man whose voice is for ever silenced." A number of lectures have been retouched, and some rewritten; and important additions, derived from the latest advances in medical and pathological science, have been introduced. It is but just to add, that in the previous edition—the second—Dr. Peter had as his colleagues Drs. Leon Blondeau and Dumontpallier. Of the three, M. Trousseau says that they had "all done more than merely edit the work; they had assisted him in his researches, and had often yielded to him the honour of very interesting inquiries, thereby making, to a certain extent, a sacrifice on his account."

In the translation before us, Dr. Cormack has been very successful in retaining both the matter of the original work, and the manner of the lecturer. The translation is closely exact; and yet it is in excellent English, and, so far as we can see, very free from the clumsy phrases, Gallicisms, and mistranslations which are liable to occur in English translations of French medical writings. Dr. Bazire's translation is also one of much merit. In fact, M. Trousseau has been remarkably fortunate in his French editors and English translators.

The volume before us contains Lectures on Small-pox, Variolous Inoculation, Cow-pox, Chicken-pox, Scarlatina, Measles, Rubeola, Erythema Nodosum and E. Papulatum, Erysipelas, Mumps, Urticaria, Zona or Herpes Zoster, Suderal Exanthemata, Dothinenteria or Typhoid Fever, Typhus Fever, Membranous, Gangrenous, and Inflammatory Sore Throat, Diphtheria, and Thrush. Of the 630 pages which the volumes contain, 150 are devoted to Diphtheria—a disease with which Trousseau's name will always be most honourably associated. The whole subject is discussed in a masterly and practical manner. The pages on tracheotomy in croup are of the highest value. The lecture on Dothinenteria is excellent. In it, the lecturer energetically denounces "the deplorable doctrines in vogue at the beginning of the century", in accordance with which fever patients were starved to death. The earnest teaching of the eloquent clinical professor of the Hôtel Dieu, through a long series of years, has had its result in the greatly improved dietetic management of fevers and other diseases which prevails among the present generation of French practitioners.

The Council of the New Sydenham Society have acted well in selecting Trousseau's *Lectures* as one of the books to be presented to their Subscribers; and we observe with pleasure, that the appearance of a third volume of this excellent work may be expected in a few months.

A Course of Six Lectures on the Chemical Changes of Carbon. By William Odling, M.B., F.R.S., Fullerian Professor of Chemistry, Royal Institution. Pp. 162. London: 1869.

These lectures were delivered by Dr. Odling, in the last Christmas holidays, before a private audience at the Royal Institution. They originally appeared in the *Chemical News*, from which the Editor, Mr. Crookes, has reprinted them with notes. In this he has acted judiciously; for the lectures contain a very happy exposition of the properties of one of the most common substances in nature, and of the behaviour of it and of some of its more remarkable compounds. The method which Dr. Odling adopted was, to first bring before his audience carbonic gas, as procured from the action of acid on marble, and by the combustion of carbon; and, having shewn its properties and its various sources, to treat on combustion in air, and thus gradually lead to the consideration of carbon itself; then, again, to return to carbonic acid, and thence to pass on to carbonic disulphide and carbonous oxide. As he proceeded in his lectures, he illustrated each phenomenon by simple experiments, which are described in the book and may be easily repeated. It would be scarcely possible to explain to youth the chemical changes of carbon in a more simple, and at the same time more complete and instructive form, than has been here done by Dr. Odling; who, in the manner in which he seeks to teach physical science to the youth of the day, is a worthy successor of Faraday. We commend the book to the favour of the *patresfamiliarum* who abound in our Association; assuring them that their sons—and their daughters also—will gain much interesting, and, it may be, useful knowledge from it.

NOTES ON BOOKS.

Chloroform, and a New Method of Administering it. By A. M. Roseborgh, M.D. (London: J. Churchill and Sons.)—This is a short, concise epitome on chloroform, its action and administration. The "new method" does not, however, deserve the name. An assistant observes the pulse and holds the watch, while the administrator gives chloroform on a napkin, at first in very small quantities; then gradually increases it *until*, in the third minute, the maximum quantity—thirty to thirty-five minims for adults, and less for children—is reached. One-third the maximum dose is given the first minute, and two-thirds the second. "The administrator shall," it is said, in this way, "be able to ascertain the percentage of chloroform-vapour that is being administered at a given time." This is impossible; and, besides, as an assistant is absolutely required to feel the pulse with such a method, as it would be otherwise dangerous, we cannot recommend this as a ready method of administering chloroform.

Companion to the British Pharmacopœia. By PETER SQUIRE, F.L.S. —This well known and useful work has reached a seventh edition; not more than a year having elapsed since the issue of the sixth, consisting of 2,000 copies. The author has not relaxed in his endeavours to increase the utility of the work. This new edition contains, as additional matter, a tabular arrangement of the Organic Materia Medica, intended for the use of students; many of the formulæ introduced in the new *Pharmacopœia* of the London Hospitals, and notes of several new remedies; and a condensed account, collected from the works of Dr. Althaus, Dr. Glover, and Dr. Sutro, and from various pamphlets, of the principal spas of Europe.

Orthopraxy: the Mechanical Treatment of Deformities, Debilities, and Deficiencies of the Human Frame. A Manual. By HENRY HEATHER BIGG, Assoc. Inst. E.C., Second Edition, revised and enlarged. London: 1869.—In this, the second edition of a work which first appeared four years ago, Mr. Heather Bigg describes the various apparatus used in rectifying deformities, debilities, and deficiencies of the various parts of the body. The author has endeavoured to improve the practical character of the book, and has added new matter so as to bring the subject fully down to the most recent period. His professed aim has been, not to encroach on the province of the physician and surgeon, but to aid them in their efforts; and that he has succeeded in this object, there exists, we believe, a very fair amount of testimony.

History of Chemical Theory. By A. WURTZ. Translated by HENRY WATTS, Esq., F.R.S. (Macmillan and Co.)—In reviewing Watts's *Dictionary of Chemistry*, we had occasion to mention the French Dictionary of Chemistry now in process of publication, and owing its origin to the measure of success which has attended the English work. The French dictionary begins with an historical survey of chemical theory. This opening chapter has also been published separately, and the translation of it by Mr. Watts now lies before us. It forms a delightful book. The subject is treated biographically—the chapters bearing the titles Lavoisier; Dalton and Gay Lussac; Berzelius; Laurent and Gerhardt; theories of the present day. English readers will be amused, however, with the opening sentence, "Chemistry is a French Science," and will no doubt think that it requires some explanation. The translator has evidently been of this opinion; for we find a long note on this passage, showing that before Lavoisier's time, all was not quite dark in chemical theory, and that the Phlogiston theory really contained a certain measure of truth. In another note by the translator, we find Dr. Paul's notice of Black's discoveries.

Laboratory Teaching. By C. L. BLOXAM (London: J. Churchill and Sons, 1869).—This is in many respects an excellent little book, intended for the instruction of students of chemistry. It contains an account of ordinary qualitative analysis and a description of common chemical substances, also an account of the various processes of chemical manipulation, and is very well written. A rather unusual feature, which will arrest the attention of chemists, is the entire absence of chemical formulæ from the book; the author always gives a written name of a chemical substance, never once the chemical symbol. In our opinion, this is a movement in the wrong direction, and unquestionably will tend to discourage quantitative work. We note, however, that, in the matter of nomenclature, things bear their accustomed names. Carbonate of lime and chloride of sodium have not made way for the more pedantic forms calcic carbonate and sodic chloride.

First Lines for Chemists and Druggists. By J. STEGGALL, M.D. (Churchill and Sons, 1869). Third Edition.—This is a little book, small enough for the pocket, and containing a short account of the preparations of the *British Pharmacopœia*, arranged alphabetically. Among other matters we notice a table giving the strength of the opium, mercury, antimony, and arsenical preparations. A chapter on botany, another on the thermometer, and one on specific gravity, are likewise to be found in the book.

REPORTS OF SOCIETIES.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MAY 11TH, 1869.

GEORGE BURROWS, M.D., F.R.S., President, in the Chair.

ON THE TREATMENT OF PHTHISIS BY PROLONGED RESIDENCE IN ELEVATED REGIONS. BY HERMANN WEBER, M.D., F.R.C.P.

DR. WEBER premised that he used the term "phthisis" to signify not only "tubercular phthisis", but all the different subacute and chronic inflammatory processes of the lungs, usually leading to consumption, especially catarrhal pneumonia and its products; regarding, with Dr. Thomas Addison, "inflammation as the great instrument of destruction in every form of phthisis", and sharing, with some modification, the view of Buhl and other authors, that true tuberculosis is not a primary, but a secondary, disease—the result, not necessarily, of preceding inflammation, and especially of the cheesy transformation of the products of inflammation.

He understood by "elevated regions", those localities where phthisis, owing principally to their elevation, did either not, or only rarely, occur amongst the inhabitants; and pointed out that the elevation necessary for producing a certain degree of immunity was not absolute, but varied in different latitudes, and seemed to decrease with the removal from the equator towards the poles. He, however, did not believe that there was any fixed elevation of immunity for every degree of latitude; and was, further, not of opinion that the elevation in itself was the sole cause of immunity, but that it was materially assisted or counteracted by other climatic elements, as the situation of a place on table-land, or on the top or on the slope of a hill, or at the bottom of a valley; the aspect to the north or south; the configuration of the surrounding ground; the nearness of standing waters or marshy districts, and the elevation of the place above them; the habitual degree of clearness or mistiness of the atmosphere, its purity, or the degree of admixture of foreign elements, mechanical and organic; the geological structure of the soil, and all the circumstances influencing its degree of dampness or dryness, regarding which subject he specially pointed to the important results of Bowditch and Buchanan's researches.

The author then expressed his astonishment that, in spite of the works of Archibald Smith, Mühry, Hirsch, Jourdanet, and others, there was still amongst medical men a great disinclination to sending consumptive patients to high elevations; and he endeavoured to prove that the usual objections were entirely unfounded—that cold was not injurious to delicate persons threatened with consumption, but, on the contrary, often beneficial; that it was not correct that in Alpine health resorts the great cold of the winter altogether prevented invalids from being in the open air; that hæmoptysis was not more frequent, but more rare, in moderately high situations; that the principal morbid processes leading to consumption was counteracted; and that the tendency to acute affections (catarrhal and inflammatory) in consumptive conditions was likewise not increased, but diminished.

Dr. Weber then gave a description of seventeen cases treated by prolonged residence on high level health-resorts, these being not selected, but all the cases which at one time or other came under his own observation, and of which he knew the final result. He referred to fourteen other patients, still residing in elevated regions, and regarding whom the final result was as yet unknown. He had, however, reason to think, from written reports, that the progress of these fourteen cases was favourable. The treatment adopted during the stay on high elevations was in most cases only dietetic and hygienic, except during intercurrent acute affections.

The author did not enter on a theory of the *modus operandi*. The agents were too numerous, and the physiological and chemical researches as to their influence on man and animals were insufficient. Thus, with regard to the rarefaction of the air, he alluded to three or four possibilities. 1. In order to inhale the same quantity of oxygen as in low elevations, the mechanical respiratory action must be increased. 2. Without this increase, the quantity of oxygen inhaled was diminished, and thus oxidation might be retarded. 3. In spite of the diminution in the quantity of oxygen inhaled, the oxidation might remain the same, or become even increased, by a greater "mobility of atoms", according to Drs. Frankland and Tyndall's experiments on combustion. Or 4, a larger amount of ozone in the air of high elevations increased its oxidising power.

Dr. Weber was inclined to attribute special importance to the dryness of the soil and air, to the presence of a large amount of ozone, and especially to the freeness of the air from foreign admixtures—mechanical, chemical, and organic. The fact that most consumptive invalids in the Swiss health-resorts felt better during summer than during winter, was likewise noticed, and the probable explanation was sought in the greater intensity of the beneficial influences just mentioned during winter; viz., dryness of soil and air, large amount of ozone, and comparative absence of foreign admixtures in the air. The author mentioned that some of the influences at work in the high level health-resorts existed also in some of the low level, especially maritime, health-resorts. He did not wish to disparage the latter, which had their own advantages: he only requested the Fellows of the Society to give an impartial trial to the elevated health-resorts in proper cases, and pointed to the probability of the great advantage which would arise to the consumptive soldiers of the Indian army, if they were sent for a sufficient length of time to the high regions of the Himalayas, instead of being invalided and sent home.

He then shortly referred to the localities suitable for treatment of cases of incipient phthisis on high ground on the Cordilleras, in Switzerland, and in Germany; the number of which localities would soon be multiplied and provided with the necessary comforts, if the plan advocated were more frequently adopted.

The following points were summed up for consideration. 1. The elevated regions deserve greater attention in the management of consumptive tendencies and affections than they have hitherto received. 2. They deserve this attention not only as summer, but even more so as winter, health-resorts. 3. Without underrating the value of maritime and other low level health-resorts, the elevated localities offer great advantages in cases of early consumption and tendency to consumption, in the disposition to catarrhal pneumonia, and the results of this disease, particularly the so-called tubercular (cheesy) deposits and tubercular (pneumonic) infiltrations. 4. In such cases, the occurrence of fresh catarrhal and other acute intercurrent affections appears to be less frequent in high level than in low level health-resorts. 5. The tendency to absorption and fibrous transformation or cicatrisation of deposits is promoted, and the tendency to the breaking down of tissues and formation of cavities is counteracted, in elevated health-resorts. 6. The tendency to hæmoptysis is diminished, and not, as usually stated, increased in elevated localities.

Dr. Weber concluded his paper with a tribute of gratitude to the late Dr. Archibald Smith, to whom he was indebted for much valuable information on medical climatology, especially with regard to elevated regions.

Dr. SYMES THOMPSON said that there were more available resorts in South Africa—Natal, for instance—than in Switzerland. In the western boundary of Natal there were high elevated plateaux, ten thousand feet high, where the air was dry and moderately warm. In twelve cases with which he was acquainted, residence there had been satisfactory. His impression was more in favour of low warm climates than of tedious journeys to high parts of Switzerland. He, therefore, recommended the Cape.

Dr. C. J. B. WILLIAMS said that our daily experience showed that cold does tuberculous patients harm, and warm climates good. Statistical evidence might root out this belief, but we want the statistics. The prevention and the cure of phthisis are different; and because the inhabitants of these high places may be free, still that does not show that phthisis will be remedied by a residence there. The difficulty is to get phthisical patients out enough, their feeling is so much against cold. Inflammation has a great deal to do with tubercle in every stage, and we do not know of anything so likely to derange the circulation and induce inflammation as cold. A great deal of advantage is to be derived from elevated parts in warm climates. The advantage of a residence in Madeira was greater when the patient returned in summer to this country, and especially if they resided in the Highlands of Scotland or high ground in the continent. Patients in Canada say they cannot bear the cold.

Dr. WILKS thought the question one of barometric pressure. The profession has long been in dispute whether tubercle is more likely to be caused by much or little work. One medical man says to his patient, take a great deal of exercise; a second says, take little; and a third says, take moderate exercise. Dr. Barlow first pointed out his belief that tubercle was developed according to the activity of the organs, and he thought from his experience that tubercle is rather arrested by keeping the lungs quiet.

Dr. DRYSDALE believed it might be shown that phthisis was comparatively rare in certain districts because there were few towns, and instanced the islands of the west of Scotland and Ireland without high altitudes, where phthisis was comparatively rare.

Dr. WEBER, in answer to Dr. Williams, said that the climate in Canada might have been damp, and hence the injurious effect on Dr. Williams' patients; but the elevations of Switzerland, on the other hand, were not damp. To Dr. Wilks' remarks, he observed that there is often an opposition to tubercle in those persons whose respiration is impeded, as in rickets and diseased mitral valve. He did not think Dr. Drysdale's statements militated against the high altitudes. Pure air might explain them.

LIVERPOOL MEDICAL INSTITUTION.

ORDINARY MEETING, NOVEMBER 26TH, 1868.

DR. SKINNER shewed a specimen of Adherent Placenta which he had removed from a patient at the Lying-in Hospital. It was a good specimen of phthisical placenta. The woman had been delivered of three living children.

MR. BARNES read a paper entitled Cases Illustrating the Relative Value of Excision and Amputation. He first referred to two cases, in one of which he had performed excision of the right elbow, and had amputated in the other, excision having been performed fifteen months previously. In the former case there was a slow and painful convalescence, and a less certain issue; but, should this be favourable, an incomparably better result would be arrived at than in the latter case, where, however, there were certainty of result, rapidity of recovery, and immediate relief to the constitution. He then related at length two cases of excision of the hip, both of which proved fatal; in contradistinction to this, a case of amputation which recovered. Cases might occur where amputation would absolutely be more likely to save life than excision. Excision of the hip should not be undertaken without a full preparation for amputation. Mr. Barnes described six cases of excision of the knee-joint, two of which made good recoveries with useful limbs, and the others died, one from shock and hæmorrhage, one from shock alone, one from pyæmia, and one from shock accompanied by a sudden drainage from the system of sanguineous pus. He had performed amputation above and through the knee seventeen times, the result being recovery in twelve, and death in five. Of the latter, one was an old woman aged 64, who had fractured her leg and dislocated her knee; two were cases of gangrene, one the effect of ligature of the femoral artery for hæmorrhage from popliteal aneurism, and the other after typhus fever; the fourth was an instance of severe injury to the leg giving rise to extensive mischief; and, in the last the patient was insane, amputation of the thigh having been performed for extensive injury to the joint. He had only one case of excision of the ankle-joint to record; although the operation was done in April last, the patient was still unable to walk, except with the aid of crutches. There was some fulness about the joint, and a slight discharge from the side of it; and she walked on her toes, the heels being lifted up. Mr. Barnes doubted whether the result was as good as a Syme's stump would be. In eight cases of amputation below the knee four terminated fatally, one from gangrene, and three from pyæmia. The cases of excision of the tarsal bones (os calcis, cuboid, and cuneiform), all did well. In one case, as a kind of experiment, he extracted the os calcis and astragalus through the heel, but he would not recommend repetition of the operation. Of thirteen cases of amputation of the ankle, which were principally Syme's, two died; one from mortification of the stump. Seven excisions of the elbow were recorded; none terminated fatally, and most made very good recoveries. In one, the operation had to be repeated. He had amputated the arm on twelve occasions; once in a case in which excision had been previously performed, but the arm hung down uselessly at the side. He had partially excised the wrist once, but it was very difficult to do so without injuring the tendons. Surgeons had to consider, first, the relative mortality of the operations; secondly, the duration and nature of the progress towards recovery; thirdly, the nature of the result. As regarded the hip-joint, there was scarcely any choice. In disease of the knee-joint, each case must be decided on its own merits; but there were general considerations to be attended to. First, the danger to life was greater in excision; secondly, the rapidity and nature of recovery were unfavourable in excision; thirdly, the only advantage of excision as an operation was that it left the main vessels and nerves unaffected. The author's experience with regard to the knee-joint was that, where disease was the result of injury, or where the constitution was not worn out and exhausted, or thoroughly strumous, excision should be performed; the result, when successful, being so immensely superior to that of amputation as to justify trial. As regarded the ankle-joint, he was decidedly against excision. Excision was favourable in the case of the elbow-joint; but there were two great dangers; namely, bony anchylosis, the result of the removal of too little bone; and an useless appendage from the removal of too much bone, or the too early extension of the limb.—Mr. HARRISON and Mr. BANKS made some remarks on the paper.—Dr. BARNES replied.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, JUNE 5TH, 1869.

THE "ROYAL SOCIETY OF MEDICINE".

AFTER a debate extending over three evening sittings, and characterised by moderation and dignity as well as by liberality, the Fellows of the Royal Medical and Chirurgical Society have agreed on the draft of a plan for union with other Societies in the metropolis, so as to form a "Royal Society of Medicine", containing sections, for the discussion of questions in the various branches of medical art and science. This scheme—which, with the substitution of the name "Society" for "Academy", and some other modifications made in the course of the debate—is that published at p. 429 of the JOURNAL for May 8th, is to be submitted for consideration to the Epidemiological, the Pathological, the Obstetrical, and the Clinical Societies, and to the Medico-Psychological Association; each of which, it is proposed, shall severally form a section of the Royal Society of Medicine. In the event of approval, each Society is invited to appoint three members to a general committee, which shall, with legal advice, draw up a code of laws and regulations for the new Society.

In the manner in which it has brought forward a proposal for the formation of the Royal Society of Medicine, the Royal Medical and Chirurgical Society has acted with moderation, and with an entire freedom from those prejudices of age and *prestige*, some amount of indulgence in which might well be pardoned. It proposes, not to retain its name and to engraft the other Societies as epiphytic growths on itself, but to give up its individual existence and the privileges conferred on it by Royal Charter, and to take its place as one of the sections of the new Society, on an equality with the other Societies whose cooperation it invites. Fellows and Members of the Royal Medical and Chirurgical Society, and of the other Societies above mentioned, are to be original members of the sections which it is proposed to form; and all are to be Fellows of the Royal Society of Medicine, provided they make certain payments to be hereafter arranged; which payments, we suppose, will chiefly have regard to the privilege of using the library. It is intended that the books and all other property of the Societies consenting to the scheme shall become the property of the new Society; but as, with one exception, the only library which exists in any of the Societies is the extensive and valuable library of the Royal Medical and Chirurgical Society itself, it is this which will be the library of the Royal Society of Medicine—and it is but reasonable that a moderate fee should be demanded for the exercise of those privileges for which the Fellows of the Royal Medical and Chirurgical Society have themselves paid.

Payment of the proper fees will, then, be the only condition to be fulfilled by the present Fellows or Members of the Societies enumerated, in order to become Fellows of the Royal Society of Medicine. Future candidates for admission as Fellows are to be subject to nomination and election, in the manner at present followed in the Royal Medical and Chirurgical Society; and the amount of fees to be paid will be regulated by the number of sections which the candidate proposes to join and the extent to which he intends to avail himself of the privileges of the Society. The determination of the minimum amount of payment, and of the attendant privileges, which shall constitute Fellowship of the Society, has been judiciously left by the Royal Medical and Chirurgical Society to the General Committee.

For those members of the profession who may not be desirous or able to avail themselves of the use of the library and the other advantages of fellowship, but who may wish to join any one of the sections, it is proposed to establish a grade of Associates, with privileges limited to the sections to which they may be respectively attached.

The autonomy of each section is to be, as far as possible, preserved; and all privileges now enjoyed by the present members of the Societies of which it is proposed to form Sections of the Royal Society of Medicine are to be, as far as possible, preserved to the Members of the sections. So far is the Royal Medical and Chirurgical Society desirous of conceding to the other Societies the retention of their present privileges, that, notwithstanding that it had been agreed that the whole property of each Society should be at the disposal of the Royal Society of Medicine, there was a general willingness expressed, in the course of the debate, that the Obstetrical Section should retain the special use of the present library of the Obstetrical Society.

We have thus given an outline of the principal features of the scheme by which it is proposed to form a Royal Society of Medicine, containing sections on Medicine and Surgery, Obstetrics, Psychological Medicine, Clinical Medicine and Surgery, Pathology and Morbid Anatomy, State Medicine (comprising Epidemiology, Public Health, and Medical Jurisprudence), and Physiology and Anatomy. For other particulars as to the mode of government of the Society and its sections, the admission of Honorary Fellows, and other matters, we must refer our readers to the draft scheme as published in the JOURNAL, and to our reports of the debate.

The further modification and elaboration of the scheme for the formation of a Royal Society of Medicine rests now with the Societies whose cooperation was invited by the Royal Medical and Chirurgical Society; and we confidently trust that they will, one and all, act with the same moderation of opinion and decision, the same spirit of self-abnegation, and the same desire for the common good of the *res medica*, as have been so honourably manifested by the promoters of the scheme. In the plan submitted to them, the opposite errors of a proposal without any defined terms, and of one overloaded with minute details, have been equally avoided; so that, while no complaint can be made that a mere principle is set forth without any tangible outline of the manner in which it is to be carried into effect, there is an absence of every thing which might lead to the supposition that the Royal Medical and Chirurgical Society was desirous of proposing any other terms than those which all the Societies may consider to be just and honourable, and to have proper regard both to individual interests and to the common good.

It is almost unnecessary to repeat the arguments which have been or may be adduced in favour of the principle involved in the proposed scheme—that it is expedient to have in this metropolis an institution holding a recognised public position for the cultivation of medical art and science in all its branches. The Royal Medical and Chirurgical Society was founded for this purpose; but, as was frankly admitted in the recent discussions, it has, from the force of circumstances, failed in carrying it out. Hence there have sprung into existence, at various times within the last thirty years, several Societies for the promotion of our knowledge in pathology, obstetrics, and other allied subjects. These Societies have, without doubt, done much towards carrying out the objects for which they were formed, and the profession will ever hold their labours in grateful remembrance; but their independent existence has its evils, inasmuch as it tends to make men—in the profession as well as beyond it—lose sight of that interdependence and correlation which exists between all the branches of medical science, and as it diminishes for each of the Societies that *prestige* which would be possessed by a body speaking with the authority and influence that must be derived from being a part of a Society having, as its province, Medicine in its entirety. If the proposed union be fortunately carried into effect, we shall have the various sections speaking, not with the unsupported, and therefore comparatively feeble, voice of a separate Society, but with the implied voice of the whole Royal Society of Medicine; and thereby obtaining in the world of medicine a hearing and an attention which, as individual Societies, they can scarcely expect.

And—as was shadowed forth in the remarks of some of the speakers in the recent discussion—the Royal Society of Medicine, as a whole, will have functions beyond those implied in the proposal for the formation of sections. It will be the great Medical Society of the metropolis, taking cognisance of all that concerns medicine, and embracing within its ranks, ready for action, many—we trust all—of those men whose experience and judgment in matters medical may be required for the solution of those questions of public importance in which medicine has a voice. It will rightly undertake those consultative duties at the instance of the State, which have hitherto been entrusted to Royal Colleges or to individual members of the profession; and the recognised status of its Fellows, with the catholicity of its name and objects, will give weight to its judgments.

We repeat our expression of trust, that the plan which has been so thoughtfully sketched out, and so judiciously discussed, will go on steadily to completion.

It would be unjust to conclude these remarks without congratulating the Royal Medical and Chirurgical Society on having chosen Dr. Pitman, Mr. Holmes, and Mr. Gascoyen, to represent the Society in the joint-committee. To Dr. Pitman is due the honour of having induced the Council of the Society to again take into consideration the subject of union. Mr. Holmes has, in his place as a member of Council, laboured indefatigably in elaborating the plan, and in bringing it into that advanced condition in which it has been presented; and Mr. Gascoyen has been the Honorary Secretary especially occupied with the subject, and has taken much interest in it. Than these three gentlemen, no more fitting representatives of the feeling of the Society to which they belong could have been selected.

PROSTITUTION IN JAPAN.

Mr. George Newton, Surgeon R.N., has published a very interesting account of the establishment by the Japanese Government of a Lock Hospital in Yokohama, with periodical examination and compulsory detention of the diseased abandoned women, which was done at the instance of Mr. Fletcher, Her Majesty's consul in that port. The Report gives an exceedingly interesting account of prostitution in Japan, in which country it is a recognised occupation, though not looked upon as an honourable pursuit. On the contrary, their ancient lawgivers declare it to be an evil necessary to prevent "men of unrighteous principle from becoming like unravelled threads, and there being no end to daily punishment and flogging."

In Japan, prostitutes are compelled to reside in brothels, which are collected in a separate quarter of the town of Yokohama, termed Voshiwarra, surrounded by a wide deep canal, and only accessible by gates guarded by police. The prostitutes are chiefly young girls from the labouring class, bought, when children six to ten years of age, of necessitous parents. Some, and the more attractive, come of the upper class, and command large prices. In Japan, it is thought to be high evidence of conjugal or filial affection for a wife or daughter to pay their husband's or father's debts by selling themselves to a brothel for a term of years.

The Report describes the modes of procedure of the Yangan or dealers in girls for prostitution, who, with the brothel-keepers, are often men of considerable influence in affairs; and the classes who are subsidiary in adding to the attractions of the brothels, such as hairdressers, and the singing girls, who live in separate houses, and are compelled to observe strict chastity. They are depicted by excellent coloured photographic portraits of them in their daily costume.

With a glance at the prevailing diseases and climate at Yokohama, the Report passes to describe the origin of the Lock Hospital, which was established in August 1868, under the superintendence of Mr. Newton as visiting surgeon, until the native doctors should be sufficiently experienced in the European mode of treating contagious diseases to be able to take the entire charge of the hospital. Though the compulsory examination and detention were evaded at first—not by the unfortunate women themselves, who quickly appreciated the benefit they received, but by the brothel-keepers, who found that the loss of the women's services diminished their profits—these good regulations are now complied with. As the number of sick women diminishes the advantages to all become more patent. At first, 32.8 per cent. of those examined were found to be infected with constitutional syphilis, and most of them with serious forms of the disease, sloughing sores, pustular eruptions, etc. The treatment pursued was similar to that now generally adopted in Europe—mild doses of mercury (the bichloride in solution, or calomel fumigation) for syphilis, with astringent lotion for local sores. Iodide of potassium was remarked to have very little effect, even in large doses; but iron, cod-liver oil, and quinine, were much used to restore the debilitated condition of many of the patients.

In concluding, we may quote one remark that we recommend to the attention of Her Majesty's Government. The Japanese authorities, in a time of civil war, when their attention and funds were almost wholly absorbed, were able in less than six months to consider the propriety of making a change so novel to Eastern habits, as to build and set in working order a Lock Hospital with one hundred and fifty beds. We cannot avoid contrasting this with Mr. Bruce's motion for a second parliamentary inquiry to be held in June, after the Government had announced its intention, in January, of bringing in a Bill to carry out the recommendations of the first parliamentary inquiry.

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An Association of American Medical Editors has just been formed.

M. Claude Bernard, the celebrated French physiologist, has been raised to the dignity of Senator.

Miss Garrett has passed the second examination for the degree of Doctor of Medicine in the University of Paris. The subjects were Medicine and Surgery. The examiners were "bien satisfaits".

The President and Fellows of the Royal College of Physicians have issued cards of invitation to a *conversazione*, to be holden at Pall Mall East, on Wednesday evening.

It is stated that all the candidates for the Fellowship of the Royal College of Surgeons, who have been undergoing the examination for this distinction during the last few days, have been successful.

We understand that the number of old King's College students who will dine at the Freemason's Tavern on Friday, the 25th inst., will be very large. Dr. Miller, F.R.S., Professor of Chemistry, will take the chair. Dr. Buzzard and Mr. Mason will act as honorary secretaries for the occasion.

Dr. Faure has left to the Medical Society of Bordeaux a sum of money sufficient to produce a prize of the value of 300 *francs*, to be awarded every sixth year to the author of the best memoir on some question, to be chosen by the Society, relating to the sanitary state of the poor of the city.

A Paris contemporary states that the President of the Sacra Consulta at Rome has, by order of the Pope, addressed a circular to the medical profession in that city, enjoining them in no case to continue their attendance upon patients dangerously ill who have not confessed within three days after their first visit. This must surely be a mistake.

At the *levée* held last Tuesday, the following members of the medical profession were presented: Dr. A. Armstrong, R.N., on appointment as Director-General of the Medical Department of the Navy; Dr. Robinson Benstead; Dr. Vernon Bell; Mr. Donald Dalrymple; Mr. Goodchild; Staff-Surgeon Dr. J. R. Holman, R.N.; Deputy Inspector-General T. Longmore; and Dr. A. F. Scott.

THE ROYAL SANITARY COMMISSION AND THE METROPOLITAN COUNTIES BRANCH.

We would strongly urge members to make a point of attending the special general meeting of the Branch at 37, Soho Square, on Friday, June 11th, at 4 P.M. precisely. The object of the meeting is to take steps to press upon Government the absolute necessity, if the Commission is to prove a success, of including the metropolis, Scotland, and Ireland, in the inquiry now going on. The first leader in last week's JOURNAL will furnish fuller information on the subject. We have heard a rumour, which, though it comes from a quarter likely to be well informed, is hardly credible, that the Sanitary Commission will shortly rise, having done what it considers needful in the way of examining witnesses. If so, they may rest assured that the country will not be satisfied with an inquiry so narrow and one-sided, or with the testimony of Government officials alone, however valuable that may be as a part of the case we have asked the Government to investigate. We understand that the Commission contemplate the issue of schedules of questions for local circulation. In this way valuable information will doubtless be obtained; but much will depend on the selection of those who are to make the returns.

UNIVERSITY COLLEGE HOSPITAL.

A MOVEMENT is on foot among the medical students of this hospital to erect some memorial to Mr. Cluff, whose melancholy fate we lately noticed in the JOURNAL.

CURE OF PHTHISIS BY RESIDENCE IN ELEVATED REGIONS.

THIS subject, recently brought forward by Dr. Hermann Weber at the Royal Medical and Chirurgical Society, as reported in another column, is one of great importance. Although perhaps not quite new, it has never yet, we believe, been thoroughly investigated, and is still regarded with great prejudice by the majority of the profession, and we may say, therefore, by the public. Dr. Hermann Weber goes far, if not to remove this prejudice, at least to open up the subject afresh, not so much by theoretical reasoning as by communicating the results of his own experience. He gives all his cases without selection, in order that an impartial opinion may be formed. In several of his cases, which we cannot give in detail, and which were specimens of well marked deposits in one or both apices, an opportunity is given of comparing the effects of the warmer and lower with that of colder and higher health-resorts on the Alps and Andes. He recommends not only the summer, but also, and even more so, the winter, in Alpine regions; and states that dry cold is not injurious, but beneficial; that inflammatory attacks are less frequent in the colder Alpine than in the warmer and lower health-resorts; and that hæmoptysis is not favoured, but counteracted, by high-level health-resorts. The results of Dr. Weber's cases tend strongly to raise a spirit of scepticism regarding the general opinions of the profession on the subject of climate in phthisis; and we cannot help believing that much mischief frequently is done by the excessive nursing adopted so universally by the profession. The beneficial results which follow a voyage to Greenland or Davis's Straits, and residence there, in phthisical cases, and which are frequently exemplified in the case of Aberdeen medical students, tend in some measure to strengthen the opinions advanced by Dr. Weber. The subject is one which should not be allowed to drop; the more especially as our knowledge of the hygienic treatment of phthisis is very imperfect, and the effects of warm climates on that disease are certainly far from being satisfactory.

ST. BARTHOLOMEW'S HOSPITAL.

ON Monday last, the Prince of Wales, as President to St. Bartholomew's Hospital, took part in the annual view of the institution. He was accompanied by the Princess of Wales and the Crown Prince of Denmark. The treasurer called the attention of the President to the exertions lately made to restore the court-room of the hospital; and a letter from Mr. Paget was read, in which it was stated that Her Royal Highness the Princess Louise desired to present to the hospital a set of chromo-lithographs of the cartoons of Raffaelle, to be placed in Mr. Paget's ward. On the motion of the treasurer, the cordial thanks of the Governors were voted to Her Royal Highness by acclamation. Mr. Hardwicke, manager of the hospital, exhibited to Her Royal Highness the plans of a new story to be added to one of the wings. The Royal visitors spent some time in the wards, where the Princess addressed kind words to several of the patients.

THE ORDER OF THE BATH.

THE *London Gazette* of Tuesday last announces that the Queen has been graciously pleased, on the occasion of the celebration of Her Majesty's birthday, to give orders for a number of promotions in, and appointments to, the Most Honourable Order of the Bath. Among them are the following: To be Ordinary Member of the Military Division of the Second Class, or Knight Commander—Thomas G. Logan, M.D., C.B., Director-General of the Medical Department of the Army. To be Ordinary Members of the Military Division of the Third Class, or Companions of the Order—Inspector-General of Hospitals and Fleets George Burn, M.D.; Inspector-General of Hospitals George S. Beatson, M.D.; Deputy Inspector-General of Hospitals Hampden Hugh Massy, M.D.; Staff Surgeon-Major G. Saunders. To be an Ordinary Member of the Civil Division of the Third Class, or Companion of the Order—John G. Stewart, M.D., Inspector-General of Hospitals and Fleets.

LECTURES ON HYGIENE AT UNIVERSITY COLLEGE.

PROFESSOR CORFIELD will deliver a course of twelve lectures on the Principles of Hygiene, and the application to it of the data afforded by the experimental sciences. The introductory lecture will be given on Monday next, at 4 P.M.; and the lectures will be continued on succeeding Mondays and Wednesdays, at the same hour. The fee for the course, which is open to the public, is one guinea.

TO MEDICAL ADVERTISERS.

CERTAIN of our *confrères*, who appear very prominently before the notice of the public in the daily papers, may be interested to learn that a new mode of advertising has been adopted abroad. A surgeon in Vienna, and his servant, mounted on two magnificent bicycles, dash about the principal streets. In front of the servant's machine, a small table is fixed, on which instruments, sponges, plasters, bandages, etc., are spread out.

CHEMICAL SOCIETY'S FARADAY LECTURESHIP.

THE inaugural Faraday Lecture will be delivered by M. Dumas, at the Royal Institution, Albemarle Street, to the Fellows of the Chemical Society, on the 17th of June, at eight o'clock in the evening.

THE LATE DR. JAMES JOHNSTONE.

AT the last meeting of the Weekly Board of the General Hospital, Birmingham, the following resolution was passed unanimously:—"That this Board desires to express its deep sorrow on the death of Dr. James Johnstone, and its warm and cordial sympathy with the surviving members of the family under their affliction. Elected to the office of Physician to the Birmingham General Hospital in June 1833—an appointment which had been held without interruption by his father and his uncle from the foundation of the institution up to that time—Dr. James Johnstone fully maintained the high and honoured character of his illustrious predecessors; he also substantially aided every effort made to advance the reputation and interests of the hospital, and he rendered invaluable services to the charity as a physician and a consulting physician to his death, a period of thirty-six years. During this lengthy period, his strictly honourable conduct, courtesy, and kindness, endeared him to all with whom he was associated in the management of the institution."

AN ANTIVACCINATION MARTYR.

DR. JOHN SKELTON, of Great Russell Street, Bloomsbury, was on Thursday last summoned before Mr. Flowers, the magistrate at Bow Street, for refusing to have his child vaccinated. He acknowledged the charge, and alleged, as the reason for his refusal, a conscientious conviction that vaccination, far from being prophylactic, was an agency productive of much evil. The magistrate, however, decided that he could not admit such an objection as a reason for not complying with the provisions of the Vaccination Act, and fined the defendant in the mitigated penalty of five shillings—a very lenient punishment, in our opinion. We have some recollection of having previously heard of Dr.

Skelton as holding a prominent position among those deluded persons who will not be convinced of the benefits of vaccination. His consistency to his principles under what men of his manner of thinking would probably call persecution, is to be admired; but we trust that, if ever he is brought again into a court of law for refusing to have his child vaccinated, he will be made to feel that the provisions of a law made for the general good, and likely to act beneficially on the mass of the people, are not to be set aside, in such a way as perhaps to bring danger on the public, out of consideration for the crotchets of a few wrong-headed individuals—especially those whose professional position gives a certain amount of weight to their opinions.

THE WEST MIDDLESEX CORONERSHIP.

THE Court of Queen's Bench, on Wednesday last, gave judgment in a case of *quo warranto* against Dr. Diplock, with reference to the question whether the sheriff's declaration at the poll was a judicial act, which in the absence of a demand for a scrutiny, could not be impeached or impugned. The decision of the Court was in favour of Dr. Diplock.

A GOOD SUGGESTION.

IT has been suggested to us by a member of the Association who takes much interest in its prosperity, especially in his own locality, that, at the forthcoming Branch meetings, the members resident in the towns where the meetings are to be held should be authorised to invite such of their townsmen as are known to be friendly to sanitary reform. The writer of the letter says:

> "In every town there are enlightened men whose support is always cheerfully rendered in promoting objects of public utility, who would be pleased to attend the meetings and to hear the sentiments of the leaders of the profession freely expressed. We all know our men; and, if a hint were given in the JOURNAL that gentlemen invited by members would be welcome, the thing might easily be done. Many a good clergyman who has worked the natural history of his district, and has gone about among the poor and striven to impress them with the need of attention to sanitary matters, and has acted cordially with the doctor of the place, would be delighted beyond measure to be allowed to participate in the annual meeting."

The suggestion is a very good one. It is most advisable that every opportunity should be taken of affording to the public information on sanitary matters; and the Branch meetings—especially where questions relating to public medicine are to be brought forward—would afford an excellent occasion for profitable converse on such subjects.

ST. LUKE'S HOSPITAL MUSICAL ENTERTAINMENT.

A *réunion musicale*, promoted by and under the management of Dr. J. Thompson Dickson, was given in one of the large rooms of the Hospital to about one hundred and thirty male and female patients of the institution. The medical staff, and many members of committee and their friends, received invitations to attend. The pieces contained in the programme were well chosen, and comprised vocal, harp and pianoforte solos, and several glees, given gratuitously by a brilliant company; several pianoforte solos, by Miss Kate Roberts, were executed with her usual marvellous power and expression. Mr. Charles Semple's rendering of "Adelaida" and one or two other songs was very deservedly appreciated. These entertainments are without doubt invaluable in the treatment of the insane, and are in every way deserving of encouragement from the Committee.

THE CLINICAL SOCIETY.

THE last ordinary meeting for the session of the Clinical Society took place on Friday last week. The important paper of the evening was by Dr. Murchison, on Saline Injections into the Veins in Cholera. It went to prove that the immediate increased temperature and other beneficial results were not due to the temperature of the injected fluid (which, in the case in point, was below the temperature of the body), but to the increased fluidity of the blood. Other papers of interest were presented. Dr. Pavy gave some further details of his experience of opium in diabetes; and Mr. Paget detailed a remarkable case of prolonged suppression of urine, without the intervention of constitutional symptoms for many days. In reviewing the work of the session, we think the Society may well be pleased at the success it has attained in one direction at least: we mean in the impulse which it has given to the more correct and practical study of individual cases of disease. But as to how far the Society gives promise of the fulfilment of the belief expressed in the inaugural address of the President last year, that "it will hereafter be spoken of as the starting-point of a vast and solid improvement in that which is our special office in the world, the scientific and intelligent exercise of the divine art of healing," we cannot speak with so much confidence. If the Council discouraged the excess of merely clinical papers, and more specially invited therapeutical communications from its members, we are confident, from the interest manifested in those brought forward during the session, that its popularity and influence, considerable as they now are, would increase tenfold.

THE CANDIDATES FOR OFFICE IN THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

NOTICES have been sent to all the Fellows of the College residing in the United Kingdom, and whose addresses are known to the Secretary, acquainting them that the annual election of Fellows into the Council will take place on Thursday, July 1st. On that occasion, three vacancies will be declared, arising from the resignation of Mr. Mackmurdo, and the retirement in the prescribed order of Mr. Solly, F.R.S., Vice-President of the College, and of Mr. John Adams. The two last named gentlemen intend, however, to offer themselves for re-election. The other candidates at present understood to be in the field are, taking them according to seniority: Mr. Erasmus Wilson, F.R.S., a Member of 1831, and Fellow of 1843; Mr. John Gay, Member 1834, Fellow 1843; Mr. Henry Lee, Member 1839, Fellow 1844; and Mr. John E. Erichsen, Member 1839, Fellow 1845. The two last named gentlemen are Fellows by examination. We regret to see that the name of Mr. Campbell De Morgan is again absent from the list of candidates; but we understand that he still declines to come forward under the present system of electing members of Council. A provincial Fellow has written to the various candidates, and has received answers generally satisfactory. It is, of course, difficult to speak with certainty as to the probable result of the election at so distant a period; but we believe that a very large number of votes will be given in favour of Mr. Erasmus Wilson, Mr. Erichsen, and Mr. Lee, all of whom deserve the support of the Fellows. A contemporary has imputed motives of a mercenary character to Mr. Wilson in founding a professorship in the College; but this imputation we cannot endorse. We have strong reason for believing that the offer was in the first place made to the University of London; but, owing to its constitution, could not be accepted. Had the College of Surgeons also refused, the offer would have been made to another body. We would remind those intending candidates who have not sent in their nomination papers, that Monday is the last day for doing so; also, that Fellows nominating candidates should be careful not to sign more recommendatory papers than there are vacancies—a mistake which was made last year.

SCOTLAND.

NEW Infirmary buildings are shortly to be commenced for Dumfries and Galloway. They are to cost about £10,000. Numerous town and country committees have been formed to collect subscriptions.

TESTIMONIAL TO MR. JOHN MACKAY.

ON Thursday evening of last week, a large party of gentlemen assembled in Douglas Hotel, Edinburgh, to present a testimonial to Mr. John Mackay; Mr. H. C. Baildon in the Chair. The testimonial consisted of several pieces of plate. The two principal pieces were beautifully engraved with representations of the leading plants used as medicine, and bore the following inscription:—"Presented to John Mackay, Esq., Ph. Ch., F.C.S., with other pieces of plate valued £150, on the 27th of May, 1869, by his professional brethren, in token of their esteem, and in recognition of his arduous services gratuitously rendered to the Pharmaceutical Society of Great Britain, as Honorary Secretary for Scotland during the long period of twenty-eight years."

PRESENTATION OF A TESTIMONIAL TO DR. HILL OF PORTOBELLO.

An elegant salver, bearing an appropriate inscription, with a purse containing 330 sovereigns, was presented to Dr. Hill of Portobello, at a large meeting of ladies and gentlemen, in the Town Hall, on Monday of last week. In presenting the testimonial, Admiral Fraser, who occupied the chair, referred to the feeling of high veneration which, the committee had found, when collecting subscriptions, was entertained for Dr. Hill; and stated that the original object of the testimonial was to mark in some way the respect in which Dr. Hill was held for his long and self-sacrificing devotion to the poor of the community. Dr. Hill acknowledged in suitable terms the honour which had been conferred upon him by his fellow-citizens.

UNIVERSITY OF EDINBURGH: FALCONER MEMORIAL FELLOWSHIP.

It may be remembered that, after the death of Dr. Falconer, whose researches on palæontology have since been given to the world in two large volumes by Dr. Murchison, his friends in London started the idea of founding a Fellowship in the University of Edinburgh, of which Dr. Falconer was a distinguished graduate. A Committee was accordingly formed; and, largely through the exertions of their Honorary Secretary, Dr. Murchison, a sum of £2,000 has been raised. This amount has now been offered to the fund of the Association for the better endowment of the University of Edinburgh, on the following, among other conditions: "That the Association shall, by contributing from its funds a sum of about £500, raise the funds for the endowment of the proposed Fellowship to £2,500, and shall therewith found a Fellowship in the University of Edinburgh for the encouragement of the study of palæontological geology, to be called the 'Falconer Memorial Fellowship', which shall be open to competition among graduates in science or medicine of the University of Edinburgh of not more than three years' standing." At a meeting of the Association held in the library of the Royal College of Physicians—the Lord Justice-General in the Chair—this was unanimously agreed to; and it was resolved to hand over the sum in trust to the Senatus Academicus. A further sum was voted from the funds of the Association towards the payment of Examiners for the Fellowship.

IRELAND.

THE STATUE OF SIR DOMINIC CORRIGAN, BART.

On Thursday week, the President and Fellows of the King and Queen's College of Physicians assembled in the hall of the College to receive from the Testimonial Committee the marble statue (by Foley) of Sir Dominic Corrigan, Bart. There was a large attendance of the College and of the friends of the learned baronet, and addresses suitable to the occasion were delivered.

ENDOWMENT OF THE DUBLIN HOSPITALS FROM THE CHURCH FUNDS.

At present, seven of the ten general hospitals in Dublin have no Government grant, although it would be difficult to assign a reason why they should be deemed to be less worthy of endowment than the three more highly favoured institutions, who have long been the recipients of Government bounty. There is, however, a strong feeling of opposition, among the governors of at least four of the unendowed hospitals, to any movement that would seem to sanction the policy of applying the funds of the Church to enrich even such laudable and eminently Christian institutions as hospitals for the sick undoubtedly are.

PROPOSED AMALGAMATION OF MEDICAL SOCIETIES.

An adjourned special general meeting of the Royal Medical and Chirurgical Society for the discussion of this subject was held on Thursday, May 27th, at 8 P.M.; George Burrows, M.D., F.R.S., President of the Society, in the Chair.

Mr. Gascoyen (Honorary Secretary) gave a sketch of the proceedings of the previous meetings.

Mr. Solly proposed, and Dr. Hall Davis seconded, the following resolution, which was carried—"That Fellows, Members, or Licentiates, of the Colleges of Physicians or Surgeons of Great Britain and Ireland; Doctors or Bachelors of Medicine, or Masters or Bachelors of Surgery, of the Universities of Great Britain and Ireland, or of the Colonies; Members of the Faculty of Physicians and Surgeons of Glasgow; Licentiates of the Society of Apothecaries of London, or of the Apothecaries' Hall of Ireland; or Foreigners whose qualifications are satisfactory to the Council; be eligible for admission into the Society by nomination and election, as at present is arranged in the Royal Medical and Chirurgical Society; and that their recommendation be signed by three Fellows of the Society, two of whom, at least, shall be Members of a Section to which the Candidate declares himself desirous of becoming attached."

Mr. Cooper Forster proposed, and Mr. George Cooper seconded—"That in adjusting the Scale of Payments, consideration be had to the number of Sections which each Fellow may join, and for the privilege of using the Library of the Society, and of receiving copies of the Transactions and Proceedings of the several Sections."

Dr. Pitman asked whether the scheme was to pass out of the hands of the Society without a scale of fees. If so, the other societies would be at a loss how to act.

The President said that a scale of payments was inserted in the first plan that was drawn up; but the Council thought it better to leave the matter undecided, as they could not adjust it in a satisfactory way.

Mr. Solly approved of the action of the Council. The scale of fees would be much better drawn up by a joint-committee.

Dr. Stewart observed that it had been already stated last week that the question was to be left to a committee.

Mr. Holmes said that the first draft scheme had been accidentally made public; and therefore the joint-committee would have no difficulty in considering a scale of payments. A scale had not been inserted, lest it should have the appearance of a pecuniary offer to the other societies; whereas the object was to effect junction on any terms which might be liberal and fair.

The resolution was carried.

Mr. Holmes proposed, Dr. Hall Davis seconded, and it was carried—"That deductions from future payments to the Society be allowed for any Admission or Composition Fees which may have been already paid to any of the Societies enumerated in Resolution XII, as provided in the Bye-Laws of those Societies."

Dr. Pitman moved, Dr. Cholmeley seconded, and it was carried—"That any Fellow, who shall wish to leave one Section of the Society and to join another, may do so on the day of the Annual Meeting of the Society."

Mr. Cooper Forster proposed—"That any Registered Medical Practitioner, on complying with the regulations required, be eligible for election as an Associate of the Royal Society of Medicine on payment of an Admission Fee of One Guinea and an Annual Contribution of One Guinea, which shall entitle him to attend the Meetings of any one of the Sections, and also to a copy of the Transactions and Proceedings of such Section; and that the manner of election of such Associates be regulated by each Section as it may think fit."

Dr. Drysdale seconded the motion.

Dr. Pitman did not oppose the motion; but he thought that the resolution would give rise to differences of opinion. The Societies which were invited to join were mostly formed of Members. There was no proposed grade of Members in the new Society; hence those who did not wish to become Fellows must drop into the grade of Associates. Would this title be as acceptable as that of Member? The Obstetrical Society consisted of Fellows; and they must either pay a double subscription to retain their title, or, if they paid the same fee as now, must drop their title and take that of Associate. The difficulty as to the members might be overcome by substituting the word "Member" for "Associate". As to the Obstetrical Society, those who paid the full subscription might be designated Fellows, and those who paid the smaller amount "non-resident" Fellows.

Mr. R. B. CARTER thought that too great a prominence was given to the fact of men being already members of a society.

Mr. HOLMES said that the only difference between old and new members was, that the former would not have to undergo an election; all would have to make payments according to the scale that might be agreed on. The question raised by Dr. Pitman was no doubt an important one; but there must be some difference of title. The title of Fellow, held by members of the Obstetrical Society, must be changed if it be decided to have a lower grade of payment. The word "Associate" was introduced in order to avoid ambiguity; the titles being "Fellow" or "Associate" of the Society, and "Member" of a section.

Dr. DRYSDALE said that, after the arguments brought forward by Dr. Pitman, he must withdraw from seconding the resolution.

Mr. POWER then seconded the motion. He asked whether membership of one section would give a right to the title of Fellow.

Mr. GASCOYEN said that at first it was proposed that any member paying two guineas annually, with an admission fee of three guineas, should be a Fellow of the Society.

Mr. HOLMES said there was nothing invidious, or that made a real distinction in rank, in the title of "Associate." The only difference was one of payment.

Mr. R. B. CARTER asked whether the Obstetrical Society had any right to give the title of Fellow. He thought it a pity to have different titles for different payments.

Mr. COOPER FORSTER thought that there would be very few Associates. Most who joined the Society would give an additional guinea for the privilege of using the library.

Dr. O'CONNOR could not understand what the two guineas and three guineas fees meant.

Mr. HOLMES said there must be an admission fee for the privilege of using the library. He differed from Mr. Cooper Forster as to the probability of having but few Associates. Many country practitioners would doubtless wish to join one or more of the sections. He thought that a fair offer was made to those who wished to join the Society without having the privilege of the library.

Mr. CARTER proposed, and Dr. DRYSDALE seconded, as an amendment, that the words "Fellow of any one Section" be substituted for "Associate."

Mr. HEATH said that the Obstetrical Society had a library, and asked whether it was to be amalgamated with the general library.

Dr. CHOLMELEY said that the privileges of the Obstetrical Society would be preserved by the next section.

Mr. GASCOYEN said that it was understood that the Obstetrical Society should still retain its library, unless it wished to amalgamate it with the general library.

After some remarks from Dr. STEWART, Mr. HOLMES, and Dr. O'CONNOR, the amendment was put to the vote and lost; 6 voting for and 19 against it. The original motion was then carried by a majority of 18 to 2.

Mr. HOLMES moved the next resolution—"That no present Fellow or member of any of the societies enumerated in Clause XII be required to pay the admission fee of one guinea on becoming an Associate of the Society, and that all privileges now enjoyed by the present members of those societies be, as far as possible, preserved to the members of the future sections." The concluding words had been added to meet the point raised by Mr. Heath; to preserve to the Obstetrical Society the use of its own library if it so desired. There would, he thought, be no difficulty in the placing of the Obstetrical Society's library in a separate room for the special use of members of that Society.

Dr. HALL DAVIS seconded the resolution; which was carried.

Mr. SOLLY proposed, Dr. O'CONNOR seconded, and it was resolved —"That the members of each separate section elect annually the Council of that section; and that such Council consist of a President, two Secretaries, and such number of other Councillors as shall hereafter be arranged. The President of each section, and the representative member of the section to the General Council, must be Fellows of the Society."

Dr. BEGLEY proposed, and Mr. S. E. SOLLY seconded—"That the Council of each section have the entire control of the internal business of their own section, subject to such general arrangements as shall be made by the General Council of the Society; and that they publish annually, or at such periods as shall hereafter be arranged, the Transactions of their own section, provided the expenditure of each section, for Transactions and other special purposes, do not exceed one-half of the income derived from the annual subscriptions of its members."

Mr. HOLMES said that this proposal appeared to have given rise to some difference of opinion and misapprehension. The latter part had been introduced at the instance of the President of the Obstetrical Society, in order to fix the sum to be absolutely at the disposal of each section. But nothing limited the sum to be expended to one half the income of a section, for the Council could grant even the whole of its subscriptions to a section. The expenses of a section of Physiology and Anatomy would probably exceed the whole contributions of its members. He proposed to add to the resolutions, "or such other proportion as may hereafter be arranged."

Mr. SOLLY seconded the amendment; which was carried unanimously.

Dr. PITMAN moved, Mr. SEDGWICK seconded, and it was resolved—"That the General Council of the Society may, under special circumstances, make special grants in aid of the publication of Transactions, or other expenses, of any Section."

Dr. O'CONNOR moved, and Mr. J. D. HILL seconded, the following resolution; which, after a few remarks from Dr. DRYSDALE and Mr. HOLMES, was carried. "That the proposed Society comprise a grade of Honorary Fellows, consisting of the Honorary Fellows or Honorary Members of any of the enumerated Societies which shall join in the amalgamation, and others to be elected for life from British subjects who have eminently distinguished themselves in medicine or surgery or in the sciences connected therewith, but who do not practise the medical profession; and from Foreigners who have eminently distinguished themselves in medicine or surgery or in the sciences connected therewith. That such Honorary Fellows be elected by the Society at a General Meeting, on the recommendation of the Council."

The concluding paragraph of the Report was now read, viz:—"Should the scheme embodied in the above Resolutions be approved, the Council recommend that it be submitted to each of the Societies mentioned in Resolution XII, and that they be requested to nominate three Members each to form a General Committee which shall draw up, with legal advice, a code of laws and regulations to be submitted to each Society for its approval."

The PRESIDENT suggested that the paragraph should form subjects for two separate resolutions.

Mr. SOLLY proposed, and Dr. BEGLEY seconded, "That the scheme embodied in the resolutions be submitted to each of the Societies mentioned in Resolution XII."

Dr. PITMAN moved as an amendment, and Dr. QUAIN seconded: "That the following be submitted to each of the Societies mentioned in Resolution XII of the scheme now adopted. I. That steps be taken to secure the union of various Societies now existing in London for the cultivation of special branches of medicine. II. That the Resolutions now adopted provisionally by the Royal Medical and Chirurgical Society be submitted to each of the Societies mentioned in Resolution XII, as a basis of a scheme for effecting such union; and that each Society, in the event of its approving of the above resolution, be requested to nominate three members to form a General Committee to prepare a complete scheme to be submitted to each Society for its approval."

After a discussion, in which Mr. SOLLY, Mr. HEATH, Mr. HOLMES, Mr. SAVORY, Dr. PITMAN, Dr. QUAIN, and Dr. STEWART, took part, the amendment was put to the vote, and carried by a majority of twenty-five against three.

On the suggestion of the President, Dr. Pitman, Mr. Holmes, and Mr. Gascoyen were appointed to represent the Royal Medical and Chirurgical Society in the Joint Committee.

METROPOLITAN ASSOCIATION OF MEDICAL OFFICERS OF HEALTH.

THE monthly meeting of the Medical Officers of Health—the last of the present session—was held on Saturday evening, May 15th; Dr. DRUITT, President, in the chair.

A letter was read from Dr. Angus Smith, asking the members to assist him in procuring half a gallon of rain-water collected in various places, under conditions that would preclude the presence of any extraneous matter; together with accurate observations as to the situation of the place, the state of the atmosphere, and the direction of the wind, when the water was collected.

Some conversation arose as to Scarlatina, from which it appeared that while it was decreasing in some districts it was increasing in others.

Dr. B. W. RICHARDSON, F.R.S., read a paper on the Registration of Disease in England. Admitting the great value of the Registrar General's Reports as regarded mortality, he contended that such returns were of no use in the way of prevention. A wide gap still remained to be filled up; for oftentimes a severe epidemic might prevail without affecting the mortality tables to any sensible degree. A complete registration of the particulars of every case of sickness would, he maintained, be the best possible means of throwing light upon the causes of disease which at present baffled the utmost skill and research of the faculty. Dr. Richardson traced the history of the various attempts made in our own and other countries to establish a complete registration; all of which attempts had failed or had been only partially successful, mostly through frugality or want of appreciation on the part of governments. He sketched his own efforts to establish a system of registration, in which he met with ready co-operation, until the very success of the attempt caused its ruin; the work increasing to such an extent as to render it impossible for him to attend to it without neglecting his duties. Dr. Richardson sketched out a plan which he considered the most feasible and most in harmony with existing arrangements. He proposed that the returns made by each Poor-law Medical Officer to his Board, which are now thrown away as so much waste paper, should be collected, and published by a central authority. The nucleus of the scheme already existed; and he had no doubt the Medical Officers would perform their task with the requisite accuracy when they saw its importance. These returns would be rendered more serviceable when placed side by side with meteorologic and geologic observations taken in the same locality. Ten years of such returns would do more, he contended, towards the knowledge and prevention of diseases than all the researches made since the time of Æsculapius.—The PRESIDENT said that the Association of Medical Officers of Health had made efforts to carry out such a system of registration; but the expense became so great that they were obliged to appeal to Government for aid, when they received the stereotyped answer from the Secretary of the Poor-law Board that such a grant was without precedent in that department.—Mr. LIDDLE was of opinion that Boards of Guardians were not sufficiently educated to appreciate the scheme of Dr. Richardson, and it would be unjust to throw more labour upon the shoulders of the Poor-law Medical Officers, who were already hard worked and wretchedly paid, unless they received extra remuneration.—Dr. BALLARD showed, from returns taken by himself for the last ten years in Islington, that the ratio of deaths to cases varied considerably according to temperature and seasons, so that a return of the number of deaths was no reliable index of the prevalence of sickness. Sometimes, also, there was an immense amount of disease with only a few deaths.—Dr. REED noticed that Dr. Richardson had said nothing about the hospitals. If they had the number of patients they reported, their returns ought to be very valuable.—Dr. ROSS complained that, although a general national system of registration of diseases was desirable, no approach was being made towards it in any department of Government. In fact, the last change in the mode of keeping the books made by the Poor-law Board was less favourable to it than the method previously in use.—Mr. HAVILAND suggested that the same object might be accomplished by the medical men in each district sending in returns to one of their number, who should send on the same to a general centre in London.—Mr. DYKE thought that Dr. Richardson did not go far enough, and that he ought to have included dispensaries and also private medical practitioners.—Mr. GIBSON thought it would be well for medical men to show their appreciation of the importance of this subject before complaining of the ignorance of Guardians.—Dr. DRYSDALE thought parish medical officers would never be properly treated and remunerated until they were given a competent salary and debarred from private practice.—The PRESIDENT, while allowing that Poor-law Medical Officers were very badly paid, considered that it would be impossible for the Guardians to take a medical man's whole time in country districts. With regard to the registration of disease, he was of opinion that a complete system would supply valuable information, not only as to each malady, but also in regard of the relation in which diseases stand to each other.—Dr. RICHARDSON had not included dispensaries, because the cases that came to them had usually filtered through the hands of parish or private practitioners; and because the numbers presenting themselves did not allow time for keeping any reliable records. He suggested that their unanimous opinion ought to take some practical form, such as that of a deputation to wait upon one or other of the Ministers to urge this matter upon them.—This suggestion was approved of, and it was left to the Committee to form a deputation accordingly, in conjunction with the St. Andrew's Graduates Association, the Medical Societies of London, and other bodies. The meeting separated with the usual formalities.

BEQUESTS.—Mr. Thomas Crowley of Edgbaston has left £1,000 to the Queen's Hospital, Birmingham.—Mr. T. Poulter of Aberdeen has bequeathed £100 to the Royal Infirmary of that city.

ADMISSION OF MEDICINE INTO FRANCE.—The French Government as recently been pleased to permit the sale of Sir J. Murray's fluid magnesia in that empire.

STATE MEDICINE.

THE following statement and schedule have just been issued.

In accordance with the specific instructions of the Joint Committee of the British Medical and Social Science Associations, we, the undersigned, having been appointed a Sub-Committee for this purpose, have arranged the subjoined schedule of subjects, which, in the opinion of the Joint Committee, ought to be included in the inquiry of the Royal Commission, appointed, at their earnest request, by Her Majesty's Government. The Joint Committee have already expressed their deliberate and very decided opinion, that no inquiry can be in any sense satisfactory or conclusive which does not embrace the entire subject, and the whole of the United Kingdom of Great Britain and Ireland; and this schedule is framed solely with the view of eliciting those details, the knowledge of which is essential for the final and comprehensive settlement of this imperial question. The Joint Committee consider it important that the inquiry should have special reference to the agency required for giving effect to the laws relating to health, because they are persuaded that in no other way can the requisite information be obtained, and the mutual bearings of the different branches of the subject be so readily and so thoroughly investigated. They are also convinced that no consolidation or amendment of the existing statutes will be of much avail, which does not provide an efficient machinery, both central and local, for the execution of the law in rural as well as urban districts.

W. H. MICHAEL.
WILLIAM CLODE.
May 20th, 1869. A. P. STEWART.

I. LOCALITY.—*a.* Borough, town, parish, or district? *b.* Under what Act or Acts is local authority constituted? *c.* Population in 1861? *d.* Area? *e.* Mortality, average annual rate for ten years from all causes? from zymotic diseases?

II. OFFICERS OF HEALTH.—*a.* Is there any Officer of Health? *b.* When was office first instituted? *c.* Is he of the medical profession? *d.* *If not*, of what profession, calling, or qualification? *e.* What are his duties? *f.* What has been, and is now, the amount of salary? *g.* When was *Medical Officer of Health* first appointed? *h.* Salary, past and present? *i.* Duties? (in detail). *k.* Is he allowed to practise? *l.* If so, does it interfere with his duties, or is his practice injured by the office? *m.* To whom, and how often, does he report, and are the reports made public?

III. HEALTH OFFICERS UNDER ARTIZANS' AND LABOURERS' DWELLINGS ACT, 1868.—*a.* When appointed? *b.* Is he a Medical Officer of Health? *c.* A sanitary inspector? or *d.* a surveyor? *e.* Salary? *f.* Other duties, if any? *g.* What measures have been adopted, under this or any previous Acts, for the improvement of Dwellings?

IV. SANITARY INSPECTORS.—*a.* How many? *b.* Profession, calling, or qualification? *c.* In what respect do the duties differ from those performed by Inspector of Nuisances? *d.* Salary? *e.* Does he report, and if so, how often, and to whom? *f.* Is he under the control of the Officer of Health?

V. INSPECTION OF PORTS, EMIGRANT DEPOTS, SHIPPING, AND RIVERS.—*a.* By health officer, or by special Inspector? *b.* When was office instituted? *c.* When was present officer appointed? *d.* Special qualifications? *e.* Duties, and time devoted to their discharge? *f.* To whom, and how often, is report made? *g.* Are any measures adopted to prevent the pollution and obstruction of rivers or water-courses in the district? *h.* If so, under whose direction and advice?

VI. INSPECTORS OF NUISANCES.—*a.* How many usually employed? *b.* Calling or qualification? *c.* What are the duties of the office, and does each officer devote his whole time to them? *d.* Salaries? *e.* Are they under control of Officer of Health? *f.* To whom, and how often, do they report? *g.* Are there any inspectors under Smoke Nuisance Act? *h.* Annual number for ten years of summonses and convictions of all kinds?

VII. INSPECTORS OF COMMON LODGING HOUSES AND LABOURERS' COTTAGES.—*a.* How many Inspectors of Lodging Houses? *b.* Calling or qualification? *c.* Salaries? *d.* How often do they visit? *e.* Do they report to the Officer of Health? *f.* Is there any inspecton of labourers' cottages, and if so, by whom?

VIII. INSPECTION OF FACTORIES, WORKSHOPS, AND MINES.—1. *Factories.* *a.* Under which of the *principal*, and which of the *sub*-Inspectors, is the district placed? *b.* How many Sub-Inspectors? *c.* Duties as regards sanitary condition of factories, health of workers, nature of work as affecting health? *d.* Special qualifications, if any, for discharging these duties? *e.* Conditions bringing factories and workshops under the operation of the Factory Acts? *f.* Sanitary requirements? *g.* Certifying medical officers: number acting within borough, town, or district? duties and qualifications? whether also employed as medical attendants to the owners of, or workers in, factories, or other establishments, for which they act as certifying surgeons? *h.* Payment by fees, how regulated? *i.* Conditions under which certificate is given or refused? *k.* Periodical examination of those under certificate? *l.* Opportunities of ascertaining nature of work? health of workers? and healthiness of work-places? *m.* In communication with health officer or not? 2. *Workshops.—a.* Is inspection carried out by local authorities? *b.* How far worked in connexion with organisation created by Factory Acts? *c.* Persons authorised as Inspectors? *d.* Duties: in certifying age and physical capacity for work? as regards healthiness of workshops? and nature of work as affecting health? *e.* Special qualifications? *f.* Mode of remuneration? *g.* To whom, and how often, do they report? *h.* In communication with Health Officer, or not? 3. *Mines.—a.* Number and names of Inspectors in district? *b.* Special qualifications? *c.* Duties: in ascertaining age and physical condition of children employed? as regards ventilation and other sanitary arrangements? *d.* Remuneration?

IX. INSPECTORS OF FOOD, MARKETS, BAKEHOUSES, AND SLAUGHTER-HOUSES.—*a.* How many? *b.* Calling or occupation? *c.* Duties, and time devoted to their discharge? *d.* Salaries? *e.* How often do they report, and to whom? *f.* Annual number for ten years of: summonses? and convictions? (of all kinds).

X. PUBLIC ANALYSTS.—*a.* Has any such officer been appointed? *b.* If so, has he been appointed for a county, borough, or district? *c.* When was office first instituted? *d.* Qualifications and profession of present officer? *e.* Salary, past and present? *f.* Average yearly number of analyses? *g.* What convictions have been obtained? *h.* Is he in communication with the Health Officer? *i.* Is the water regularly analysed? *k.* Is the expense of such analyses defrayed by any of the water companies, or by the local authority?

XI. REGISTRATION OF BIRTHS AND DEATHS.—*a.* Area and population of sub-districts? *b.* Is the registration area co-extensive with the district of the local authority? *c.* Number of Registrars? *d.* Calling or profession, and qualification of registrars? *e.* Is the Medical Officer of Health afforded information by the registrars, and is he permitted to consult or obtain extracts from the registers? *f.* What proportion of births in the district is not registered, and to what causes is non-registration due? *g.* Are still-births registered or inquired into? *h.* How many public vaccinators? *i.* Do they furnish reports? If so, how often, and to whom? *k.* Is the registration of births affected injuriously by the operation of the Vaccination Acts? *l.* Number of deaths annually uncertified? *m.* Is the body seen by medical attendant immediately before or after death? *n.* If not, what course is adopted by registrar; *o.* Are certificates generally accurate and trustworthy?

XII. INVESTIGATION OF CAUSES OF SICKNESS, for instance the effects of—*a.* Overcrowding of dwellings, schools, workshops, etc.? Defective and bad drainage? Defective and impure water supply? Exposure to contagion? Want of carriages for conveyance of sick? Intramural burials? Retention of dead bodies in crowded apartments? Want of mortuaries? *b.* By whom conducted, if at all? *c.* What measures have been taken, or works executed, for the abatement of any, or all, of these evils?

XIII. RECORD OF CASES OF SICKNESS.—*a.* Is any provision made for recording cases of sickness not proving fatal? If so, to and by whom? *b.* Do the medical officers of unions, workhouses, public or charitable institutions, clubs, and provident dispensaries, afford information of diseases coming under their notice? If so, how often, and to whom? *c.* Do they publish reports of sickness and its results?

XIV. INVESTIGATION OF CAUSES OF DEATH.—*a.* Coroner of County, portion of County, or Borough? *b.* Area and population of his district? *c.* Date and mode of his appointment? *d.* Calling or profession? *e.* Salary? *f.* How many inquests held in each of the last *ten* years? *g.* In how many cases in each year was medical evidence taken? *h.* Who is usually called on to give medical evidence? *i.* In how many cases were *post mortem* examinations performed? *k.* In how many cases were analyses made? *l.* Out of what fund are expenses of analyses defrayed? *m.* Total annual amounts for examinations and analyses?

ROYAL COLLEGE OF SURGEONS.—We hear that as many as 270 candidates intend coming forward at the preliminary examination of the Royal College of Surgeons—a larger number than at any former period.

EPIDEMIC OPHTHALMIA.—The *Elberfeld Gazette* states that an ophthalmia of a contagious character prevails at Berlin, which medical men believe to be of the same nature as the terrible Egyptian disease. Measures of precaution have been taken in consequence.

ASSOCIATION INTELLIGENCE.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-seventh Annual Meeting of the British Medical Association will be held in Leeds, on Tuesday, Wednesday, Thursday, and Friday, the 27th, 28th, 29th, and 30th days of July next.

President—H. W. ACLAND, M.D., LL.D., F.R.S., Regius Professor of Medicine in the University of Oxford.

President-Elect—CHARLES CHADWICK, M.D., F.R.C.P., Senior Physician to the Leeds Infirmary.

An *Address in Medicine* will be delivered by Sir WILLIAM JENNER, Bart., M.D., F.R.S., Physician in Ordinary to Her Majesty, and Physician to University College Hospital.

An *Address in Surgery* will be delivered by THOMAS NUNNELEY, Esq., F.R.C.S., Surgeon to the Leeds Infirmary.

An *Address in Midwifery* will be delivered by T. E. BEATTY, B.A., M.D., Dublin.

The business of the meeting will be conducted under *five* sections:

Section A. MEDICINE.—*Presidents*, W. T. Gairdner, M.D. *Vice-Presidents*, J. T. Banks, M.D.; and J. T. Heaton, M.D. *Secretaries*, T. Clifford Allbutt, M.D.; and H. Charlton Bastian, M.D., F.R.S.

Section B. SURGERY.—*President*, William Hey, Esq. *Vice-Presidents*—George Southam, Esq.; and W. Stokes, jun., M.D. *Secretaries*, W. Fairlie Clarke, M.B.; and T. R. Jessop, Esq.

Section C. MIDWIFERY—*President*, Arthur Farre, M.D., F.R.S. *Vice-Presidents*, S. Berry, Esq.; and W. O. Priestley, M.D. *Secretaries*, G. H. Kidd, M.D.; and J. Thorburn, M.D.

Section D. PHYSIOLOGY—*President*, J. Hughes Bennett, M.D., F.R.S. *Vice-Presidents*, Lionel S. Beale, M.B., F.R.S.; and A. T. H. Waters, M.D.

Section E. PUBLIC MEDICINE.—*President*, W. Farr, M.D., D.C.L., F.R.S. *Vice-Presidents*, E. D. Mapother, M.D.; and A. P. Stewart, M.D. *Secretaries*, G. H. Philipson, M.D.; and A. Wiltshire, M.D.

Gentlemen desirous of reading papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary*

13, Newhall Street, Birmingham, June 1st, 1869.

COMMITTEE OF COUNCIL: NOTICE OF MEETING.

THE Committee of Council will meet in LONDON, on Wednesday, the 9th day of June, 1869, at 3 o'clock P.M., *precisely*.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary*.

13, Newhall Street, Birmingham, May 11th, 1869.

METROPOLITAN COUNTIES BRANCH.

A SPECIAL general meeting of this Branch will be held at the rooms of the Royal Medical Benevolent College, 37, Soho Square, on Friday, June 11th, at 4 P.M. precisely: To consider the terms of appointment of the Royal Sanitary Commission.

A. P. STEWART, M.D.
ALEXANDER HENRY, M.D. } *Honorary Secretaries*.

London, May 25th, 1869.

YORKSHIRE BRANCH.

THE annual meeting of the above Branch will be held in the Museum of the Yorkshire Philosophical Society, York, on Thursday, June 17th, at 3 P.M.

The members will dine at the Station Hotel, at 5 P.M. punctually. Tickets, including dessert, 7s. 6d. each.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same to the Secretary.

York, June 1869. W. PROCTER, M.D., *Hon. Sec.*

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the above Branch will be held at the Hen and Chickens Hotel, Birmingham, on Friday, June 18th, at 3 P.M.; J. VOSE SOLOMON, Esq., President, in the Chair.

Dinner will be on the table at 5 P.M. punctually. Tickets, including waiters and dessert, 7s. 6d. each.

T. H. BARTLEET, *Honorary Secretary*.

CAMBRIDGE AND HUNTINGDON BRANCH.

THE annual meeting of the above Branch will be held, in conjunction with the East Anglian Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. FISHER, M.D., Downing Professor of Medicine, President. By the permission of the Masters and Fellows, the meeting will be held in the Hall of Gonville and Caius College.

Gentlemen intending to read papers or cases, are requested to communicate with the secretaries of these respective Branches, at their earliest convenience.

With the permission of the Master, Professors, and Fellows, the dinner will be served in the Hall of Downing College.

P. W. LATHAM, M.D., *Honorary Secretary.*
17, Trumpington Street, Cambridge, May 5th, 1869.

EAST ANGLIAN BRANCH.

THE annual meeting of the above Branch will be held, in conjunction with the Cambridge and Huntingdon Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. FISHER, M.D., Downing Professor of Medicine, President.

The meeting of the Council will take place at 1.45 P.M.

Dinner tickets may be had of the Secretaries.

B. CHEVALLIER, M.D., Ipswich. } *Hon. Secs.*
J. B. PITT, M.D., Norwich. }
Ipswich, May 18th, 1869.

CUMBERLAND AND WESTMORLAND BRANCH.

THE annual meeting of the above Branch will be held at the New Crown Hotel, Penrith, on Wednesday, June 23rd, at 1.30 P.M.; T. BARNES, M.D., Carlisle, President; M. W. TAYLOR, M.D., Penrith, President-elect

Dinner will be on the table at 4 P.M. punctually.

Carlisle, June 1869. HENRY BARNES, M.D., *Hon. Sec.*

LANCASHIRE AND CHESHIRE BRANCH.

THE annual meeting of the above Branch will be held at the Town Hall, Lancaster, on Thursday, June 24th, at 12 o'clock. The chair will be taken by Dr. HALL, the President-elect.

Refreshments will be provided at the Town Hall, at 11.30. The dinner will take place at 3.45 P.M., at the King's Arms. Tickets, 7s. each, exclusive of wine.

Gentlemen intending to read papers, are requested to communicate with the Honorary Secretary by the 12th inst. Gentlemen intending to dine, will facilitate arrangements if they will kindly give their names to C. Johnson, Esq., 36, Castle Park, Lancaster, a few days before the date of the meeting.

HENRY SIMPSON, M.D.,
Manchester, June 1869. *Honorary Secretary.*

NORTHERN BRANCH.

THE annual meeting of the above Branch will be held in the Library of the Newcastle Infirmary, on Tuesday, June 29th. President for 1868-69, JOHN JOBSON, F.R.C.S.; President-elect for 1869-70, DENNIS EMBLETON, M.D., F.R.C.P.

Gentlemen intending to read papers or describe pathological specimens, are requested to communicate with the Secretary without delay.

G. H. PHILIPSON, M.D., *Honorary Secretary.*
Newcastle-upon-Tyne, June 1869.

NORTH WALES BRANCH.

THE annual meeting of the above Branch will be held at the Royal Hotel, Rhyl, on Tuesday, July 6th, at 1.16 P.M., under the presidency of W. MAUGHAM, M.D., Carnarvon.

Members of the Council of the Branch will meet at 1.30 P.M.

Dinner at 4 o'clock. Tickets, including wine, etc., 12s. each. To be had at the bar of the above hotel.

Gentlemen who purpose reading or communicating papers and cases, and who intend dining, will please to give an early intimation to

Beaumaris, June 1869. D. KENT JONES, *Hon. Sec.*

WEST SOMERSET BRANCH.

THE annual meeting of the above Branch will be held at Meeten's London Hotel, Taunton, on Thursday, July 1st, at 2.30 P.M.; H. J. ALFORD, Esq., President-elect, will be in the Chair.

Gentlemen wishing to read papers, or to join the dinner at 5 o'clock, are requested to give early notice to the Honorary Secretary.

Taunton, June 1869. W. M. KELLY, M.D., *Hon. Sec.*

SOUTH EASTERN BRANCH.

THE twenty-fifth annual meeting of the above Branch will be held at the Public Hall, Reigate, on Thursday, June 17th, at 2 o'clock; C. HOLMAN, M.D., in the Chair. Visitors will be admitted on the introduction of a member of the Branch. The President-elect will be happy to see members and their friends to luncheon at one o'clock. Carriages will be at the Redhill Junction Station, at 10.30 A.M., to convey those gentlemen who would wish to visit the Idiot Asylum, Earlswood. Carriages will also meet the 4.14 P.M. train at Reigate Town Station, to convey members and their friends to see the Natural History Collection of W. Wilson Saunders, Esq., F.R.S., who has kindly consented to throw open his conservatories and museum.

The dinner will be provided at six o'clock precisely. At the dinner, the testimonial will be presented (by Francis Sibson, M.D., F.R.S., President of the Committee of Council of the Association, on behalf of the subscribers) to Thomas Heckstall Smith, Esq., F.R.C.S.Eng., etc. Tickets for the dinner (including wine, dessert, coffee, and attendance), 10s. 6d. each, to be obtained at the Public Hall.

Gentlemen desirous of bringing forward communications to the meeting, will be pleased to give notice thereof to the Honorary Secretary, one week previously to the meeting; and those who intend to be present at the dinner, will oblige by informing him on or before the 14th of June. G. F. HODGSON, *Honorary Secretary.*

52, Montpellier Road, Brighton, May 1869.

SOUTH MIDLAND BRANCH.

THE thirteenth annual meeting of the above Branch will take place at the Northampton General Infirmary, on Tuesday, June 29th, at 1.30 P.M.: WILLIAM NEWMAN, M.D. (Stamford), President, in the Chair.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same, forthwith, to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Secs.*
G. P. GOLDSMITH, Esq., Bedford }
Northampton, May 1869.

MIDLAND BRANCH.

THE annual meeting of the above Branch will be held in the Board Room of the Leicester Infirmary, on Thursday, July 8th, at 2 o'clock; T. W. BENFIELD, Esq., President, in the Chair.

Dinner at the Bell Hotel at 5.30 P.M. Tickets 7s. 6d. each, exclusive of wine.

Gentlemen intending to read papers, are requested to communicate, without delay, with JOHN SLOANE, M.D.,

Leicester, June 1869. *Honorary Secretary.*

CORRESPONDENCE.

REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

SIR,—It seems so difficult to avoid being misunderstood in the discussions on the representation of the profession in the Medical Council, that I have almost made up my mind to take no further part in any proceedings having reference to it. I observe in the report of the Parliamentary Committee (at p. 502 of this week's JOURNAL), that I am stated to have proposed the motion, "That the seventeen members of the Council, at present elected by the Universities and Corporations, be reduced to nine, to be returned on the principle of grouping the electoral bodies; and that the eight seats so provided be filled by the votes of the registered medical practitioners."

I certainly did not propose this motion, of which, as it stands, I decidedly disapprove. My impression is, that I voted against it. At all events, I protested against specifying the numbers to be allotted, as impolitic and unwise, besides being opposed to the expressed views of the Representation Committee of our own Association. I did suggest, as at Dublin in 1867, "that the principle of grouping, already recognised in the Medical Act, should be extended so as to reduce the number of representatives of the licensing bodies, and to permit of the representation of the general body of the profession."

I frankly confess, as I have always done, that, owing probably to my own obtuseness, I have not been able to attain to those decided views on the details of this question which are entertained by many of my most valued friends. Beyond the firm persuasion that the demand of the profession for a voice in its own governing body is founded on right and reason, I have no very strong bias. But I do feel, with our distinguished President, that the subject is one which requires much more, and, above all, much closer and more sifting discussion, in all its branches, than it has yet received. I am, etc.,

June 1869. A. P. STEWART.

VACCINATION FROM THE HEIFER.

SIR,—As it is impossible for me to reply to the many applications which I receive for cow-pox, I would feel obliged by your kindly inserting this letter in the BRITISH MEDICAL JOURNAL.

I must decline to supply the profession with cow-pox collected on heifers, for the following reasons.

1. Cow-pox taken from the heifer does not keep in tubes or on points.

2. When used immediately after reception, *it may* succeed; nevertheless, failures under those conditions still take place.

Vaccination with cow-pox can only be practised with real benefit *direct from the heifer*. From the testimony of others, and from my own personal experience, I can advance that under those circumstances *success is the rule*, and the results obtained are altogether so satisfactory as to leave any other system far behind.

I understand animal vaccination possible as a part of our national arrangements only by adopting the following plan.

1. For those who desire to benefit from the advantage of fresh lymph direct from the heifer, let them come to me, or to any other medical man who, like myself, will devote himself *entirely* and *exclusively* to animal vaccination. The question is a very simple one. If animal vaccination is really worth what we state it to be, the little trouble of having to come to my or other similar vaccinator's residence should not for an instance be considered, nor stand in the way when the health and welfare of those entrusted or dear to us is in question.

2. For those who have no objection to human lymph, or even prefer it, let them once or twice a week send or bring to me a few healthy children; from them lymph of first and second transmission can be collected in tubes (it then keeps very well); or other children may be directly vaccinated with it The lymph, not being *far removed*, will still possess many of the essential qualities of cow-pox.

3. Let public vaccinators and private practitioners, or some enterprising surgeons in large provincial towns, follow my example, and vaccinate direct from heifers. To such I will always be happy to supply cow-pox (it takes always well on heifers even after a fortnight in tubes), and a few days at my place would be sufficient to teach them the *modus operandi;* nor would it be necessary for such medical men to keep up a constant succession of animals, but only to vaccinate from them when they have collected a few hundred children; by applying to me, they would *at any time* get a fresh supply, as I intend always keeping a regular succession of heifers.

This week I have supplied cow-pox in tubes or on points to many of those who have applied for it. I have done so against my convictions, as my refusal might have been misconstrued. I have warned them all of the probability of failure.

I am willing and anxious in a matter of such deep and general interest to help in any way my professional brethren, and I cannot do so better on this occasion than by placing before them the case honestly in all its bearings. I am, etc., H. BLANC, M.D.

9, Bedford Street, Bedford Square.

THE ACTION OF MERCURY ON THE LIVER.

SIR,—The value of the labours of the Edinburgh Committee on the Action of Mercury on the Liver is so evident to every reflecting practitioner of medicine, that it might seem ungracious to take exception to any of the conclusions derived from their carefully conducted experiments; but the talented reporter will, I am sure, on reconsideration, retract the statement that mercury is not a cholagogue.

Even if it be admitted, as the experiments prove, that mercury does not increase the biliary secretion, still this fact does not deprive it of the right to be termed a cholagogue (χολή, ἄγω)—a bile-evacuant.

The greater number of the diseases of the liver, as every practical man knows, depend, not on the non-secretion of bile, but on its detention in the gall-bladder or some part of the biliary passages, giving rise to various degrees of blood-poisoning. Now mercury, according to universal observation and experience, promotes a rapid discharge of bile from the bile-ducts, and is thus a *bonâ fide* bile-evacuant—a cholagogue. In some cases where great pressure is exerted on the hepatic cells by the retained bile, it may even act directly in increasing the secretion by removing the pressure.

While, therefore, the experiments of the Committee prove that mercury cannot stimulate the hepatic cells to increased secretion, they do not deprive that drug of the well-earned title of *cholagogue*.

I am, etc., R. W. CRIGHTON, M.D.

Leamington, May 1869.

THE ELECTION OF MEMBERS OF COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

WE have received the following letters for publication.

Spalding, May 27th, 1869.

DEAR SIR,—Understanding that you are to be nominated a candidate for a seat at the Council of the Royal College of Surgeons, I shall be glad to know if you are prepared to support the following reforms in the College: viz., 1. The right of reporters to be present at the meetings of Council. 2. The removal of the remaining objectionable restrictions which prevent Fellows from being Members of the Council. 3. The power for Fellows to summon by requisition a meeting of Fellows and Members at the College, for the purpose of discussing matters of public policy in connexion with the institution. 4. The election of a representative in the "General Council" by the Fellows and Members. 5. The selection of Members of the Court of Examiners from amongst the Fellows and Members, and not exclusively from the Council. Your reply, which is awaited with a considerable degree of anxiety, will be made public for the information of the Fellows and Members of the College generally. I remain, yours respectfully,

To Erasmus Wilson, Esq. EDWIN MORRIS.

DEAR SIR,—It is quite true that I propose to become a candidate for a seat in the Council of the College of Surgeons; and upon the same ground as that which dictates your letter to me, namely, the conviction of a right to enjoy all the privileges which our College affords, or is capable of extending to its members.

As a representative of the elective body of the College, I acknowledge your right to question me in my character of a candidate for office, as to my views of the proper government of our College, and I hasten to reply to your questions *seriatim*.

1. I consider that means should be taken to circulate among the Fellows and Members of the College a report of the proceedings of the Council meetings.

2. I consider that no restriction or prohibition should exist to prevent any Fellow or Member of the College from enjoying its highest offices.

3. I consider the meeting together of the Fellows and Members within the College, at such times as may be suitable and convenient to the majority of that body, as highly desirable, and a very effectual means of checking misunderstanding, as well as of obtaining the opinions of the aggregate body.

4. I consider the election of a Fellow or Member of the College to represent that body in the General Council to be very desirable.

5. I consider that while the fact of being a member of the Council should not operate as a disqualification to his selection as an Examiner, yet the selection of Examiners should be thrown open to the most competent men, whether they be Fellows or Members.

These are the views to which I am prepared to give my fullest support; and, trusting that I have replied to your questions to your satisfaction, I am, very faithfully yours,

ERASMUS WILSON.

THE POOR-LAW MEDICAL SERVICE OF GREAT BRITAIN AND IRELAND.

POOR-LAW MEDICAL SERVICE.

SHOREDITCH.—Dr. Burchell, vaccinating surgeon, has opened a station for vaccination at the Town Hall.

CLERKENWELL.—A letter has been received from the Poor-law Board, sanctioning the appointment of Messrs. Goddard, Dyer, and Hudson, as medical officers for the out-door poor.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

THE RADCLIFFE INFIRMARY.—A grant of £500 from the University chest was made on May 27th, towards the erection of fever wards in the Radcliffe Infirmary.

UNIVERSITY OF CAMBRIDGE.

NON-RESIDENT STUDENTS.—Students may henceforth be admitted, attend professors' lectures, and obtain degrees and all the privileges of the University, without being members of Colleges. This will somewhat reduce the expenses of university education, which, even under the plan recently in operation, have not been very high.

NATURAL SCIENCES TRIPOS.—The following gentlemen have been appointed Examiners for the year 1869: J. D. Hooker, LL.D., M.D. Glasg.; John Bradbury, M.B.; Osmond Fisher, M.A.; Coutts Trotter, M.A. The Senate has sanctioned, on the recommendation of the Board of Natural Sciences Studies, the appointment of a fifth Examiner, who will probably be elected at the next congregation.

OBITUARY.

JOHN D. WEAVER, ESQ., OF CHESTER.

MR. J. D. WEAVER was the son of Mr. John Weaver, Consulting-Surgeon to the Chester General Infirmary. After being a student at University College, he became a Member of the College of Surgeons and Licentiate of the Apothecaries' Society, and was appointed House-Surgeon to the Northern Hospital in Liverpool. He was in practice in Chester sixteen years, and filled the office of Surgeon to the Chester Infirmary fifteen years. Mr. Weaver had been in failing health for the past two years, and quite unable to attend to practice. At the commencement of 1868, he took a partner. In November 1868, he resigned his appointment at Chester Infirmary, and was unanimously elected Consulting-Surgeon; his partner, Mr. W. C. Watson, succeeding him as Surgeon. He was unable to leave his room, except on two occasions, since December 1868, till his death, which was caused by asthma and heart-disease. He has left a widow and three children. He was Surgeon-Major to the Second Battalion Cheshire Rifle Volunteers, Surgeon to the City Police, to the Fire Brigade, the Penitentiary, and several Odd Fellows' and Foresters' Lodges. He was buried, with military honours, in the cemetery.

MEDICAL NEWS.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—The following gentlemen, having undergone the necessary written and *vivâ voce* examinations, on May 22nd, 25th, and 26th, for the Fellowship of the College, were reported to have acquitted themselves to the satisfaction of the Court of Examiners; and, when eligible, will be admitted to the final professional examination for this qualification.

Samuel M. Bradley, John R. Woodcock, A. O. McKellar, and Edward Kennedy (Students of the Manchester School); G. J. Jones, F. A. H. Robson, Charles C. Fuller, George E. Walker, Henry C. Wigg, Marcus Beck, and Alfred H. Carter (University College); John Rand, F. E. Manby, and Arthur C. Roberts (Guy's Hospital); Matthew Coates (Bristol and Paris); Alfred Winkfield, A. E. Cumberbatch, and H. A. Smith (St. Bartholomew's); R. T. Wright (King's College and Edinburgh); Thomas Michell and Waren Tay (London); A. C. Maybury (St. Thomas's); W. S. Paget (Liverpool); Francis Warner (King's College); W. A. E. Waller, Charles E. S. Perkins, Henry E. Dixon, A. R. Betts, F. J. Carey, A. M. Branfoot, Michael Harris, J. T. Ingoldby, and W. H. Jalland (Guy's); R. W. White, H. J. Rope, F. W. Skrimshire, and G. Le Hunt Rowland (King's College); S. H. Byam (St. George's); G. E. Herman (London); John Tweedy and John H. Mummery (University College); Thos. Jones (Liverpool and Guy's); T. H. Hunt (Manchester); and Walter G. Lowe (St. Bartholomew's).

It is stated that seven out of the fifty-one candidates examined, failed to satisfy the Court, and were referred to their anatomical studies for a period of six months.

Licentiates in Midwifery.—The following members of the College were admitted Licentiates in Midwifery at a meeting of the Board, on May 26th.

Barratt, Arthur N., L.F.P. & S.Glasg., Brighton (not a member)
Bulmer, Thomas S., M.D.Victoria College, Toronto, Hackney (not a member)
Hull, George A., Warwick Gardens, W.; diploma of membership dated January 20, 1869
Hubbard, Thomas W., St. Lawrence, near Ramsgate; January 19, 1869
Roberts, Owen, Silchester Road, W.; May 6, 1868
Robinson, Charles A., Kingston, Jamaica; May 25, 1867

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, May 27th, 1869.

Bourne, Charles Rasser, Camberwell New Road
Bunting, James, Mile End Road
Fox, Edward Charlton, Cockfield, Durham
Parsons, Thomas Edward, Islip, Oxon

UNIVERSITY OF CAMBRIDGE.—At a Congregation held on May 27th, the following degrees were conferred.

M.D.:—Lee, Robert James, Caius College
M.B. & M.C.:—Davies-Colley, J. N. C., Trinity College

MEDICAL VACANCIES.

THE following vacancies are declared:—

ASTON UNION, Warwickshire—Medical Officer and Public Vaccinator for the Castle Bromwich District (£21 per annum, and extra Surgical, Midwifery, and Vaccination Fees).
BAKEWELL UNION, Derbyshire—Medical Officer for the Winster District (£25 per annum).
BLOFIELD UNION, Norfolk—Medical Officer for the Acle District (£40 per ann.)
BOYLE UNION, co. Roscommon—Medical Officer for the Gurteen Dispensary District (£100 per annum, and Registration and Vaccination Fees.)
BRIXTON, STREATHAM HILL, AND HERNE HILL DISPENSARY—Resident Medical Officer.
BURTON-ON-TRENT INFIRMARY—House-Surgeon (£120 per annum, with coal, gas, and rooms).
CHARING CROSS HOSPITAL—Physician to the Skin Department.
CONWAY UNION, Carnarvonshire—Medical Officer for the Creuddyn District (£50 per annum).
DENTAL HOSPITAL OF LONDON—Dental Surgeon.
GATESHEAD DISPENSARY—Surgeon.
GLYNCORRWG COAL COMPANY, near Briton Ferry—Medical Officer (about £150 per annum, and private practice).
GREAT WESTERN AND BRISTOL AND EXETER RAILWAYS PROVIDENT SOCIETY—Medical Officer for the Yeovil District.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton—Resident Clinical Assistant.
KING'S COLLEGE—Professor of Physiology.
KING'S COLLEGE HOSPITAL—Assistant-Physician.
LEICESTERSHIRE AND RUTLANDSHIRE LUNATIC ASYLUM, Leicester—Assistant Medical Officer.
LINCOLN COUNTY HOSPITAL—Physician.
NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC—Assistant Physician.
NEWCASTLE-UPON-TYNE INFIRMARY—House-Surgeon; Junior House-Surgeon.
NORTH RIDING ASYLUM, Clifton, York—Assistant Medical Officer (£120 per annum, with board, washing, and furnished apartments).
NORTHUMBERLAND PAUPER LUNATIC ASYLUM, Morpeth—Assistant-Surgeon (£85 per annum, with board and residence).
PRESTON DISPENSARY—House-Surgeon (£100 per annum, with apartments, attendance, coal, and gas).
ROYAL ASYLUM FOR THE INSANE, Edinburgh—Assistant-Physician.
SAFFRON WALDEN UNION, Essex—Medical Officer for District No. 7 (£76 per annum, with extra Medical Fees for whole District, and Vaccination Fees for three parishes).
ST. BARTHOLOMEW'S HOSPITAL—Lecturer on Physiology.
ST. GEORGE DISPENSARY, Mount Street, Grosvenor Square—Physician.
ST. MARY'S HOSPITAL, Manchester—Physician.
ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Manchester—Resident Medical and Surgical Officer (£40 per annum, with board and lodging).
SOUTH SALOP AND BRIDGNORTH INFIRMARY—House-Surgeon.
SPALDING UNION, Lincolnshire—Medical Officer and Public Vaccinator for the Moulton District (£45 per ann., and Surgical, Midwifery, and Vaccination Fees).
TRAINING HOSPITAL, Tottenham—House-Surgeon (£50 per annum, with board, lodging, and washing).
UPTON-UPON-SEVERN UNION—Medical Officer for District No. 3 (£65 per annum, and extra fees); Medical Officer for District No. 6 (£20 per annum, and extra fees).
WHITEHAVEN AND WEST CUMBERLAND INFIRMARY—Surgeon.

BIRTHS.

ALLAN.—On May 28th, at Enniskillin, the wife of Alexander Allan, M.D., Assistant-Surgeon 1st Battalion 17th Regiment, of a daughter.

BASTIAN.—On May 27th, at Avenue Road, Regent's Park, the wife of *H. Charlton Bastian, M.D., F.R.S., of a son.

CHALDECOTT.—On May 26th, at Chertsey, the wife of T. A. Chaldecott, M.D., of a son.

GRACE.—On May 25th, at Thornbury, the wife of E. M. Grace, L.R.C.P.Ed., of a daughter.

PERRY.—At Evesham, on May 24th, the wife of *Marten Perry, M.D., of twin sons.

TAYLOR.—On May 18th, at Coltishall, Norfolk, the wife of *Hugh Taylor, Esq., Surgeon, of a son.

DEATHS.

ASHDOWN.—On May 28th, at Northampton, Jane Wade, wife of *George Ashdown, Esq., Surgeon.

LODGE.—On May 29th, at Keynsham, aged 49, Margaret, wife of John Lodge, Esq., Surgeon.

MAYO.—On May 27th, at Yarmouth, Isle of Wight, aged 56, Mary, wife of *Thomas Mayo, M.D., F.R.S.

RUMBELOW.—On May 23rd, at Twickenham, aged 54, Lucy, widow of William Rumbelow, Esq., Surgeon, of Guilford Street.

QUEEN'S HOSPITAL, BIRMINGHAM.—At a special general meeting of the Governors held last week, the rules were altered so as to carry into effect a resolution passed at the last annual general meeting to abolish the midwifery department; and a vote of thanks to Drs. Suckling and Earle, for their services as surgeon-accoucheurs, was passed unanimously.

LEEDS NEW GENERAL INFIRMARY.—The throwing open of the building to the public during Whitsun week produced £170 : 1, which included a sum of £8 : 6 : 6 for photographs of the building. All the patients were removed from the old Infirmary on the last day of May.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Epidemiological Society, 8 P.M. Mr. Taylor, "Scarlet Fever in Guildford, 1868."—Odontological Society, 8 P.M. Mr. A. Coleman, "On the Treatment of Periodentitis by replantation."—Entomological Society.

TUESDAY.—Royal Medical and Chirurgical Society. 8 P.M., Ballot. 8.30 P.M., Mr. Poland, "On Subclavian Aneurism and Wounds of the Subclavian Artery."—Ethnological Society of London, 8 P.M. Sir Wm. Denison and Major Pearce, R.A., "On Indian Ethnology".

WEDNESDAY.—Royal Microscopical Society.—Geological Society.

THURSDAY.—Royal Society.

FRIDAY.—Royal Astronomical Society.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

J. G. asks:—"Is not any one practising as a general practitioner, and dispensing his own medicine without the License of the Apothecaries' Company, acting illegally?" Our correspondent has overlooked the fact, that Section XXXI of the Medical Act gives power to every registered practitioner to practise according to his qualifications, and to demand and recover charges for professional aid, advice, visits, and medicines or medical and surgical appliances. Even though the Apothecaries' Act of 1815 remain unrepealed, there is not the least probability that the Company would act in so illiberal a manner as to institute, or countenance, proceedings against duly qualified practitioners who did not hold its license: such, for instance, as gentlemen holding the diploma of Licentiate of the Royal College of Physicians.

A CASE OF SELF-MUTILATION.

SIR,—If you think the following case of sufficient interest for publication it is at your service.

In the evening of the 14th of March last, Mr. Butler was sent for to see a young man who had injured himself. He was a grocer's apprentice, 18 years old. On our arrival, he was found to have lost a considerable quantity of blood, and to be still bleeding from a wound of the scrotum which he had self-inflicted to remove one of his testicles; which was gone, and the place where it should have been filled up with clotted blood. After waiting a little while to see whether the bleeding would cease, aided by collodion, we determined to enlarge the wound (which was in the raphe scroti, about an inch and a quarter long, commencing a little below the root of the penis) in the direction of the cord, search for the bleeding artery and tie it, which was done without chloroform, the end of the cord having retracted to within about half an inch of the external abdominal ring. I may here mention an appearance which caused some little anxiety, viz., an appearance of cellular tissue inflated with blood or air closely resembling a piece of intestine, which it could not have been; as, in the morning, the wound having been left exposed and watched for fear of secondary hæmorrhage during the night—instead of being more inflated it had considerably decreased in size. After well mopping out the wound with carbolic oil, the edges were brought together with wire sutures, and the wound covered with layers of lint saturated with the oil. These were changed night and morning; and the wound was brushed over with the oil for a fortnight, when the ointment of diacetate of lead was used instead. The ligature came away after the fortnight, when the wound healed rapidly, and in three weeks he was away in the country. For a while the cause of the self-inflicted injury, nocturnal emissions, returned; but have now ceased almost entirely. For three years previously he had committed self-abuse, and, feeling the ill effects and not being able to stop it after taking a good deal of medicine, and reading a certain book, he at last determined to put an end to it and did as above related. I am, etc., JOHN ORTON.

NOTICE TO ADVERTISERS.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

ADMISSION TO HOSPITALS.

SIR,—Referring to your article on "Admission to Hospitals: Free or Privileged", the following regulation of the South Lambeth, Stockwell, and North Brixton Dispensary, of which Institution I am Honorary Medical Officer, has proved to be an excellent check to the practice complained of.

"40. Should any patient, presenting a governor's letter, be considered in the opinion of the medical officer attending, an unfit object of relief from this charity, the medical officer shall report the same to a member of the Committee, who shall investigate the case, and determine whether the person recommended is a fit subject for medical relief." I am, etc.,

222, South Lambeth Road, S.W. F. J. LILLEY, L.R.C.P.Ed.

ARMY MEDICAL SERVICE.

SIR,—The writer has been ten years in the Army Medical Service, nearly equally distributed between the staff and a regiment, and therefore claims to have a fair experience of the matters ably discussed in two recent articles in your JOURNAL regarding the relative advantages of a departmental and present regimental system. The principal defect of the latter is, that the medical officers are so situated by it, as to be as it were only parasites hanging on to the tail of another profession. Hence the class of men you find opposed to it, are the real doctors of the Service; men who esteem their profession above any other, and have no ambition to be mistaken for "combatants"; who take no interest in the subject of black belts and brass scabbards; and regard relative rank, with other pomps and vanities, as only shams, or at best borrowed plumes from another profession with which there is so little in common, that all attempts to blend them together have only ended in failure. The advocates of the regimental system are of two classes: one, "would-be *militaires*", closely resembling Thackeray's military medical snob, whose opinion would be asked by their brother officers on any other subject sooner than on a professional one; to the other class belong "the good sort of fellow", who is probably liked if not respected in the regiment, never troubles himself about either military or medical matters, but does his duty mechanically and as quickly as possible, quite satisfied as long as he has a good mess and little to do.

Many promising young men are "levelled down" to the above class after a short experience of the Service, owing to the fact that there is no reward whatever for professional merit, except pure love of the art or philanthropy, both of which soon cool without the stimulus of reward, either present or prospective. Of course, there are some exceptions to the above description; and the writer knows a few, but a very few, able men of the department advocates of the present system. The social position gained by being in a regiment, I never could find out; it gives the general or other military magnate an opportunity, which he seldom misses, of snubbing the doctors, by leaving them out when giving any entertainment, though a point is made on certain occasions of asking a representative of every other grade in the regiment, from the colonel to the ensign. The medical officers, I may say, have no voice in the management of their own regimental mess; the surgeon-major could not ask the band to play without the senior combatant officer present wishing it, although he might be an ensign not out of his teens. Are such little petty indignities, practised daily, calculated to add to the dignity or position of an educated man, with the relative rank of lieutenant-colonel? The fact is, the profession is in an anomalous situation in the army, neither fish nor flesh; and until that is changed, and we are made what, from the nature of our pursuits, we ought to be—viz., as much civilians as possible, instead of the reverse—there will be no end to the grumblings and heartburnings of the medical men of the Service. As to the way in which that could be done, I will, with your permission, offer a few suggestions in a future letter. I am, etc.,

April 1869. ASSISTANT SURGEON.

SIR,—Referring to your note of a Medical Officer of Long Standing, I cannot agree with his views. As long as there is no other method of rewarding good service than by promotion, it is the bounden duty of the Director-General to see that it is given where deserved, even though it might hit hard somewhere. Better so than that a spirit, which is but too rife, should exist; *i.e.*, that the less we do, the better we get off. I have heard this more than once, and I have no love for it. There is no officer in the British army more anxious to do what is just and fair than Dr. Logan; and he has interfered, and properly, to prevent injustice more than once, even when the claims of the junior were undoubtedly strong. At the same time, I confess that I do not think promotion the proper way to reward merit, when it could be done in a much better way, without inflicting injustice on any. I mean, by adopting the course which is in practice in that useful body, the Royal Irish Constabulary. Establish a certain number of good service pays—say 2s. 6d. a day—to be given where promotion is now given. Then the spirit of emulation would be maintained, and injustice done to no one. £500 or £600 a year thus spent would not be a heavy burden on the finances, and would be of infinite use. I am, etc., VATES.

SIR,—Your article on Army Hospitals is most conclusive in its arguments as to the superiority of the general over the regimental system; but with regard to any serious reduction of the numbers of the establishment, or the handing over any garrison charges to civilians, I venture to point out that under the plan which now prevails, of frittering away the time of the medical officers on needless military routine, such amendments are impossible. It is a mistake on the part of the profession to suppose that there are too many surgeons for the duties; the fact being, that the duties, as now arranged, are harassing and tedious, not being regulated by the actual requirements of the soldiers, but subject almost entirely to the caprice of commanding officers. It is not the number of sick in hospital, nor any professional employments that give data of the amount of work, but you have to calculate the waste of labour entailed in "marchings out[*]", "church parades[†]", etc., generally in full dress, before you can come to a conclusion on the point. This would be corrected under the general staff system, as commanding officers would hesitate to order out staff men unreasonably. Another boon under the change would be, that the "roster" would be greatly improved, and fortunate individuals would not be protected from foreign service, by remaining in favoured corps, to the detriment of those who have less money and interest—that is to say, horse artillery and cavalry would be open to all in turn.

I am, etc., S. M. H. P.

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[*] In one large garrison, it is a standing joke, that more medical officers are required for a "march out" of five miles than were at some of the hardest fought actions of the Indian Mutiny, or were in the trenches before Sebastopol.

[†] In more than one cavalry regiment, two medical officers are obliged to "fall in," and march to church in full dress on Sunday, with about 200 men.

NOTICES of Births, Marriages, Deaths, and Appointments, intended for insertion in the JOURNAL, should arrive at the Office not later than 10 A.M. on Thursday.

DR. LETHEBY AND WATER-ANALYSES.

SIR,—At the last meeting of the Metropolitan Association of Medical Officers of Health, when my paper on water-analysis was discussed, I was asked if I had any connection with the water companies of London; and I should esteem it a favour if you would permit me to state through your JOURNAL, in a very positive and most unqualified manner, that there is no ground whatever for such a supposition, as I am not connected with any of the companies in the remotest degree. I wish further to add, that the same denial will be found in my evidence before the Royal Commission on Water Supply, which I am informed is ready for presentation to Parliament. I am, etc., H. LETHEBY.

London Hospital, May 1869.

RAILWAY PROVIDENT SOCIETIES AND THEIR MEDICAL OFFICERS.

SIR,—In reference to this matter, the particulars of which appear in the JOURNAL of May 8th, I think it must be admitted by all who wish to maintain the dignity of the profession, that the action taken by Mr. Garland is the correct one, as canvassing and bribery are decidedly *infra dig.*; and societies who encourage such proceedings cannot expect honourable men, who will conscientiously perform their duties, to compete for appointments which can be procured, not on the merits of the applicants, but by the means of beer and money. As there is a large staff of medical officers connected with the Society, any one of whom may be placed to-morrow in the same position, and exposed to the same annoyance as Dr. Garland, and as the interests of all are involved, I should think it a proper case for the consideration of the whole staff, amongst whom are very many practitioners who would scorn connection with any Society tolerating such measures. I hope, therefore, that some action will be taken by the members of the medical staff to protect themselves from the discredit cast on the whole Society and all connected with it.

May 1869. I am, etc., CAUSTIC.

MR. M. HILL.—"Anæmia" is right.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, June 2nd; The Lincoln Journal, June 1st; The Western Daily Press, June 1st; The Belfast Northern Whig, May 26th; The New York Medical Record, May 15th; The New York Medical Gazette, May 15th; The Western Mail, May 29th; The Brighton Daily News, May 31st; The Boston Medical and Surgical Journal, May 20th;

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. John Robertson, Cockermouth; Dr. Evanson, Torquay; Mr. E. Casey, Gloucester; Dr. D. C. Black, Glasgow; Dr. Hermann Weber, London; Mr. D. Kent Jones, Beaumaris; Mr. I. Harrinson, Reading; Mr. W. C. Watson, Chester; Mr. S. Wood, Shrewsbury: The Principal and Professors of King's College; Mr. T. Markby, Martley; Dr. G. H. Philipson, Newcastle-upon-Tyne; Mr. A. Forbes, London; Dr. Allfrey, Chislehurst; M.D., Glasgow; Mr. M. Hill, Bootle, Cumberland; Dr. Thomas Dalton, Llandudno; Dr. J. Sloane, Leicester; Dr. Paul, London; Mr. Wanklyn, London; Dr. Procter, York; Messrs. Maclachlan and Stewart, Edinburgh; Dr. Roe, London; Mr. G. Street, London; Dr. E. Norris, Spalding; Mr. H. B. Condy, London; Mr. R. King, London.

LETTERS, ETC. (with enclosures) from:—

Dr. H. Charlton Bastian, London; Mr. R. B. Robinson, Dulverton; Dr. Lowndes, Egham; Dr. J. Wallace, Liverpool; Mr. T. T. Taylor, Cricklade; Dr. B. W. Foster, Birmingham; Dr. G. M. Humphry, Cambridge; Mr. A. B. Steele, Liverpool; The Honorary Secretary of the North Wales Branch; Dr. J. G. Davey, Northwoods, Bristol; Mr. W. B. Owen, London; Mr. J. B. Bradbury, Cambridge; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; Dr. John Murray, London; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. Duckworth, London; Dr. Fleming, Birmingham; Mr. P. C. De la Garde, Exeter; Mr. T. R. Jessop, Leeds; The Honorary Secretary of the Northern Branch; Dr. Bruce, Crimond; Dr. J. Gedge, Cambridge; Dr. E. Lee, London; The President and Fellows of the Royal College of Physicians; The Honorary Secretary of the Royal Medical and Chirurgical Society; Mr. W. Smith, Clifton; Dr. F. J. Brown, Rochester; The Honorary Secretaries of the Ethnological Society of London: Mr. J. G. Lock, Tenby; Mr. R. S. Fowler, Bath; Mr. T. Watkin Williams, Birmingham; Mr. C. Johnson, Lancaster; Dr. H. W. Williams, London; Dr. M. Perry, Evesham; Dr. C. Currie Ritchie, Manchester; Mr. G. C. Coles, London; Mr. H. Sargeant, London; The Honorary Secretary of the Yorkshire Branch; Dr. Letheby, London; Dr. W. M. Kelly, Taunton; Dr. Cameron, Dublin; Dr. H. Barnes, Carlisle; Dr. H. Simpson, Manchester; Mr. C. J. Fox, London.

BOOKS, ETC., RECEIVED.

The Mind and Brain; or, the Correlations of Consciousness and Organisation. By Thomas Laycock, M.D., etc. Second Edition. Two Volumes. London, Edinburgh, and New York: 1869.
A Handbook of Therapeutics. By Sydney Ringer, M.D. London: 1869.
A Course of Six Lectures on the Chemical Changes of Carbon. By William Odling, M.B., F.R.S. London: 1869.
Shut Your Mouth. By George Catlin. London: 1869.
The Twenty-Fourth Annual Report for the Counties of Salop and Montgomery, and for the Borough of Wenlock Lunatic Asylum. Shrewsbury: 1869.

Results of Meteorological Observations, for the week ending Saturday, May 29th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND. Number of days it blew in certain directions.									WIND.	RAIN.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	29.852	0.699	51.5	49.4	47.3	86	65.5	41.2	24.3	57.4	45.9	108.0	..	9	8.5	..	2.6	0.7	1.7	..	0.6	0.7	..	0.7	4	5	1.68
BOURNEMOUTH Dr. Compton, F.M.S.	29.869	0.660	50.9	48.7	46.4	85	63.2	42.6	20.6	57.9	47.4	141.0	38.0	5.5	6.1	0.7	2	0.3	2	1	..	1	..	..	2.8	4	1.20
DUBLIN Dr. J. W. Moore.	30.002	0.602	49.1	46.5	43.7	82	57.1	41.4	15.7	53.0	45.7	..	32.1	7.4	..	..	3	2.4	1.6	..	..	..	..	..	3.9	5	1.04
KEW Dr. Treutler, F.L.S., etc.	29.856	0.632	52.3	48.7	44.0	77	68.8	42.5	26.3	59.9	48.3	147.7	38.3	8	6.0	0.3	2.3	0.7	1	..	0.7	..	1.3	0.7	2.8	3	1.03
LLANDUDNO Drs. Nicol and Dalton.	29.945	0.664	49.3	45.8	42.1	76	65.5	42.3	23.2	56.0	44.7	..	..	6.7	..	..	0.7	5.3	0.3	..	..	..	0.7	..	2.8	2	0.74
MALVERN Messrs. W. and J. Burrow.	29.908	0.630	48.8	46.7	44.5	85	64.3	38.7	25.6	56.5	43.7	116.0	34.0	8.6	3.8	..	2.6	1.6	0.3	1.3	..	1	..	..	1	5	1.35
SCARBOROUGH Dr. C. Fox, M.R.C.P., etc.	30.005	0.483	47.9	44.7	41.2	79	61.3	41.5	19.8	54.1	43.5	..	..	8	2.3	0.7	4	1.7	0.3	..	..	..	..	0.3	4.3	2	0.73
SIDMOUTH Dr. Mackenzie, F.M.S.																											
WORTHING W. J. Harris, Esq., M.R.C.S.E.	29.833	0.538	51.4	49.2	47.0	85	63.1	41.9	21.2	60.6	47.5	..	35.7	7.6	6.6	0.7	2	0.7	1	1	1	..	..	0.7	3.2	5	1.08

REMARKS.—Atmospheric pressure has been slightly higher during the week, while its range has been but very little less. Temperature also has scarcely varied, though it may be said to have been on the whole rather above that of the previous week. The same may be said of its range. Winds have been almost wholly E. and N.E., and their force has been moderate. Rain has fallen at all stations, and in considerable quantities, the greatest fall having been at Bath. The amount of clouds has been variable, though much the same as the week before. Ozone has been rather more abundant. On the 25th a thunderstorm passed over Malvern between 1 and 2 p.m. The period from the 26th to the 29th appears to have been peculiar in several respects. The 26th was ushered in in Dublin with heavy rain, accompanied by a N.E. wind, which attained a maximum force = 8, and a low temperature; the maximum of that day being in Dublin 48.8. The rain and N.E. wind continued until the evening of the 27th. On the same day (the 27th) snow fell on the moors in Yorkshire; while in the south—at Bournemouth—the maximum temperature of the week occurred at 10 a.m., the thermometer reading at 2 p.m. 8° lower; lightning was also seen. At Kew the first half of the day was overcast, though fair, until 2.30 p.m., when a steady rain set in, which continued with scarcely any intermission until the evening of the 28th. On this day the maximum temperature at Kew was 48.2 F.; while cold and wet weather was also reported from Bath and Llandudno. On the other hand, the maximum temperature at Rome for that day was 90° F. Hail fell at Scarborough and in Dublin on the same day, though in the latter place the weather for that day is reported as "dry and fine in the forenoon"; and at Bournemouth the range of temperature was =1° F. The 29th was again generally fair, though still cool; while heavy rain fell in Western and Southern France. Hence it would seem as if a period of cold, wet weather had traversed these islands in a general direction from N. to S.E. In Dublin, cynanche parotidæa and typhoid fever are reported as very prevalent; otherwise the general health is good.

Plants first seen in Flower at Kew during the Week.—Lycopsis arvensis; Bryonia dioica; Galium Aparine; Veronica Beccabunga; Ranunculus Flammula; Ranunculus aquatilis; Ranunculus hederaceus; Ornithopus perpusillus; Pedicularis sylvatica; Helosciadum inundatum; Potentilla Tormentilla; Polygala vulgaris; Ajuga reptans; Hieracium Pilosella; Rubus fruticosus; Geranium pyrenaicum.

Kew, W., June 2nd, 1869.

W. J. TREUTLER.

HOSPITALISM:

ITS

INFLUENCE UPON LIMB-AMPUTATIONS IN THE LONDON HOSPITALS, &c.

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In Mr. Coote's last communication on Hospitalism, in the JOURNAL of May 22nd, there are some statements to which perhaps I ought long ere this time to have replied. I will allude to them now, and to one or two other correlative points connected with the same subject.

I.—*Mortality after Limb-Amputations in the London Hospitals.*

Mr. Coote thinks that, when I spoke of the mortality following upon the four amputations of the thigh, leg, arm, and forearm, in the metropolitan hospitals, as being, on an average, about 1 in every 3 operated upon, I "make the London death-rate *too high*". In the June number of the *Edinburgh Medical Journal* I have published at full length the returns of these four major amputations, as performed during the last few years in nine of the principal hospitals in London. The number of cases operated upon amounts to 1,055, and the deaths to 438; or, in other words, 1 in every 2.4 of the patients were lost. Instead, therefore, of making the London death-rate too high when in general terms I stated it as 1 in 3, I made it too low; as, instead of being 1 in 3, it is upwards of 1 in 2½.

II.—*Mortality of Limb-Amputations in the Hospitals of London, Edinburgh, and Glasgow, and in Private Rural Practice.*

In the communication alluded to, in the June number of the *Edinburgh Medical Journal*, are published tables of the results of the four amputations of the limbs, as observed in eleven large and metropolitan hospitals in England and Scotland. The total number of cases thus collected is 2089. Of these patients, 855 died after the operation, or 1 in every 2.4, or 41 in every 100. In the same paper, I have collected 2098 instances of these same amputations performed in private rural or provincial practice. Of these 2098 country patients, only 226 died, or 1 in every 9.2, or 10.8 in every 100. This immense contrast between the results of limb-amputations in hospital practice and in private country practice may, perhaps, be more clearly seen, if the results are stated as follows.

Out of **2089** amputations in hospital practice, **825** died;
Out of **2098** amputations in country practice, **226** died;

Giving a surplus to HOSPITAL *practice of* **629** deaths.

Hence the mortality in limb-amputations, and in some degree proportionally also, in all probability, in other surgical and medical cases, is much greater in hospital practice, as compared with rural practice; in palatial infirmaries, as compared with rural villages and cottages; and in large wards, as compared with isolated rooms. In limb-amputations, the death-rate among the patients is nearly *four times as great* in the practice of large and metropolitan hospitals, as it is in private country practice, from the same class of operations, and in the same class of patients.

The difference between hospital and country practice is, as I have stated in a former communication in this JOURNAL, even more marked in the minor than in the major amputations and operations. Thus, in the 2098 country amputations collected, 377 were amputations of the forearm; and of these, 2 died. In the 2089 hospital amputations collected, 244 were amputations of the forearm; and of these, 40 died. The contrast may be stated thus:

Out of **377** forearm-amputations in country practice, 1 in **188** died.
Out of **244** forearm-amputations in hospital practice, 1 in **6** died.

In other words, amputation of the forearm—an operation not very severe in itself, seldom or never producing any great shock, and seldom also performed for any injury or disease that has already markedly reduced the constitutional powers—is, as far as these data go, *thirty times as fatal* in large and metropolitan hospitals as it is in private country practice.

III.—*Can the higher Mortality in Hospitals be accounted for by the greater Severity of the Cases treated in Hospitals?*

Mr. Coote, with others, seems still to think so. The few simple facts stated in the preceding paragraph, regarding amputation of the forearm, are surely sufficient to answer and upset this attempted explanation. No one, I believe, can really and rationally argue that the injuries and diseases of the hand and wrist that are sent into city hospitals for amputation are more severe injuries and diseases than those for which the simple operation of amputation of the forearm is performed in the country. And yet how enormous is the difference between the mortality of forearm-amputations in hospital and in country practice!

Nor are the "worst and most hopeless" forms of injury and disease, demanding still more dangerous amputations than those of the forearm, relatively so much more rife in city hospitals as Mr. Coote seems to conceive.

Of all amputations in the continuity of the limb, confessedly by far the "worst and most hopeless" is primary or traumatic amputation of the thigh. Mr. Coote must excuse me not holding with him that such cases of amputation of the thigh requiring amputation for injury should occur rarely in a rural population compared with (to use his own words) "manufacturing London, with its four million of inhabitants." On the contrary, not being a Londoner, I think that it would be easy to point out various individual counties in England and Scotland that have at work within their bounds infinitely more powerful machinery and more extensive manufactures than the metropolis, and where severe injuries of the limbs are consequently very common,—not unfrequently requiring, among other amputations, primary amputation of the thigh.

Among the 2,089 amputations of the limbs collated from the practice of large and metropolitan hospitals, there are 304 cases of amputation of the thigh for injury or its results. Among the 2,098 amputations of the limbs which I have collated, on the contrary, from private country practice, there are 313 cases of amputation of the thigh for injury or its results—the number and proportion, therefore, of these primary amputations being, in fact, slightly greater in rural than in city hospital practice. The results, however, were very different in the two classes. Of the 304 hospital cases, 196 died, or 1 in 1.5; of the 313 rural cases, 80 died, or 1 in 4 nearly. The mortality, in other words, in this operation is more than *twice and a half* as high in city hospital practice as it is in country practice.

Mr. Coote believes that country practitioners around London send their worst cases to the London hospitals. It may be so. No doubt many practitioners, in many places, not caring for the trouble and anxieties of severe operations, and perhaps unaccustomed altogether to use the amputating-knife, send all their poorer patients to city hospitals. But no doubt, also, in various localities, such hospitals are totally out of reach, especially for cases of severe injury demanding immediate amputation; and for patients too sunk and debilitated to sustain a long journey. And no doubt again others, impressed with the strong conviction that the cases of amputation and other such operations recover far more certainly at their own poor habitations than in the wards of a city hospital, send few or none away from home. There are not many hospitals, for example, in Great Britain better conducted in all respects, or with an abler surgical staff, than the Royal Infirmary of Glasgow. Yet from the villages and towns near it, and within its circuit, I have had sent me reports of two or three hundred limb-amputations performed at their own houses upon such classes as fill the London hospitals; and generally with wonderful success. Thus Dr. Lawrence of Cumnock has performed 20 amputations of the limbs without a death; Dr. Cullen of Airdrie, 59 amputations with 2 deaths; Dr. Brown of Strathaven, 16 amputations with 1 death; Dr. Stewart of Kirkintulloch, 25 amputations with 1 death, etc.; a great majority of these amputations being traumatic. Writing from this district, Dr. Loudon of Hamilton states to me in some annotations to his returned schedule of amputations that, knowing the greater risk the diseased and injured run in hospitals, he studies "to keep patients in their own homes when their means admitted of it, and has only sent those cases to hospital when parties refuse to admit them, as in the case of lodgers." "My experience" (observes Dr. Thomson of Motherwell) "is against sending any case to hospital that can be treated at home. I have only" (he adds) "sent for years past lodgers, or those having no home accommodation."

IV.—*Are more cases of Injury and Disease of the Limbs cured, without Amputation, in Hospital Practice or in Country Practice?*

Mr. Coote suggests, as far as I understand him, as one reason for the far greater success of limb-amputations in the country than in city hospitals, that in the country limbs are amputated which in hospitals would be saved; the rural hospital returns being thus rendered more favourable.

I believe the very reverse of this to be true, and that limbs are amputated of necessity in hospitals, a considerable proportion of which might be preserved and restored if the mutilated patients had the benefit of country air and isolation, instead of being shut up in the wards of a large hospital.

The common form of limb-injury leading to amputation is compound fracture. Various very strong testimonies have been sent to me of the higher success attending upon compound fractures treated at home than in city hospitals. "In compound fractures" (observes a gentleman of great surgical experience in country practice in a mining district—Dr. Redwood of Rhymney), "where there is tissue left that will continue the circulation below the seat of injury, we save the limb. Assistants" (he adds) "*fresh from the hospitals* are often astonished at what is attempted and effected in this way." Dr. Guppy, of Falmouth—who has seen "many compound fractures" among sailors and dock-labourers—deems the mortality from such grave injuries and operations "*much* less in private and country practice than in hospitals." Mr. Garman of Wednesbury remarks: "Compound fractures and other formidable surgical lesions appear to do better in the squalid homes of the patients than under hospital care." Dr. Steele of Montrose, when formerly medical attendant at extensive coal-works near Edinburgh, and where "compound fractures of the limbs were of very frequent occurrence", was much impressed with the fact of the "more favourable progress of his cases treated in the uncomfortable houses of the colliers under many disadvantages, when compared with those I saw in the Infirmary of Edinburgh, and this notwithstanding their having the benefit of the best surgical skill, of superior surgical appliances, and attentions and comforts to which my patients were strangers." "I have had" (states Dr. Munro of Moffat) "six cases of very severe compound comminuted fractures. Most of them, I am quite sure, would have been cases of amputation in hospitals, as it would have been impossible to have treated these cases in Hospital without great risk of pyæmia." In a similar spirit Dr. Adam of Coatbridge, near Glasgow, observes: "I have had a very large number of compound fractures of the leg and arm which, I can remember—when I was a student—very frequently proved fatal in the Hospital, but of which, in my private practice, only one proved fatal, and that was from tetanus." "As far as my observation extends", remarks Mr. Smith of Huntley, "the poor generally recover very well from severe operations and injuries, such as compound fractures, notwithstanding their very insufficient house accommodation." "I have seen" (Mr. Haydon of Bovey writes) "bad cases of compound fracture, involving joints, recover in private country practice that, not long since, would in Hospitals have gone to the knife."

The great mass of amputations for disease is the result of scrofulous affections of the joints and bones. It is, I believe, unnecessary to waste time in shewing that tubercular diseases of the bones and joints, as of other parts of the body, recover in a far larger proportion in country villages and cottages than when the subjects of them are immured in the wards of a city hospital. Hence altogether there can exist, I sincerely believe, little or no doubt that, both in traumatic and in pathological cases, amputation is not unfrequently avoided and averted in the country, in instances in which it would become, sooner or later, a matter of preference and necessity if the subjects were the inmates of large hospitals.

V.—*Is the Statistical Method of Inquiring into the Relative Safety of Amputations and Operations in Country and in City Hospital Practice to be depended upon as a Proper Means of Investigation?*

I have found some members of the medical profession entertaining apparently serious doubts as to whether statistics were a proper method of examining such questions as the present. Yet, upon the truth and certainty of similar statistical inquiries in relation to the chances of life, disease, survival, and death, are thousands and millions of money unhesitatingly staked in our Assurance and Annuity Companies. Some of the doubters have their own lives insured because—without seemingly knowing the fact—they implicitly rely upon the soundness of such inquiries and deductions in vital statistics. Others of them, as assurance medical officers, are daily abetting the propriety of their own patients and of the population at large, placing unbounded confidence on the evidence and certainty of statistics when applied to calculations in regard to the duration of human life in different ages, sexes, professions, classes, climates, etc. "The possibility of the application of statistics to medicine" (long ago remarked M. Dezeimeris) "is a truth as perfectly demonstrated as the reality of the circulation of the blood."

Mr. Coote does not assuredly profess to take any such opposition views as to the application of statistics to surgical inquiries. But, in his reasoning on his own cases, he loses sight of some of the chief and primary elements in any surgical or other statistical inquiry, as if he repudiated the system. For he argues against the mortality in limb-amputation in the London Hospitals being so high as 1 in 3, because, in one year (1864), at St. Bartholomew's Hospital, he himself, out of 18 severe operations—ten of which were amputations—lost only two patients; and seven of the ten were amputations of the arm, in all of which seven arm-amputations the patients recovered. This cheering run of success, however, affords no statistical proof whatsoever against the deduction of arm-amputations, for example, in the London Hospitals being fatal in the proportion of about 1 in every 3, or, more correctly, 1 in every 2.8 operated on; 51 having died in nine London hospitals out of 145 submitted to this operation. (See *Edinburgh Journal of Medicine* for June, p. 1113). In the year alluded to by Mr. Coote, viz. 1864, eleven amputations of the arm occurred in St. Bartholomew's Hospital (See *Ibid.*, p. 1108). Mr. Coote himself performed seven of these arm-amputations in 1864 without losing a patient; then, the remaining four arm-amputations of that year were performed by one or more of his colleagues, with the result of three dying out of the four operated upon. If we looked at these last four cases only—in the same way as Mr. Coote wishes us to look at his seven—then it might be argued, but argued of course most erroneously, that the mortality from arm-amputations was 75 per cent. in Bartholomew's, or twice higher than I made it, viz., 35 per cent. in nine London hospitals. To get at accurate statistical results, we must first include, as factors in our calculations, all cases, whether good or bad, successful or unsuccessful; and, secondly, we must have a sufficiently extended series of cases as a basis to rest our deductions upon. For the great and leading principle upon which all statistical inquiry is grounded, consists in the fact that, in unities or entities of a doubtful chance, while the result or event in *individual* instances, or small individual groups of instances, is ever variable and uncertain, the result or event, when calculated upon sufficient *masses* of instances, becomes comparatively certain and invariable.

VI.—*Forms of City Hospitals.*

For many years past I have ventured to advocate that our surgical, medical, and obstetric hospitals should, in order to abate and avert the high mortality occurring among their inmates, and to obtain the necessary degree of air and isolation, be changed from palaces into villages and cottages, and, probably, from wards into rooms. We have seen in a previous section that, in limb-amputations alone, out of 2,100 amputations there is an excess—and, as I believe it, an unnecessary excess—of 600 deaths in hospitals, as compared with country practice; a frightful waste of human life, and one inferring misery and ruin in many instances to the families of the dead, and great expense to the community at large. If by any novel surgical contrivance, as by some "new method" of operating in amputation, I could suggest a measure which would thus save 20 or 30 out of every 100 operated upon, and reduce their death-rate from 1 in 3 to 1 in 9, would not Mr. Coote and others be bound, on every principle of humanity, to adopt this "new method?" But, is a new method for effecting a saving of human life less deserving of investigation and adoption because it consists not in altering any circumstances connected with the manual part of the operation itself, but in altering the circumstances and surroundings in which those operated upon were placed?

Mr. Coote thinks large palatial city hospitals like St. Bartholomew's still a matter of necessity. But he appears to believe that the establishment of "convalescent hospitals will meet the emergency." In the case, however, of operations like amputations, of what use will convalescent hospitals be in restraining the terrible attendant death-rate? Has not the patient, in nine cases out of ten, sunk and perished before the usual time for taking advantage of a convalescent hospital has arrived?

It appears that Mr. Coote holds the construction of some of the large London hospitals to be comparatively perfect. Why, then, is the mortality among their amputation cases so appalling, and the mortality among similar amputations in country habitations and dwellings relatively so slight, being nearly four times less? It seems to me, on the contrary, that, in several London and other hospitals, our forefathers have committed hygienic blunders of the gravest and most disastrous kind. In many hospitals in Britain and on the Continent, there are placed four rows of patients betwixt the side-walls of each ward, with or without a spinal division running down the middle. At this time of day, would not even a stable, containing between its side-walls four rows of healthy horses, be denounced as an utter outrage against every hygienic principle? Yet the lives of men are surely more valuable than the lives of horses.

In a previous communication in this JOURNAL (January 10th), I suggested that, if hospitals were still to be built on a large palatial scale, their separate rooms, tenements, or wards, might be provided each with a separate and *independent* ventilation and isolation, by constructing them (like the blocks of houses for artisans now built in various cities) with a platform on each landing, an open balcony, and, above all, an *open staircase.* Would not the free and full opening up of the staircases in many of our large London and other hospitals—an alteration requiring little or no expense—change favourably their salubrity and death-rate, and prevent the needless commixture in them, and diffusion from them of the contaminated air of every ward, and so far of every patient in every ward which communicates with these staircases and corridors?

VII.—*City Hospitals in the form of Cottages and Villages.*

According to Mr. Coote, there is not room for such hospitals in London, though they may be "possible in America." They would be indubitably greatly cheaper in building and administration than palatial edifices. Nor would they occupy so much space as many seem to suppose. For, in constructing separate blocks—whether of one, or two, or three, or four storeys—the buildings, according to architectural rules, I am told, require to be placed at a distance from each other measuring once and a half, at least, the perpendicular height of their side walls. Hence many more structures of one storey in height could be placed upon the same piece of ground than structures of two, three, or more storeys. At the worst, the additional sum, be it £10,000 or £50,000, required to convert an hospital structure into an elaborated palace, would merely be in part required to purchase some additional ground. It would be expended in buying extent of site, instead of being expended upon architecture and extent of height in the buildings.

But are hospital villages and cottages—though "possible in America", as Mr. Coote allows—not possible in Europe, or even in London? In the grounds around many of the large hospitals in Germany, as I have already stated in these pages (see JOURNAL for January 30) they have lately erected cottage, barrack, or tent hospitals—because they have found them to be healthier—as at Frankfort, Leipsic, Dresden, etc. Twenty years ago, I tried to point out that such hospitals might be made of iron,* as one material. In the grounds of a large London hospital, not much above a mile or two from the gates of St. Bartholomew's, Mr. Coote will find in use at present a cottage iron hospital—but perhaps not on the very best construction. On lately coming upon it unexpectedly, and inquiring for what cases it was specially employed, I was informed that it was used for ovariotomy, pyæmia, and other such dangerous operations and diseases. But if such cottage hospitals are deemed more safe for such great operations as ovariotomy, would they not be also more safe for amputations? And, if safer for amputations, would they not be safer for all surgical operations? And, if safer for all surgical cases, would they not, on the same principle, be safer likewise for all medical cases?

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* See *Edinburgh Monthly Journal of Medical Science* for 1848, p. 328.

THERAPEUTICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

ON THE USE OF CARBOLISED OIL IN THE OPERATION OF PARACENTESIS THORACIS.

By HENRY BANKS SPENCER, M.D., Oxford.

I HAVE been able to meet with but one or two recorded cases of the use of carbolic acid to prevent decomposition of the fluid in the pleura after paracentesis. Having recently had a case under my care in which it was of the greatest service, I have ventured to send a very short account of it. The patient was a little girl nine years old, and the whole left pleura was full of some fluid—pus, as I believed. Having seen the case in conjunction with Dr. Tuckwell, and determined upon operating, I made an exploratory puncture with a grooved needle dipped in carbolised oil (one part of acid to four of oil), on August 30th, 1868. This having demonstrated the presence of pus, a hydrocele trocar, dipped in carbolised oil, was thrust into the side of the chest between the fifth and sixth ribs. About a pint of pus escaped under a large fold of lint also steeped in the carbolised oil. The cannula was, for a few hours, left in; and the wound was carefully covered by the carbolised lint, which latter the friends of the patient were desired to keep well soaked with the carbolised oil without ever removing it. The cannula was soon the cause of considerable discomfort and was removed, the lint being still carefully kept over the wound. The discharge ceased in a few hours, and pus soon began to accumulate within; so much so, that it was necessary to operate again on September 1st. This time, a scalpel, dipped in the carbolised oil, was used, and the operation was done under the protection of the carbolic curtain, a pint and a half of pus flowing at once from the wound. A piece of flexible catheter, also of course carbolised, was now, at Dr. Tuckwell's suggestion, tied in and through it; the pus flowed for about a fortnight, when the catheter was removed. The wound was then simply protected with the oiled lint, under which pus continued to flow more or less till about the middle of October. During the whole of this time there was not the slightest fetidity of the pus—it being on the last day of discharge as inodorous as on the first; and all the trouble and annoyance to the child of repeated antiseptic injections were spared. No case of the kind could have proceeded better; as, from the date of the second operation, the child, without a bad symptom of any kind, steadily progressed towards recovery, and is now (March 6th) in her usual good health.

TREATMENT OF TYPHUS BY CARBOLIC ACID.

By J. WALLACE, M.D.Edin., Liverpool.

THE report in the BRITISH MEDICAL JOURNAL, February 13th, on the Internal Use of Carbolic Acid in the London Hospitals, may well be followed up by the results of private practice. That it does not cut short the course of typhus, the following brief outlines of three typical cases will demonstrate.

CASE I.—Miss —, aged 20. Dorsal decubitus was constant, and deafness nearly complete. Pulse 120; tongue persistently dry. At first nitro-hydrochloric acid was given, till griping necessitated its suspension. Nutrients and stimulants, such as strong coffee, tea, wine, etc., were given. On the eleventh day, carbolic acid was ordered in the following form. ℞ Glycerini acidi carbolici ʒiii; spir. chloroformi ʒiiss; tincturæ cardamom comp. ʒvi; aquæ q. s. ad ℥viii. M. A table spoonful to be taken every four hours. The tongue immediately became moist; and on the seventeenth day convalescence was established.

CASE II.—Mrs. —, aged 50, was treated at first by an emetic and by nitro-hydrochloric acid. On the sixth day, the pulse was 120-130, weak; the countenance flushed; the pupils contracted to the size of a pin-hole; the respiration was rapid; the tongue furred, hard, and tremulous. In short, she had a severe attack, with a bad prognosis. I ordered carbolic acid mixture. She became worse and seemed sinking, and on the tenth day I stopped the carbolic acid and ordered brandy, in addition to wine and nutrients. After a few half-ounce doses of brandy, she turned on her side and went to sleep. Dr. Bruce saw her on the eleventh day, and verified the facts stated in this case; as he did also in cases I and III. On the twelfth day, her breathing was laborious, and chiefly abdominal; there was bronchial irritation. She was ordered to have half an ounce of brandy every hour, and one tablespoonful of the following mixture every two hours. ℞ Glycerini acidi carbolici, spirit. terebinthinæ, *ā* ʒii; æther. chlorici ʒiss; mucilaginis acaciæ q.s. ad ℥x. This relieved the breathing. She seemed more intelligent; but the pin-hole pupil continued, and her hearing was very acute. The ears were plugged. Muttering delirium supervened. She was ordered to have twenty ounces of brandy daily. On the twenty-first day consciousness returned; and she made a good recovery, though with a sloughing bed-sore.

CASE III. Miss —, aged 50. This case, like the preceding one, was of doubtful prognosis from the beginning. The treatment was the same, but the carbolic acid had to be stopped, as it produced coldness of the whole body. The respiratory centres were also affected. Dorsal decubitus was constant; but there was no pin-hole pupil. There was partial consciousness throughout. She had bubonal abscesses; one on the left cheek, two in the neck, where vesication had been applied along the course of the pneumogastrics. On the twenty-second day, a scarlet rash covered the body. The pulse for the first time rose above 100 to 130. The tongue continued black and dry. The teeth were covered with sordes. The evacuations from nearly the beginning continued to be passed involuntarily; and on the twenty-seventh day she died, having taken a quart of brandy daily for nearly a week. She was semi-conscious to the end.

REMARKS.—Case I would have recovered without any other than restorative treatment. In Case II, carbolic acid seemed to aid the reputed action of the turpentine in bronchial complications in typhus in a a marked degree; but it had no other apparent effect. In Case III, it was positively dangerous; for the deathly coldness was produced again and again by intermitting the medicine and then beginning it anew. In Case III, were there internal abscesses? Was the scarlatinal rash specific of scarlet-fever complication, or from blood-poisoning. The first question cannot be answered, as no *post mortem* examination was allowed. Yet rapid decomposition set in after death. The second was from blood-poisoning; and hence the disease was continued beyond the prescribed periodicity of typhus. Some weeks previously I saw a case, with my friend Dr. Johnstone, of Russell Street, of typhus complicated with gangrene of one leg arising from an old-standing indolent ulcer; and before death the same scarlet rash, almost of a brilliant pink hue at certain parts, appeared. Carbolic acid does not prevent septic poisoning or the irritative fever subsequent to typhus.

ON THE INFLUENCE OF SOME OF THE MORE IMPORTANT ELEMENTS OF WEATHER UPON THE ABSOLUTE AMOUNT OF SICKNESS.*

By EDWARD BALLARD, M.D.Lond., M.R.C.P.,
Medical Officer of Health for Islington.

THERE are two methods by which the influence of weather upon the public health may be studied. One of these methods consists in taking each element entering into our idea of weather, and comparing its fluctuations with those of sickness during an extended period. For instance, we may ask whether sickness generally is increased or lessened when a rise of temperature or a fall of temperature takes place; when an alteration in the range of daily temperature occurs; when rain falls after drought, or drought succeeds rainy weather; and so on. I am not aware that any body beside myself has followed this method of inquiry. It is a most laborious method, and so deterrent; but it is very fruitful in results. It is that which I followed in a paper on the Influence of Temperature on General Sickness, published in the last volume of the *Medico-Chirurgical Transactions*; and in two other papers, abstracts of which will appear, I believe, in the next volume. The other method, which has been followed by Dr. Guy in this country, is to compare the quantity of sickness prevalent in hot, dry, or otherwise remarkable seasons, with that prevalent in seasons having opposite characters. This method, of course, tells us nothing of the influence of temperature, moisture, rainfall, etc., in increasing or lessening sickness already existant; but it tells us that, in certain conditions of weather, sickness is, on the whole, more or less prevalent. It gives results as to the absolute quantity of sickness, but not as to its fluctuations.

It is this latter method which I am about to adopt in the present paper. I claim no originality for the method of inquiry, nor yet for all of the results, since some of them are similar to, and so confirmatory of, the results obtained by Dr. Guy, using the same mode of inquiry.

I may premise that the data on which these calculations are based, are the meteorological observations made at Greenwich, and published weekly by the Registrar-General, and the records of new cases of sickness contained in the books of the parochial surgeons of the parish of Islington, and in those of two large dispensaries and the Pentonville Convict Prison.

Taking these various records for the six years 1860-65, and comparing the total entries in corresponding quarters and months, I obtain the following results.

1. *Influence of Atmospheric Temperature upon the Quantity of Sickness.*

a. Winter Quarter.

	Mean temperature. Degrees.	Total new cases of sickness.	
In the 3 colder quarters. ...	1865...36.5 1864...37.9 1860...38.8	22,030.	Mean, 7343 cases.
In the 3 warmer quarters ...	1861...39.9 1862...41.1 1863...42.6	21,989.	Mean, 7329 cases.

At first sight, it would appear that, in the winter quarter, the colder years were the most unhealthy; but there is a fallacy to be guarded against here. The winter quarter of 1861 was notorious among these six years for unusual humidity; the mean being 89; the others varying from 82 to 85 (saturation 100); and we shall presently see that, on the whole, humidity of the air in the winter is favourable to health. Excluding this year, and comparing the three colder quarters with the winter quarters of 1862 and 1863, we have for these latter years a total of 15,283 cases; giving a mean of 7641 cases.

b. Spring Quarter.

	Mean temperature. Degrees.	Total new cases of sickness.	
In the 3 colder quarters. ...	1860...50.5 1861...51.8 1863...53.0	20,361.	Mean, 6853 cases.
In the 3 warmer quarters ...	1864...53.1 1862...53.3 1865...56.2	21,010.	Mean, 7000 cases.

c. Summer Quarter.

In the 3 colder quarters ...	1860...56.2 1862...58.7 1863...58.8	20,680.	Mean, 6893 cases.
In the 3 warmer quarters ...	1864...59.4 1861...60.4 1865...62.5	21,914.	Mean, 7304 cases.

d. Autumn Quarter.

In the 3 colder quarters ...	1860...42.6 1864...43.7 1862...45.0	22,147.	Mean, 7382 cases.
In the 3 warmer quarters ...	1861...45.5 1865...46.0 1863...46.8	23,181.	Mean, 7727 cases.

From which comparison, it appears that for each quarter the experience of the six years demonstrates: 1. That sickness prevailed most in those seasons which were the warmest, and least in those seasons which were the coolest. 2. That this influence of temperature was most marked in the summer quarter, next in the autumn quarter, next in the winter quarter, and least of all in the spring quarter.

The first inference derives confirmation from comparing the sickness in the years most opposite in temperature. Thus:

						New cases.
In the winter qr.	1865,	m. temp.	36.5 deg.,	the recorded sickness was		7223
,, ,,	1863,	,,	42.6 deg.		,,	7901
,, spring qr.	1860,	,,	50.5 deg.		,,	5829
,, ,,	1865,	,,	56.2 deg.		,,	7165
,, summer qr.	1860,	,,	56.2 deg.		,,	5487
,, ,,	1865,	,,	62.5 deg.		,,	7425
,, autumn qr.	1860,	,,	42.6 deg.		,,	6388
,, ,,	1863,	,,	46.8 deg.		,,	8181

Comparing now the corresponding months in the six years, and arranging them, as before, into two groups, according as the temperature of each month was colder or warmer, I find that, with the exception of the months of March, May, and September,* the warmer months were more unhealthy than the colder. Thus:

In January, the	3 colder	months,	1861, 1865, 1864,	gave	6979	new cases.
,,	warmer	,,	1862, 1860, 1863,	,,	7097	,,
In February,	colder	,,	1860, 1864, 1865,	,,	6271	,,
,,	warmer	,,	1862, 1861, 1863,	,,	6976	,,
In March,	colder	,,	1865, 1860, 1864,	,,	8662	,,
,,	warmer	,,	1862, 1861, 1863,	,,	8034	,,
In April,	colder	,,	1860, 1861, 1864,	,,	6250	,,
,,	warmer	,,	1862, 1863, 1865,	,,	6578	,,
In May,	2 colder	,,	1861, 1863, †,	,,	4375	,,
,,	2 warmer	,,	1862, 1865,	,,	4339	,,
In June,	3 colder	,,	1860, 1862, 1864,	,,	7361	,,
,,	warmer	,,	1863, 1861, 1865,	,,	8531	,,
In July,	colder	,,	1860, 1862, 1863,	,,	6284	,,
,,	warmer	,,	1861, 1864, 1865,	,,	6813	,,
In August,	colder	,,	1860, 1862, 1864,	,,	5862	,,
,,	warmer	,,	1865, 1863, 1861,	,,	7188	,,
In September,	colder	,,	1863, 1864, 1861,	,,	8550	,,
,,	warmer	,,	1862, 1860, 1865,	,,	7897	,,
In October,	colder	,,	1864, 1860, 1865,	,,	6644	,,
,,	warmer	,,	1863, 1862, 1861,	,,	7234	,,
In November,	colder	,,	1862, 1860, 1861,	,,	6740	,,
,,	warmer	,,	1864, 1865, 1863,	,,	7169	,,
In December,	colder	,,	1860, 1864, 1861,	,,	8153	,,
,,	warmer	,,	1865, 1863, 1862,	,,	9388	,,

The influence of warmer weather in causing unhealthiness, then, was most obvious in the month of August, and less so in the following months in order; viz., December (very obvious), June, February, October, July, November, April, and January.

Testing the influence of warmer weather in another way, we may take the total new cases of sickness occurring in warmer and colder half of the year separately, and compare in each case the sickness occurring in 78 weeks of the 6 warmer months, in which the temperature was comparatively low, with that occurring in 78 weeks in which it was comparatively high. Thus:

Taking the 6 cooler months, October to March, we find that in those months of the 6 years, the mean temperature of which was below 41.4 deg. (including 78 weeks), the recorded sickness was .... 43,790 cases.
Ditto ditto above 41.4 deg. (including 78 weeks), the recorded sickness was .... 45,557 ,,

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[*] Read in the State Medicine Section before the Annual Meeting of the British Medical Association in Oxford, August 1868.

[*] Inquiring, however, more closely into the events of these months, and arranging the *weeks* of each into two groups of less and greater temperatures, I find that the same rule as that which prevails in other months prevails in these also; and that the weeks of higher temperature were more sickly than those of lower temperature.

[†] 1860 and 1864 had the same mean May temperature for corresponding weeks, and I have therefore omitted them.

Taking the 6 warmer months, April to September, we find that in those months of the 6 years, the mean temperature of which was below 57.5 deg. (including 78 weeks), the recorded sickness was	41,390 cases.
Ditto ditto above 57.5 deg. (including 78 weeks), the recorded sickness was	42,575 ,,

In the *cooler* months, the difference in favour of the unhealthiness of the warmer years was 1767 cases.

In the *warmer* months, the difference in favour of the unhealthiness of the warmer years was 1185 cases.

From which it appears that, on the whole, comparative warm weather is more deleterious to public health in the colder than in the warmer half of the year.

2. *Daily Range of Atmospheric Temperature.*

The absolute amount of sickness prevalent at any time appears to be dependent in part upon the extent of the range which the atmospheric temperature exhibits day by day. At first sight, it would appear that a high diurnal range is more deleterious to public health than a low range. This is the first, or *primâ facie*, inference from the records in my possession. I shall not give the figures which led to this inference, because there is this fallacy, that, for the most part, a high daily range is associated with a high mean temperature, and a low diurnal range with a low mean temperature. It is necessary, then, in estimating the influence of range, to take into consideration the mean temperature at the same time. Adopting this course, I obtained the following results.

During the colder months, October to March,

When the mean *temperature* was comparatively *high*, and the *range comparatively high*, the mean weekly sickness, calculated on 12 months (52 weeks), was...	586 new cases.
When the mean *temperature* was comparatively *high*, and the *range comparatively low*, the mean weekly sickness, calculated on 6 months (26 weeks), was ...	592 ,,
When the mean *temperature* was comparatively *low*, and the *range comparatively high*, the mean weekly sickness, calculated on 6 months (26 weeks), was	556 ,,
When the mean *temperature* was comparatively *low*, and the *range comparatively low*, the mean weekly sickness, calculated on 12 months (52 weeks), was.........	557 ,,

During the months, April to September,

When the mean *temperature* was comparatively *high*, and the *range comparatively high*, the mean weekly sickness, calculated on 10 months (43 weeks), was...	585 ,,
When the mean *temperature* was comparatively *high*, and the *range comparatively low*, the mean weekly sickness, calculated on 8 months (35 weeks), was ...	523 ,,
When the mean *temperature* was comparatively *low*, and the *range comparatively high*, the mean weekly sickness, calculated on 8 months (35 weeks), was ...	550 ,,
When the mean *temperature* was comparatively *low*, and the *range comparatively low*, the mean weekly sickness, calculated on 10 months (43 weeks), was...	493 ,,

Thus, in the *colder* half of the year, the order of sickness which I observed was as follows.

Higher mean temperature,	with	low range	592 cases.
,,	,,	high ,,	586 ,,
Lower	,,	low ,,	557 ,,
,,	,,	high ,,	556 ,,

In the *warmer* half of the year:

Higher mean temperature,	with	high range	585 cases.
Lower	,,	,, ,,	550 ,,
Higher	,,	low ,,	523 ,,
Lower	,,	,, ,,	493 ,,

Hence the inferences are deducible: 1. That, in the *colder* months of the year, mean temperature is, on the whole, much more important as a condition determining the absolute quantity of sickness than the extent of the diurnal range; and that, in these months, the higher the mean temperature the more important is the influence of the range. At the lowest temperature, the influence of the range is almost *nil* in this respect. 2. That, in these *colder* months, a low range is more injurious to public health than a high range, whether the mean temperature be comparatively high or comparatively low. 3. That, in the *warmer* months of the year, the diurnal range of temperature is, on the whole, more important as a condition determining the absolute quantity of sickness than the mean temperature. 4. That, in these warmer months, a high diurnal range of temperature is much more injurious to public health than a low range.

3. *Degree of Saturation of the Atmosphere with Humidity.*

Taking the several quarters of the year 1860-65, quarter by quarter, and comparing together the absolute sickliness of corresponding quarters differing in respect of the degree in which the condition of the atmosphere approached saturation with moisture, the following are the results which I have obtained.

	Mean degree of humidity (saturation 100).		Total new cases of sickness.
a. Winter Quarter.			
In the 3 drier quarters	1860...82 1863...83 1864...83	22,708.	Mean, 7569 cases.
In the 3 moister quarters	1862 ..85 1865...85 1861...89	21,311.	Mean, 7103 ,,
b. Spring Quarter.			
In the 3 drier quarters	1865...72 1864...73 1863...77	21,978.	Mean, 7326 ,,
In the 3 moister quarters	1860...79 1861...80 1862...80	19,393.	Mean, 6464 ,,
c. Summer Quarter.			
In the 3 drier quarters	1864...71 1863...74 1865...76	22,892.	Mean, 7630 ,,
In the 3 moister quarters	1861...78 1862...81 1860...88	19,702.	Mean, 6567 ,,
d. Autumn Quarters.			
In the 3 drier quarters	1864...83 1863...86 1861...87	23,123.	Mean, 7707 ,,
In the 3 moister quarters	1865...88 1862...89 1860...91	22,205.	Mean, 7401 ,,

1. Whichever quarter of the year, then, we subject to inquiry, the same result comes out; viz., that in those quarters in which the atmosphere was most dry, the absolute amount of sickness was, on the whole, greatest; and in those in which it was most moist, the absolute amount of sickness was, on the whole, least. 2. The influence of humidity in regulating thus the absolute quantity of sickness was greatest in the summer quarter, next greatest in the spring, next in the winter, and least in the autumn.

The first inference derives confirmation from comparing, in respect of each quarter, the year in which the atmosphere was most dry with that in which it was most humid. Thus:

		Mean degree of humidity.	Recorded sickness. New cases.
In the winter quarter	1860	82	7415
,, ,,	1861	89	6706
spring ,,	1865	72	7165
,, ,,	1862	80	6780
summer ,,	1864	71	7125
,, ,,	1860	85	5487
autumn ,,	1864	83	7512
,, ,,	1860	91	7401

Let me now arrange the corresponding months of the six years each into two groups, according as the humidity was less or greater.

			Mean humidity.	New cases.	Mean.
January,	4 years	1864, 61, 62, 63	82 to 85	9448	2362
,,	2 years	1860, 65	88 to 89	4608	2304
February,	3 years	1860, 64, 65	80 to 83	6271	2090
,,	,,	1862, 63, 61	84 to 90	6976	2325
March,	,,	1860, 63, 65	78 to 82	8778	2926
,,	,,	1864, 62, 61	83 to 90	7918	2639
April	,,	1865, 64, 63	73 to 78	6773	2257
,,	,,	1860, 62, 61	79 to 85	6055	2018
May,	,,	1864, 65, 61	73 — 74	6259	2086
,,	,,	1860, 63, 62	75 to 84	6392	2130
June,	,,	1865, 64, 63	70 to 75	8517	2839
,,	,,	1862, 61, 60	77 to 82	7375	2458
July,	,,	1864, 63, 65	70 to 72	7166	2388
,,	,,	1861, 62, 60	78 to 80	5931	1977
August,	,,	1864, 63, 61	65 to 76	7348	2449
,,	,,	1865, 62, 60	80 to 83	5702	1900
September,	,,	1865, 63, 64	76 — 77	8726	2908
,,	,,	1861, 62, 60	79 to 88	7721	2573
October,	4 years	1864, 61, 63, 65	78 to 87	9527	2381
,,	2 ,,	1860, 62	89	4351	2175

			Mean humidity.	New cases.	Mean.
November	4 yrs.	1864, 61, 63, 65	86 to 88	9386	2346
,,	2 ,,	1862, 60	92 — 93	4523	2261
December,	3 ,,	1863, 64, 61	83 to 87	8857	2952
,,	,,	1862, 65, 60	88 to 92	8684	2894

Hence, it is only in the months of February and May that I found any exception to the rule, that the absolute amount of sickness was greater when the humidity of the atmosphere was less and smaller when the atmosphere was more moist. Inquiring, however, more closely into the events of these months, I found that, in the *weeks* of the 6 Mays in which the humidity was 67 to 78 deg., the mean sickness was greater than in those in which the humidity was 79 to 89 deg.

Again, taking the 6 cooler months, October to March, we find that, in those months of the 6 years in which the humidity was from 78 to 86 deg. (including 79 weeks), the recorded sickness was 45,442 new cases; mean, 575 weekly cases. And, when the humidity was from 87 to 93 deg. (including 77 weeks), the recorded sickness was 43,905 new cases; mean, 570 weekly cases.

Taking the 6 warmer months, April to September, we find that, in those months of the 6 years in which the humidity was from 65 to 77 deg. (including 79 weeks), the recorded sickness was 46,852 cases; mean, 593 weekly cases. And, when the humidity was from 78 to 88 deg. (including 77 weeks), the recorded sickness was 37,113 cases; mean, 481 weekly cases.

From which it appears that, although in both the colder and warmer seasons of the year a drier atmosphere is, on the whole, associated with a greater absolute amount of sickness than a moister atmosphere, the influence of humidity, as regulating the quantity of sickness, is very much greater in the warmer than in the colder seasons.

As to the conjoint influence of temperature and moisture in regulating the absolute quantity of sickness, the following results were obtained.

During the colder months, October to March,

When the mean *temperature* was comparatively *high*, and the *humidity low*, the mean weekly sickness, calculated on 7 months (30 weeks), was.................... 602 new cases.

When the mean *temperature* was comparatively *high*, and the *humidity high*, the mean weekly sickness, calculated on 11 months (48 weeks), was.................... 579 ,,

When the mean *temperature* was comparatively *low*, and the *humidity low*, the mean weekly sickness, calculated on 11 months (48 weeks), was.................... 564 ,,

When the mean *temperature* was comparatively *low*, and the *humidity high*, the mean weekly sickness, calculated on 7 months (30 weeks), was.................... 544 ,,

During the warmer months, April to September,

When the mean *temperature* was comparatively *high*, and the *humidity low*, the mean weekly sickness, calculated on 11 months (47 weeks), was.................... 580 ,,

When the mean *temperature* was comparatively *high*, and the *humidity high*, the mean weekly sickness, calculated on 7 months (31 weeks), was.................... 522 ,,

When the mean *temperature* was comparatively *low*, and the *humidity low*, the mean weekly sickness, calculated on 7 months (31 weeks), was.................... 567 ,,

When the mean *temperature* was comparatively *low*, and the *humidity high*, the mean weekly sickness, calculated on 11 months (47 weeks), was.................... 489 ,,

Thus, in the *colder* half of the year, the order of sickness which I observed was the following.

Comparatively high mean temperature, with low humidity... 602 cases.
,, ,, high ,, ... 579 ,,
low ,, low ,, ... 564 ,,
,, ,, high ,, ... 544 ,,

And in the *warmer* half of the year:

Comparatively high mean temperature, with low humidity... 580 ,,
low ,, ,, ,, ... 567 ,,
high ,, high ,, ... 522 ,,
low ,, ,, ,, ... 489 ,;

Hence, the inferences are deducible: 1. That, in the *colder* months of the year, the mean temperature is, on the whole, more important as a condition determining the absolute quantity of sickness than the amount of accompanying atmospheric moisture. 2. That, in the *warmer* months of the year, on the other hand, the amount of atmospheric moisture is more important as a condition determining the absolute quantity of sickness than the mean temperature. 3. That, both in the colder and warmer seasons of the year, a comparatively dry condition (for the season) of the atmosphere is more damaging to public health than a comparatively moist condition of the atmosphere.

4. *Rainfall.*

Two things are deserving of attention here; namely, the absolute quantity of rain falling, and the number of rainy days. As to the amount of rain, in its influence on quarterly sickness, my records of the six years give me the following figures.

a. Winter Quarter.

	Rainfall in inches.	Total new cases of sickness.	
In the 3 winter quarters when least rain fell	1863...3.9 1864...4.4 1861...4.5	21,999.	Mean, 7333 cases.
In the 3 winter quarters when most rain fell	1860...4.8 1862...6.1 1865...6.1	22,020.	Mean, 7340 ,,

In the extremely dry winter of 1863, the recorded sickness was 7901 cases.

In the extremely wet winters of 1862 and 1865, the recorded sickness was 7382 and 7223 cases.

b. Spring Quarter.

In the 3 spring quarters when least rain fell	1864...3.5 1861...4.5 1863...5.6	21,597.	Mean, 7199 ,,
In the 3 spring quarters when most rain fell	1865...7.2 1862...7.4 1860.10.7	19,774.	Mean, 6591 ,,

In the extremely dry spring of 1864, the recorded sickness was 7065 cases.

In the extremely wet spring of 1860, the recorded sickness was 5829 cases.

c. Summer Quarter.

In the 3 summer quarters when least rain fell	1861...4.3 1864...4.5 1863...5.9	22,831.	Mean, 7610 cases.
In the 3 summer quarters when most rain fell	1862...6.3 1865...6.5 1860...9.6	19,763.	Mean, 6587 ,,

In the extremely dry summer of 1861, the recorded sickness was 7364 cases.

In the extremely wet summer of 1860, the recorded sickness was 5487 cases.

d. Autumn Quarter.

In the 3 autumn quarters when least rain fell	1864...4.3 1863...4.6 1862...6.6	23,940.	Mean, 7980 cases.
In the 3 autumn quarters when most rain fell	1860...6.9 1861...7.4 1865...9.2	21,388.	Mean, 7129 ,,

The influence of drought in promoting sickliness and abundance of rain in maintaining a low standard of sickliness, is most obvious in the summer quarter, next in the autumn and spring quarters, and least obvious in the winter quarter.

Comparing now corresponding months of little or much rain in the six years, I find as follows.

			Rainfall in inches.	New cases.	Mean.
January,	4 yrs.	1861, 64, 60, 62	0.6 to 1.8	9269	2317
,,	2 ,,	1863, 65	2.6 and 3.3	4807	2403
February	3 ,,	1862, 63, 64	0.5 to 0.8	6956	
,,	,,	1860, 61, 65	1.1 to 1.9	6291	
March	,,	1863, 65, 60	0.7 to 1.9	8778	
,,	,,	1861, 64, 62	2.2 to 3.7	7918	
April	,,	1863, 65, 64	0.4 to 0.7	6773	
,,	,,	1861, 60, 62	0.8 to 2.9	6055	
May	,,	1863, 61, 64	1.3 to 1.9	6520	
,,	,,	1862, 60, 65	2.9 to 4.4	6131	
June	,,	1864, 62, 61	0.9 to 1.9	7974	
,,	,,	1865, 63, 60	2.4 to 5.8	7918	
July	,,	1864, 63, 62	0.3 to 1.7	6683	
,,	,,	1861, 63, 60	2.2 to 2.8	6414	
August	,,	1861, 64, 63	0.6 to 1.8	7348	
,,	,,	1862, 60, 65	3.0 to 4.0	5702	
September	,,	1865, 61, 62	0.2 to 1.6	8467	
,,	,,	1864, 60, 63	2.8 to 3.2	7980	
October,	4 ,,	1861, 64, 60, 63	0.9 to 1.7	9251	2312
,,	2 ,,	1862, 65	4.1 and 5.9	4627	2313
November	3 ,,	1862, 63, 65	1.0 to 2.4	7402	
,,	,,	1860, 64, 61	2.5 to 5.2	6507	
December	,,	1864, 65, 63	0.5 to 1.1	8868	
,,	,,	1861, 62, 60	1.3 to 2.4	8673	

It is thus only in respect of the months of January and October that an exception was found to the rule, that the same month of the year was more or less sickly, on the whole, as the amount of rainfall was less or greater. And, as respects October, I find, on examining the *weeks* entering into the formation of the six Octobers, that the sickness was most in the 14 weeks of least rainfall and least in the 10 weeks of greatest rainfall.

Again, taking the 6 cooler months, October to March, we find that, in those months of the 6 years in which the rainfall amounted to from 0.5 to 1.7 inches (including 79 weeks), the recorded sickness was 46,342 cases—mean, 586 new cases per week; and, in those months in which the rainfall amounted to from 1.8 to 5.9 inches (including 77 weeks), the recorded sickness was 43,005 cases—mean, 558 new cases per week.

And, taking the 6 warmer months, April to September, that, in those months of the 6 years in which the rainfall amounted to from 0.2 to 1.8 inch (including 77 weeks), the recorded sickness was 42,936 cases—mean, 557 new cases per week; and in those months in which the rainfall amounted to from 1.9 to 5.8 inches (including 79 weeks), the recorded sickness was 41,029 cases—mean, 519 new cases per week.

From which it appears: 1, that, both in the colder and warmer seasons of the year, the absolute quantity of sickness is least when there is a greater rainfall, and most when the rainfall is least in amount; 2, that this influence of rainfall is more marked in the warmer than in the cooler seasons of the year.

As to the conjoint influence of temperature and rainfall in regulating the absolute quantity of sickness, the following results were obtained.

During the colder months, October to March,

When the *temperature* was comparatively *high*, and the *rainfall comparatively small*, the mean weekly sickness, calculated on 9 months (39 weeks), was .... 595 new cases.

When the *temperature* was comparatively *high*, and the *rainfall comparatively large*, the mean weekly sickness, calculated on 9 months (39 weeks); was .... 581 ,,

When the *temperature* was comparatively *low*, and the *rainfall comparatively small*, the mean weekly sickness, calculated on 9 months (39 weeks), was .... 572 ,,

When the *temperature* was comparatively *low*, and the *rainfall comparatively large*, the mean weekly sickness, calculated on 9 months (39 weeks), was .... 541 ,,

During the warmer months, April to September,

When the *temperature* was comparatively *high*, and the *rainfall comparatively small*, the mean weekly sickness, calculated on 9 months (39 weeks), was .... 574 ,,

When the *temperature* was comparatively *high*, and the *rainfall comparatively large*, the mean weekly sickness, calculated on 9 months (39 weeks), was .... 540 ,,

When the *temperature* was comparatively *low*, and the *rainfall comparatively small*, the mean weekly sickness, calculated on 9 months (39 weeks), was .... 547 ,,

When the *temperature* was comparatively *low*, and the *rainfall comparatively large*, the mean weekly sickness, calculated on 9 months (39 weeks), was .... 490 ,,

Thus, in the *colder* half of the year, the order of sickliness which I observed was the following.

Comparatively high temperature, with small rainfall............595 cases.
,, ,, large ,, ...581 ,,
low ,, small ,, ...572 ,,
,, ,, large ,, ...541 ,,

And in the *warmer* half of the year :

Comparatively high temperature, with small rainfall............574 ,,
low ,, ,, ,, ...547 ,,
high ,, large ,, ...540 ,,
low ,, ,, ,, ...490 ,,

Hence, the inferences are deducible: 1. That, in the *colder* months of the year, the mean temperature is, on the whole, more important as a condition determining the absolute quantity of sickness than the amount of rainfall. 2. That, in the *warmer* months of the year, the amount of rainfall is more important in determining the absolute quantity of sickness than even the temperature. 3. That the amount of rainfall is more important at comparatively low than at comparatively high temperatures in regulating the absolute quantity of sickness, both in the colder and warmer months of the year.

With regard to the *number of days on which rain fell*, it may be sufficient to say that, as a rule, in those years in which the rainy days in any month were the more numerous, the sickness, on the whole, was least in amount. I shall content myself with stating the results obtained on comparing, in the colder and warmer halves of the year, the months with few rainy days with those having many rainy days.

Thus, taking the 6 colder months, October to March, we find that, in those months of the 6 years in which rain fell on from 6 to 11 days (including 78 weeks), the recorded sickness was 44,880 cases; mean, 575 cases per week; and in those months in which the rain fell on 12 to 22 days (including 78 weeks), the recorded sickness was 44,467 cases; mean, 570 cases per week.

And, taking the 6 warmer months, April to September, that in those months of the 6 years in which rain fell on from 1 to 13 days (including 77 weeks), the recorded sickness was 46,133 cases; mean, 599 cases per week; and in those months in which rain fell on from 14 to 25 days (including 79 weeks), the recorded sickness was 37,830 cases; mean, 478 cases per week.

Whence it appears: 1. That, both in the colder and warmer halves of the year, the absolute quantity of sickness is less when rain falls most frequently, and greater when it falls less frequently. 2. That, in the warmer season of the year, the absolute quantity of sickness is more controlled by the number of rainy days than in the cooler seasons.

And thus it becomes an interesting question, whether it is more to the advantage of the public health that the rain should fall in large quantities at once or in smaller quantities distributed over a greater number of days. My data give the following results upon this head.

During the colder months, October to March,

With comparatively *much rainfall* and *many rainy days*, the mean weekly sickness, calculated on 13 months (56 weeks), was .... 555 new cases.

With comparatively *much rainfall* and *few rainy days*, the mean weekly sickness, calculated on 5 months (22 weeks), was... 552 ,,

With comparatively *little rainfall* and *many rainy days*, the mean weekly sickness, calculated on 5 months (22 weeks), was... 577 ,,

With comparatively *little rainfall* and *few rainy days*, the mean weekly sickness, calculated on 13 months (56 weeks), was... 596 ,,

During the warmer months, April to September,

With comparatively *much rain* and *many rainy days*, the mean weekly sickness, calculated on 13 months (55 weeks), was... 499 ,,

With comparatively *much rainfall* and *few rainy days*, the mean weekly sickness, calculated on 5 months (23 weeks), was... 533 ,,

With comparatively *little rainfall* and *many rainy days*, the mean weekly sickness, calculated on 5 months (23 weeks), was............... .... 536 ,,

With comparatively *little rainfall* and *few rainy days*, the mean weekly sickness, calculated on 13 months (55 weeks), was... 571 ,,

Thus, in the colder season of the year, the order of sickliness which I observed was the following.

Comparatively little rain and few rainy days ....596 new cases.
,, many ,, ...577 ,,
much rain ,, ,, ...555 ,,
,, few ,, ...552 ,,

And in the warmer season of the year :

Comparatively little rain and few rainy days ....571 ,,
,, many ,, ...536 ,,
much rain few ,, ...533 ,,
,, many ,, ...499 ,,

Hence it appears: 1. That, both in the colder and warmer halves of the year, the quantity of rain that falls is of more importance than the number of days over which the rainfall is distributed. 2. That, in the colder seasons of the year, if there be much rain, the number of days over which it is distributed is not a matter of much consequence; but, if there be little rainfall, public health is better, on the whole, when the rainfall is distributed over a larger number of days. 3. That, in the warmer season of the year, whether the rain be little or much, it is greatly to the advantage of the public health that it should be distributed over a larger number of days.

5. *Direction of the Wind, and its Amount.*

I may state generally, as the result of my observations, that, of the two winds which prevail most here—namely, the S.W. and N.E. winds—the S.W. are, as a rule, those with which I have found the greater amount of general sickness associated, and the N.E. those with which I have found the less quantity of sickness associated. Now, this difference may partly be due to the influence of associated temperature, the S.W. winds being usually warmer than the N.E. winds. But, then, while they are warmer, they are also more humid, and more commonly associated with rain. In the colder seasons of the year, we have found the warmth of atmosphere particularly conducive to disease; so that, in these seasons, the comparatively high associated temperature may have much to do with the sickliness of the S.W. winds, and the comparatively low temperature with the comparative wholesomeness of the N.E. winds. In the warmer seasons of the year, when the sickness is less influenced by actual temperature and more by the degree of atmospheric humidity and rainfall, the effect of S.W. winds is less obvious in producing a large quantity of sickness. From May to November, N.E. winds indeed were associated with more sickness than S.W. Another reason why S.W. winds are so damaging to public health is that, on the whole, they are greater in amount than other winds; and I shall have occasion to show presently that the greater the amount of the wind, for the most part, the greater is the absolute amount of sickness with which it is associated.

I find, among my records of the six years 1860-5, the following numbers of weeks, in which certain winds have prevailed throughout the week with such persistency as to enable me to regard them as exercising upon the sickness any such influence as they may possess.

	No. of weeks.	Sum of sickness in new cases.	Mean.
W.S.S.	2	984	497
S.W.	103	48,550	471
W.	7	3273	467
N.W.	5	2312	462
N.	3	1382	460
Var.	47	21,660	460
N.E.	33	14,952	453
N.N.E	4	1790	447

Taking these means for what they are worth, it would appear that a tendency to the westerly, southerly, and south-westerly direction, was associated with a larger quantity of sickness than when the tendency was northerly or north-easterly. Variability in the winds—shifting day by day, or several times in a day—was associated with comparative salubrity.

As regards the *Amount of Movement of the Air*, I find that the mean weekly movement in 282 weeks was 1653 miles. There were 159 weeks in which the amount of movement was less than this, and in these weeks the mean quantity of weekly sickness was 460 cases; and there were 123 weeks in which the amount of movement was greater, and in these weeks the mean quantity of weekly sickness was 471 cases. That the inference is correct, that a greater amount of sickness is associated with the greater movement of the air, seems confirmed by observing that, both with S.W. and N.E. winds separately, the sickness was greater when there was more movement.

Thus, there were 100 weeks in which the S.W. winds prevailed, and the movement of the wind is recorded. In these, the mean weekly movement was 1944 miles. Among these 100 weeks, there were 55 in which the movement was below this mean, and the mean weekly sickness was 466 cases; and there were 45 in which it was above the mean, and in these the mean weekly sickness was 487 cases.

Again, there were 29 weeks in which N.E. winds prevailed, and the movement of the wind is recorded. In these, the mean weekly movement was 1310 miles. Among these 29, there were 16 weeks, in which the movement was below this mean, and the mean weekly sickness was 457 cases; and there were 13 weeks in which it was above this mean, and in these the mean weekly sickness was 463 cases.

Taking the months separately, I find that the rule of associations of greater sickness with greater movement of the air held good in every month except June, July, and October.

Month.	Movement below the mean.		Movement above the mean.	
	No. of weeks.	Mean weekly sickness.	No. of weeks.	Mean weekly sickness.
January	12	482	10	510
February	7	463	13	484
March	11	445	18	473
April	15	449	7	479
May	17	439	6	440
June	14	453	12	412
July	15	461	9	460
August	12	454	8	512
September	17	451	13	466
October	15	491	9	452
November	14	468	10	479
December	10	469	8	490

Hence there appear to be two periods of abnormality in this respect in the year: one commencing in May, attaining its climax in June, and in course of disappearance in July; the other, commencing in September, attaining its climax in October, and disappearing in November.

In the case of the S.W. winds, also, I have found that, from June to October, the rule of greater movement being associated with a larger absolute quantity of sickness is not observable, as it is in other months. Thus, in the months of June and September, the mean weekly sickness was nearly the same, whether the movement of the air was below or above the average of all the S.W. winds; while in July, August, October, and November, the S.W. winds were associated, on the whole, with least sickness when the amount of movement was above the average.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE XVI.

As to the condition of the adult circulation, the most aberrant by far is that found in Amphioxus. Towards the anterior end of the ventral surface the oral aperture is situated. Behind the middle of the same surface is an opening termed the "abdominal pore", and behind this again is the anus. The alimentary tube consists of a perfectly enormous pharynx, and behind it a short gullet and alimentary canal, with a greenish cæcum appended on one side—the liver. External to the alimentary system, between it and the side-walls of the body, is a chamber which communicates with the exterior by the abdominal pore. The enormous pharynx also communicates with the said chamber by numerous apertures (varying with age from twenty to fifty on each side) separated by rods of denser tissue, and richly ciliated, so that the whole of this singular pharynx (or branchial sac) singularly recalls the structures found in Ascidians. An aortic trunk runs along the median line of the ventral surface of the pharynx, and at its anterior end sends up a prolongation (or arch) on each side, which, by their union above the pharynx, form the dorsal aorta, which is thus even here a step in advance of its early double condition in the embryo before noticed. A branch ascends each branchial rod from the ventral aorta, and each such branch is dilated at its origin. The blood having traversed the respiratory surface in capillaries, is collected by another vessel, which ascends along each rod to the dorsal aorta. The respiratory act is effected by a stream of water which passes in at the oral aperture, through the slits in the pharynx, out into the chamber before mentioned, and thence makes its escape by the abdominal pore. At the root of the ventral aorta there is no heart, but venous blood is poured in from the liver and intestine, and by descending branches from cardinal veins, so that the root of the aorta may be considered as the representative of the heart in its primitive tubular condition. In the absence of a true heart, the circulation is effected by a diffused rhythmical contractibility of all the large vessels.

In all Vertebrata above Amphioxus there is a complete heart and a pericardium distinct from the peritoneal cavity, though in Myxine the two remain connected; and in the Sharks, Rays, and Sturgeons, place the pericardial cavity in communication with the peritoneal.

In higher forms a complete partition (diaphragm) separates the two. The heart itself in all Fishes, from the Lamprey upwards, except Lepidosiren, consists of a sinus venosus, a single auricle, a single ventricle, and a bulbus arteriosus. In the Elasmobranchs and Ganoid Fishes, all these parts are rhythmically contractile, and the bulbus aortæ is formed of striped muscular fibres. In the Teleostei, the last named part is formed of organic muscular fibre, or of elastic tissue, and is not rhythmically contractile. In Lepidosiren there is a more or less complete second auricle, and a rhythmically contractile bulbus aortæ, containing two longitudinal folds; and the same structures are found in the Amphibia. A diagram was exhibited, which shewed very clearly the modifications in the arrangement of the aortic arches, and their main branches in the Vertebrata below the Sauropsida, as also an ideal condition of the same. In this ideal we have eight visceral clefts on each side, and nine aortic arches—one arch in front of each visceral cleft, and one behind the last. An anterior prolongation of this ventral aortic trunk represents the external carotid, and a similar prolongation of the dorsal aortic trunk represents the internal carotid. This condition appears to be nearly realised in Heptanchus, where all the visceral clefts are retained, the most anterior one being the spiracle. In the Lamprey the first visceral cleft becomes obliterated, and in the Teleostei the three last clefts also, as well as the aortic arches behind them, and the most anterior aortic arch. In Lepidosiren the first and the last two clefts disappear, as well as the first and the last two arches. In some Amphibia (*e.g.*, Siredon) the first and the three last clefts are closed up, and the first two and last three arches abort; while from the last arch (as also in Lepidosiren) the pulmonary artery is given off. Both the external and internal appear to arise from the dorsal aorta. In the adult Frog the same arteries appear to arise from the ventral aorta, but really from the imperfect third aortic arch, the first two disappearing. The fourth aortic arch goes to form the great dorsal aorta, while the fifth ends in the great cutaneous artery; and the sixth, after giving off the pulmonary artery, anastomoses with the fifth. The three more posterior arches entirely disappear, and all the visceral clefts become closed up.

CLINICAL MEMORANDA.

SEVERE CASE OF HYSTERIA: TREATMENT BY BROMIDE OF POTASSIUM AND ASSAFŒTIDA.

By Edward F. Willoughby, L.R.C.P., M.R.C.S., Canonbury.

C. B., aged 19, suffering from incipient phthisis and excessive menstruation, not habitually hysterical, began to laugh immoderately at some trivial occurrence about half-past ten on Friday night. She soon lost consciousness, but continued laughing till half-past one, when she had an epileptiform fit, and became quiet, almost exhausted. Thus she remained during the rest of the night and the whole of the following day; the fits recurring in groups, at intervals of half an hour to an hour. During the fits, her limbs were flexed and extended violently; the head retracted. She foamed at the mouth, but did not bite her tongue. They were preceded, not by a cry, but by working of the features, and a half-suppressed burst of laughter or a giggle. In the intervals, her eyes were open; the pupils sensible to light; head hot; limbs motionless; fingers flexed on the palms. She seemed perfectly unconscious, and insensible to pain. Her pulse was 80, regular, soft; her respirations shallow and jerking, 52 to the minute, when I first saw her, at 4 P.M. on Saturday. I ordered a ten-ounce enema with assafœtida immediately, and ten grains of bromide of potassium in peppermint-water every second hour. At 10 P.M., she was much the same. The fits, however, were less frequent and weaker. There was now no foaming at the mouth. At one o'clock on Sunday morning, the last fit occurred. At 6 A.M., she gradually recovered her consciousness, but had no recollection of what had occurred. She was left weak and feverish. She had never had any kind of fit previously.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

QUEEN'S HOSPITAL, BIRMINGHAM.

CHRONIC BRONCHITIS, WITH DILATED HEART: BLOOD-LETTING: PERMANENT RELIEF.

(Under the care of Dr. Fleming.)

Catherine Q., aged 55, washerwoman, was admitted January 15th, 1869. For the last eight years, she had had a severe cough, attended with profuse expectoration, every winter. In October last, the cough came on with more than usual severity, and her breathing had been becoming gradually more difficult. Three weeks before admission, her urine became scanty, and her legs began to swell.

On admission, there was almost complete orthopnœa; the lips were bluish, the eyes prominent, and the conjunctivæ injected. The veins of the neck were greatly distended; the breathing was laborious, and there was profuse expectoration of frothy mucus. The pulse was regular, 96, very small and feeble. The lower extremities and the hands were œdematous. A good note was yielded on percussion over the whole of the lungs, excepting at the bases behind; the cardiac area of dulness was ill-defined, but slightly increased transversely; the heart's impulse was diffused, and scarcely perceptible; the hepatic area of dulness was somewhat increased; there was no hydro-peritoneum. Sibilant and sonorous rhonchi were audible all over the chest, excepting below, where large crepitation was heard. The cardiac sounds were feeble. Fifteen ounces of urine were passed in the twenty-four hours; it contained about a fourth of albumen. She was ordered to take a mixture containing carbonate of ammonia, ipecacuanha, and senega, every four hours; a compound jalap powder was given; and sinapisms, followed by linseed poultices, were applied to the chest.

January 19th. At first, the treatment gave relief, but latterly she became worse; and when, at 11.30 P.M., the house-physician (Dr. Sawyer) was called, he found her in the following condition. The lips and tongue were purple, and the whole face was congested. The patient was sitting up in bed, and labouring, amid tracheal râles, for her breath. The pulse at the wrist was almost imperceptible, and the veins of the neck were greatly distended. The right median basilic vein was opened, and six ounces of dark-coloured blood were permitted to flow. The relief was immediate; the pulse at the wrist became regular and of fair volume; the difficulty of breathing was considerably diminished; the venous distension was lessened, and the lips and face almost resumed their normal hue.

January 20th. The patient was much better, and she had passed the best night since her admission. The urine was still albuminous.

January 27th. She could take her food well, and get out of bed; the difficulty of breathing was much diminished.

February 3rd. There was no albumen in the urine; the cough was much better, and the œdema was less.

She gradually improved in every respect; and, with the exception of a few bronchitic sounds in the chest, and a little expectoration, she left the hospital comparatively well.

CHRONIC BRONCHITIS, WITH EMPHYSEMA AND DILATED HEART: BLOOD-LETTING: MARKED TEMPORARY RELIEF.

(Under the care of Dr. Fleming.)

Nathaniel S., aged 50, carter, was admitted January 26th, 1869. There was a history of chronic bronchitis of some years' standing.

On admission, there was great difficulty of breathing, and sibilant and sonorous râles were general over the lungs. The cardiac dulness was transversely increased; the apex beat could not be felt; the heart's sounds were weak, but there was no murmur; the superficial veins were distended; the lips and face were purplish, and the pulse was small and feeble. The legs were œdematous, and the urine contained a large proportion of albumen. The ordinary treatment gave no lasting relief; and, on February 18th, the obstruction to the circulation being very great, and the patient evidently sinking, the house-physician drew seven ounces of blood from the right median basilic vein. The benefit was considerable; the distension and prominence of the veins were lessened; the pulse improved, and the difficulty of breathing was greatly relieved.

February 20th. The patient had still much cough and dyspnœa, and the surface was beginning again to be congested.

February 25th. The blueness returned, the pulse became feeble, and there was complete orthopnœa. The man died in the night, before the house-physician could be called.

Post Mortem Examination.—The right side of the heart was distended with blood; the right auricle and ventricle were much dilated, and their walls a little thickened. In the lungs, there were ample evidences of the chronic bronchitis; and, in a few points, there was vesicular emphysema. There was general venous congestion.

Remarks.—These cases, but especially the first, afford most striking and unequivocal examples of the value of blood-letting in relieving dyspnœa, associated with distension of the right side of the heart and venous congestion. Like other hollow muscles—as the stomach and bladder—the heart is paralysed by over-distension; and the venesection, by lessening this, enables the cardiac walls to contract upon their contents, and thus to resume the normal play of the circulation.

CASE OF MOVABLE KIDNEYS.

(Under the care of Dr. Heslop.)

For the report of the following case, we are indebted to James Sawyer, M.B., Resident Physician.

Eliza D., aged 38, was admitted April 6th, 1869. For the last two years she had noticed a movable tumour in the right side of her abdomen, and for about twelve months she had perceived a similar swelling on the left side. Her health had not been good, but she had not had any severe illness. She had complained of *ennui*, loss of appetite, and uneasy sensations in her abdomen, which had sometimes amounted to painful feelings, and which she had been in the habit of localising in the movable lumps.

On palpating the abdomen, there can often be felt, on each side, an oblong, rounded swelling, having the size, shape, and feel of a kidney. The right descends lower than the left, but each can generally be felt below the free edges of the ribs. A deep inspiration drives the swelling downwards. The displaced organs can be slipped back into the loins, but they easily, and of themselves, fall down again. Both are movable in every direction to a limited extent—the right much more so than the left. Handling the displaced organs does not cause much pain. The urine is normal, and there have been no attacks of nephritic colic.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, JUNE 12TH, 1869.

THE ELECTION OF COUNCILLORS OF THE ROYAL COLLEGE OF SURGEONS.

IT will, in a few weeks, be the duty of the Fellows of the Royal College of Surgeons to elect three members of the Council of that body. The names of the candidates have been made known; and several of them, notably those who have not hitherto been members, have made public declaration of their opinions and intentions on matters of collegiate policy. The occasion demands that we should once more say a few words on some points which have been repeatedly commented on in this JOURNAL.

The attempts already made to reform the governing body of the College have been so far successful as to give encouragement for continued efforts. The right of the country Fellows to be represented in the Council has been recognised in the persons of Mr. Turner, Mr. Thomas Paget, and Dr. Humphry; the system of constantly re-electing the outgoing members of the Council has been fairly broken through; as has, to some extent, the principle that examiners must have seats in the Council. Much, however, remains to be done; and it will be for the Fellows, with whom the election of members of Council rests, to take care that those candidates are chosen who are most likely to push forward, and carry out if possible, the reforms demanded.

Mr. Erichsen, one of the candidates for a seat in the Council, has published in a contemporary a carefully prepared and elaborate letter explanatory of his views as to the general principles by which a member of the Council of the College should be guided; and, although in a subsequent page of this JOURNAL a summary of his views will be found, he has stated the matter on several important points so plainly, and so thoroughly in accordance with what has been laid down in this JOURNAL, that we cannot do better than quote some of his remarks.

Speaking, first, of the position of the Fellows and members in relation to the government of the College, he urges that periodical meetings of the Fellows should be held; and he supports his proposal by the following arguments.

"The government of the College is at present absolutely in the hands of the Council. The Fellows and Members are entirely powerless, having no voice whatever in the administration of its affairs; and, practically, the only way open to the Fellows of influencing the proceedings of the Council is by the election into it of such members of their own body as can be depended upon for carrying out their measures of reform. This surely is a great evil, and one that requires speedy remedy. It is absolutely necessary that the government of the College be reconstructed on a wider basis, so as to include the whole body of Fellows. The present system acts injuriously in two ways—first, by preventing the large body of the surgeons from taking that interest in the affairs of their own College that they would, if they were entrusted with the more direct management; and, secondly, it acts, or rather will act, more and more injuriously when, by the process of elimination which has been actively carried on of late years, a large number of Fellows who have sat on the Council, and who, having lost their seats in rotation by not being re-elected, but who have during their tenure of office become well and intimately acquainted with the government of the College, merge again into the general and, as at present constituted, inactive body of Fellows. Amongst these they will be lost, and their advice will no longer be at the disposal of that College in which heretofore they had taken so active a part, and on occasions when, grounded on an intimate acquaintance with its laws, or laden with the fruits of past experience, it might be eminently valuable. By retaining this oligarchical form of government, the College cuts itself off alike from its younger and more active, and its older and more experienced, members."

The point urged by Mr. Erichsen—that, under the present system, the assistance and advice of those gentlemen who have had seats in the Council are lost as soon as they become merged into the general body of Fellows—is a most important one. The only way in which the loss can be repaired is that of allowing the Fellows to hold meetings, in which all shall have a voice, and where the zeal of the younger and more active may be tempered by the prudent counsel of the older and more experienced; and where the Council may have opportunities of learning the opinions of their constituents on such matters of polity as may arise from time to time.

We have repeatedly urged the necessity of a reform in the constitution of the Court of Examiners, so that it may no longer be a mere appanage of the Council. On this point, Mr. Erichsen says:

"Not only does the College derive the greater part, if not the whole, of its revenues from the proceedings of that Board, but the constitution of the Court itself has always been, and still is, in the highest degree exceptional, and different from what, I believe, exists in every other examining body in the kingdom, and one that has long been felt by every member of the College who did not sit upon it, as of a kind that has most urgently needed revision and reform. As a teacher of surgery of more than twenty years' standing, my experience has led me to the conclusion that documents purporting to represent the attendance of students on lectures and hospital practice, commonly called 'schedules,' are shams that might, with the greatest advantage to teacher and pupil, be done away with; that the only certain way of testing a student's competence to practise surgery is by a series of searching and at the same time practical examinations on the subject and in the hospital ward. Restrictions on teacher and pupil may be freely loosened, provided the tests to which the candidate is subjected at his examination be sufficiently rigid. But for this purpose, the examining body must be as efficient as it is possible to make it. Its members must be composed of two classes of men: those distinguished for their knowledge of those sciences, such as anatomy, physiology, and pathology, which are the substructure of surgery, and of those who, by lengthened experience, have become masters in the practice of their art."

To secure the efficiency required, Mr. Erichsen makes the recommendations regarding the Board of Examiners which are given in his letter at page 555.

On the points here referred to, and on some others, expressions of opinion of a generally satisfactory nature have been uttered by Mr. Henry Lee, Mr. Erasmus Wilson, and Mr. John Gay. Of the merits of the candidates, each Fellow of the College who intends to vote will of course form his own opinion; and there can be no doubt that the straightforward and explicit declaration made by Mr. Erichsen will convince very many that the interests of the Fellows of the College can be safely entrusted to his care. Though long debarred by his professional duties from taking an active part in medical politics, he has not been idle or uninterested in matters relating to the good of the profession. His exertions in past years contributed towards breaking down the system of re-election in the College Council, and to the admission of country Fellows; and, in his place as President of the Metropolitan Counties Branch of the Association for the present year, he has on all fitting occasions consistently supported a liberal policy.

Mr. Henry Lee also, as one who has held high local official position in the Association, is well known to us to entertain very correct views on questions of College reform, as well as on medical policy in general. His presence in the Council would be a valuable addition to the party of progress.

In conclusion, we must notice a very difficult and delicate subject on which Mr. Henry Lee has commented in a letter in this week's number, and on which we have also received a communication from a distinguished Fellow of the College—the system of direct personal canvassing, at elections of members of Council, carried on by friends of the candidates. We are quite at one with our correspondents in the opinion that the system is objectionable and unnecessary. The votes of Fellows ought to be influenced solely by the reputation of the candidates, and by the expressions of opinion which they put forth, and regarding which, it is to be presumed, every Fellow of the College is capable of forming his own judgment. The system of canvassing, however—which we believe to be carried on rather by over zealous friends than by the candidates themselves—is perhaps too deeply rooted to be at once abolished. One of the most effectual means of putting a stop to it would be the adoption of the plan of voting by papers, as in the elections of members of Parliament for the Universities; a plan which (under the title of voting by proxy) is advocated by several of the candidates on the present occasion. This would no doubt render canvassing so unwieldy, that it would fall into disuse. Still we should be much gratified by learning, when next an election of the College is impending, that the candidates had come to a general agreement to discountenance all personal canvassing, and to allow the Fellows to exercise, each for himself, an unbiassed judgment as to the man best fitted to represent professional interests in the Council of the College.

WATER-ANALYSIS FOR SANITARY PURPOSES.

III.

AMONG those methods of examining water in regard to its organic impurities, which have some definite chemical basis, that introduced by Messrs. Wanklyn and Chapman has the advantage of being directly applicable to the water without previous evaporation to dryness. It is an improved application of permanganate, involving the presumption that the organic impurity which is prejudicial is nitrogenous; and it is based upon the fact that, albumin and similar nitrogenous organic substances yield ammonia when boiled with a solution of permanganate and excess of caustic alkali. On this basis it is considered that the amount of ammonia thus obtained from water, after separating from it any free ammonia and urea it may contain, will afford a measure of the nitrogenous or albuminoid substance it contains, and thus indicate the quality of the water. However, it is not pretended that this method is a means of determining the amount of nitrogenous organic substance. It is to be regarded rather as a means of ascertaining the relative quality of water; but since there is reason for assuming that the noxious organic impurities of water would in some degree resemble albumin in composition and character, the result thus obtained might, to that extent, be regarded as indicating the amount of such impurity, with but slight liability to error. Taking albumin as the representative of the nitrogenous organic substance in water, and the amount of ammonia it yields by this treatment as being equivalent to about two-thirds of its nitrogen, then the quantity of ammonia obtained in an experiment, increased by one-half and multiplied by 6.5, or ten times the albuminoid ammonia, would represent approximately the amount of nitrogenous organic substance in the water operated upon. To this extent water, which gives a large amount of albuminoid ammonia, may be considered suspicious, and probably bad, while water that gave little or none might be safely considered as good and wholesome. But water often contains nitrogenous organic substances that are not of an albuminoid nature or origin; and since they also yield ammonia by the treatment with permanganate and caustic alkali, this fact constitutes a source of doubt as to the correct interpretation of the results obtained. Some uncertainty may thus arise as to the extent to which the ammonia obtained may be really albuminoid, and as to how far it may represent the presence of noxious impurity in water. This is strikingly illustrated by water of Bala Lake, for the quantity of ammonia obtained from it is about five times as great as that given by the best water supplied to London, much the same as that given by the water of the Thames at Hampton, and only half as much as that given by the water of the Thames at London Bridge; although, in point of objectionable organic impurity, there is certainly a great difference between the water of Bala Lake and that of the Thames. Another circumstance that is calculated to throw some doubt on the precise meaning of the results obtained by this method, is the very general uniformity of the results furnished by the water supplied to a number of different towns, notwithstanding the fact that the sources whence the water is obtained are very different and very unequally subject to contamination. This uniformity of the results may indeed be due to a like uniformity in the quality of the water supplied to London, Manchester, Glasgow, and Edinburgh, independent of its origin in each case; but it cannot be taken as proving the case without involving the assumption that the quality of water is measured by the ammonia it yields—that being, in fact, the real question at issue.

However, the extreme delicacy of the Nessler test, by which the ammonia is determined, and the ease with which this method can be applied directly to water without previous evaporation to dryness, constitute obvious advantages; and, in many cases, the method would probably be very serviceable.

Messrs. Wanklyn and Chapman consider that .0056 grain of albuminoid ammonia per gallon is the maximum limit of the amount that should be yielded by tolerably good water. This is about the average result obtained with the present water supply of London, and it would correspond to about .056 grain of albumin per gallon, the range of variation being from .0035 to .0112 grain of ammonia per gallon, corresponding to .035 and .112 grain of albumin; while the impure water of the Thames at Hampton gives .0196 grain of ammonia, equivalent to .196 grain albumin; and the water at London Bridge gives .0413 grain of ammonia, equivalent to .413 grain of albumin per gallon.

The method of ascertaining the amount of organic substance in water from the carbon it contains, and the probable nature of that substance from the nitrogen it contains, has long been regarded as the means most likely to furnish definite results; but it is only within the last two years that this method has been practically adopted by Dr. Frankland in the examination of the London water-supply. This plan also involves the presumption already referred to, that it is the nitrogenous portion of the organic impurity which renders water bad and unwholesome.

Considering the very small quantity of organic substance that will be contained in the residue obtained by evaporating about a quart of ordinary water, it is evident that the determination of its carbon and nitrogen is an operation requiring both a delicate method and skilful manipulation, so as to prevent any serious experimental error that would vitiate the results. The method devised by Dr. Frankland with this object is a modification of the ordinary analysis of organic substances, the carbon and nitrogen of the organic substance in the water-residue being determined by burning it, so as to ascertain how much carbonic acid and nitrogen gas it yields. There are, however, difficulties to be overcome before the dry residue is obtained in a state fit for that operation. Most natural fresh water contains carbonates, nitrates, and nitrites, the presence of which would interfere with the results; and consequently the corresponding acids of those salts must be separated by means of sulphurous acid, while the water is being evaporated to dryness. The dry residue is then burnt with chromate of lead in a tube, the gaseous products of combustion being sucked out of the tube by a special form of air-pump, and collected over mercury. This gas is analysed in the usual way, to determine the corresponding quantities of carbon and of nitrogen. The results thus obtained are certain, except so far as they are liable to be affected by any sources of error. Dr. Letheby has lately dwelt with much emphasis on the multiplicity of such sources of error, and he has insisted that unusual precautions are requisite in conducting the operation; but the precautions to be taken are merely those required in the ordinary analysis of organic substances, and the sources of error would not affect the results seriously, except as a consequence of unskilful manipulation; though with that single source of error it would certainly be possible to obtain any amount of discrepancy in the results. The objection to the difficulty of the operation has no weight, therefore, unless we admit the presumption it suggests, that the examination of water for sanitary purposes must necessarily be performed by blunderers.

From a number of experiments made *with* from .15 to .54 grain of known substances, to test this method on its first introduction, it appears that the experimental error is very small. In six experiments the quantity of carbon found was from .003 to .0188 grain too little, and in four experiments it was from .0025 to .0074 grain too much. Even the largest difference in excess would represent only about .083 grain of organic substance per gallon of water. In three experiments the quantity of nitrogen found was from .0005 to .0084 grain too little, and in two experiments it was about .0013 grain too much. This error in excess would correspond to about .036 grain of nitrogenous organic substance, such as albumen, per gallon of water. These experimental errors amounting, in the case of London water, to about one-eighth part of the average quantity of organic carbon found, and to one-fourth of the organic nitrogen, are, in fact, larger than those which are at present unavoidable, for the mode of conducting the operation has since been materially improved in several particulars, so as to render the experimental error much less. Thus, for instance, in four experiments, recently made with the same water, the determination of carbon gave results which agreed so closely that the maximum difference represented only .108 grain of organic substance per gallon, while the other differences represented .028, .019, and .009 grain per gallon. In the determination of nitrogen, the maximum differences between the results represented only .027 grain of nitrogenous organic substance per gallon, and the other differences .014, .009, and .004 grain per gallon; quantities which vary from $\frac{2}{5}$ to only $\frac{1}{30}$ of the amount ordinarily found in water. But, even making allowance for the maximum experimental errors above mentioned, the application of this method, under ordinary conditions, may be depended upon, as furnishing definite data for estimating the total amount of organic substance in water, at least to within 0.1 grain per gallon; and for estimating the amount of nitrogenous organic substance, to within .04 grain per gallon. It would indeed be possible to reduce the influence of the experimental error, if that were requisite, by operating with a larger quantity of water; and Dr. Frankland, in his annual report for 1868, states that an experience extending to more than 700 different analyses of water, has resulted in confirming his confidence in the method.

The results obtained by this method constitute the best known means of forming an estimate of the total amount and nature of the organic substance in water. Their application with that object is based upon the fact, that the amount of carbon in such organic substances as are likely to occur in water is about 40 per cent.; hence it follows that, if the quantity of carbon can be determined so as to obtain a positive result, the multiplication of that quantity by 2.5 would furnish a tolerably close approximation to the total amount of organic substance in the water. In like manner the nature of that organic substance may be ascertained by determining the nitrogen it contains, and on this positive basis some clue may be obtained as to what portion of the organic impurity may be objectionable, or liable to become so by putrefaction; for, since the nitrogenous organic substances likely to occur in water contain, on an average, about 15.5 per cent. of nitrogen, the amount of such substances in the water under examination may be ascertained approximately by multiplying the quantity of nitrogen found by 6.5.

Such an estimate is, however, somewhat rough, since there is a very great variation in the organic contents of water; and, for that reason, Dr. Frankland objects to estimations of this kind. It may be convenient, for the purpose of illustration, to express the results obtained by this method in terms of sewage, especially if there be reason for supposing that the nitrogenous organic impurity of water is due to the admixture of sewage or to some equivalent contamination. For this purpose, average fresh sewage is taken as containing, when filtered, about .01 per cent. of combined nitrogen, chiefly in the state of organic compounds; so that multiplying the amount of organic nitrogen per gallon of water by 10,000 would give the amount of sewage equivalent to the nitrogenous organic impurity. Thus .07 grain organic nitrogen per gallon of water represents an admixture of 700 grains per gallon or 1 per cent. of sewage that has not, by the natural processes of purification, had its organic contents converted into harmless inorganic products.

Comparing the results furnished by these different methods, it will be seen that, from a chemical point of view, the application of either the ignition or the permanganate test merely eventuates in a guess even as to the total amount of organic substance, without admitting even a guess as to the amount of the nitrogenous portion, while the permanganate test affords only a dubious indication of the probable nature or condition of the organic impurity. These methods furnish broad facts and general results that may be serviceable for some purposes; but for the investigation of a subject so obscure and so begirt with difficulty as the connection between water-supply and disease, the facts thus ascertained are so broad that they eclipse the truth, and the results so general that they agree equally well with opposite conclusions. The ammonia test, likewise, gives results which do not definitely represent the amount of nitrogenous organic substance, but they generally indicate the probable quality of water; and though the significance of the positive results may sometimes be dubious, the negative results, which are of far more importance, may probably be considered as satisfactory evidence that, in regard to organic impurity, water is good. The nearest approach to a definite knowledge of the amount and nature of the organic substance in water is, however, to be obtained by the determination of the carbon and nitrogen it contains. The fear that this method is too delicate, and that in reference to this subject chemical analysis is too minute to be practical, betrays a disregard of the fact that since minute quantities have to be dealt with in the examination of water, no analysis can be practical unless it be minute. In fact, there may be more reason to fear that no kind of chemical analysis can be sufficiently minute to furnish results that would represent the hurtful impurity of water. In any case it is to this method, or to some improvement of it, that we must look for such precise information concerning the organic contents of water as may admit of rational views being formed and substituted for vague speculation upon the believed connection between health and the quality of water-supply. This subject is one that must be investigated before any mere technical rules can be laid down for distinguishing between water that will produce disease and water that is harmless. For such investigation mere common sense tests are utterly insufficient.

There may, indeed, be some who disbelieve in the utility of chemical examination of water with that object, but this would seem to be rather a question for the future than for the present. At any rate, it is a question to be considered by medical men, and especially by the official custodians of the public health—local medical officers. If they believe that chemistry can aid in the solution of this obscure and difficult problem, and if chemical results be required to make known the amount and nature of the organic impurities in water, then it would seem to be imperative that those results should be obtained by the methods best able to furnish detailed, definite, and precise information. It is, no doubt, a shocking thing to find the application of such methods to polluted water revealing the presence or the products of unmentionable filth—bringing us, as it were, face to face with an abomination that has become habitual—that is practised throughout the country, not only in violation of common decency and with a wanton wastefulness, but with unknown danger to public health. These are facts that have been too long evaded or ignored; they must, however, be met, and they must be dealt with.

METROPOLITAN POOR-LAW DISPENSARIES.

A GOOD deal of misapprehension prevails amongst the profession and the public as to the action of the Poor-law Board in reference to the dispensaries. The Poor-law Board are blamed for the slow progress made in their establishment. But the fault does not lie with the Poor-law Board. They have, we believe, done what they could, by way of persuasion, to induce Boards of Guardians to carry out the Metropolitan Poor Act of 1867 as it relates to dispensaries. But Boards of

Guardians have turned a deaf ear to the persuaders; and unfortunately the Act referred to, as it appears, gives the Poor-law Board no power to enforce the establishment of dispensaries in any case, however much they may consider them to be required. The Poor-law Board can issue an order for the formation of a Dispensary Committee; but they can only do so when the Guardians have already set up a dispensary. And thus, when the Guardians decline to establish a dispensary, it is obvious that the Poor-law Board are powerless to move in the matter. As our readers, however, are aware, Mr. Goschen, the President of the Poor-law Board, has now a Bill before Parliament, which, if it be carried, will remedy, it may be fairly supposed, this defect in the Act of 1867. By this Bill it is provided that, if metropolitan Boards of Guardians, when required by the Poor-law Board, refuse to provide a dispensary, they shall receive no repayment out of the common fund for the medical officers, salaries, or for medicines, etc., provided by them. Now, as all payments of this kind are at present paid for out of the common fund, it may be fairly presumed that the penalty here threatened will be sufficient to induce Boards of Guardians without hesitation or delay at once to provide a dispensary when called upon to do so by the Poor-law Board. Unless they do so, all the salaries of the medical officers of the parish or union, and all the medicines, etc., provided by the Guardians, will be charged to the Ratepayers of the parish or union, instead of to the metropolitan benevolent fund.

VACCINATION LAW.

We last week drew attention to the prosecution of Dr. John Skelton for neglecting to have one of his children vaccinated. This case has called forth, in the columns of a contemporary, a number of letters on the subject. The question is discussed by both *pro* and *anti* vaccinators, and, of course, with the bias which attends the views of the respective parties. It seems to us a favourable opportunity to comment on two of the points raised: first, the prophylactic properties of vaccination; and secondly, the liability of a person, who neglects to have his child vaccinated, to be prosecuted, so long as the child is under fourteen years of age, and is susceptible of vaccination.

First, as to the prophylactic qualities of vaccination. There can be no reasonable ground for hesitation in saying that vaccination has greatly decreased the mortality of small-pox; and, in support of this, we give the following figures, based on a table, in Dr. Seaton's *Handbook of Vaccination.*

Date.	No. of years.	Average of population.	Average annual deaths.	Average deaths per ten thousand of population.
1838-40	3	15,516,193	11,944	Above 7
1854-65	12	19,808,395	4,217	Under 3

Of the two periods for which the above averages are given, the former is for the one which immediately precedes the introduction of public vaccination, and during which records have been kept of the mortality; and the latter is for that period which immediately succeeded the passing of the Compulsory Vaccination Act of 1853. These figures speak for themselves of the benefits to be derived from vaccination.

Secondly, with reference to the liability of a person who neglects to have his child vaccinated, to be prosecuted, so long as the child is under fourteen years of age, and is susceptible of vaccination, it will be well to state briefly what are the liabilities of parents and guardians under the Vaccination Act. Section XIV of the Act requires the custodian of a child to cause it to be vaccinated within three months of birth, the state of health not preventing, and then to take it, at the properly appointed time, to have the result of the vaccination recorded. Section XXIX imposes a penalty not exceeding one pound for neglect to obey these requirements. It has been held as a maxim of English law that no person can be twice prosecuted for the same offence; and hence, if the custodian of a child have been convicted under Section XXIX, the custodian cannot be again convicted in the case of the same child. Under these circumstances, the vaccination of a child could be successfully evaded by the payment of the fine, and the Act would be robbed of more than half its usefulness. Cases like this occurred under the old Act, and consequently any second prosecution fell through. In the Act of 1867, however, provision is specially made to meet this kind of cases—not, it is true, in authorising a second prosecution for the same offence, but in enacting another method by which contumacy may be punished. Section XXXI of the Act provides that, if any registrar, or officer appointed by the Guardians to enforce the provisions of the Act, shall give information in writing to a justice of the peace that he has reason to believe that any child within the union or parish for which he acts has not been successfully vaccinated, and that he has given notice to the parent or custodian of such child to procure its being vaccinated, and that this notice has been disregarded, the justice may summon such parent to appear before him: and if the justice find that the child has not been vaccinated, nor had the small-pox, he may make an order directing the child to be vaccinated within a certain time; and if this order be not obeyed, the person so disobeying it will be liable to a penalty of one pound. It is in this section that power is given to take proceedings over and over again so long as a person is in default. The action of the statute is this: a recusant parent is proceeded against and convicted under the 29th Section for neglecting to have his child vaccinated withi three months of birth; he is then summoned before the justice under th 31st Section for having in his custody an unvaccinated child under fourteen years of age; the justice makes an order directing him to have th child vaccinated; the parent is obstinate, and perhaps (as has bee done) pleads that a conviction under Section XXIX of the Act bars conviction under Section XXXI, and argues that in consequence of that conviction he cannot be convicted under Section XXXI.

But this is not the case. The penalty under Section XXIX is for having neglected to have the child vaccinated before it was three months old, whereas the penalty under Section XXXI is *for neglecting to obey the order of the justice*; and herein lies the power to virtually prosecute the parent for neglecting to have a child vaccinated; and that prosecution can be carried out without running counter to a fundamental principle of English law. Without this provision the Act would be almost worthless as a compulsory measure; but with it we have no doubt that, with activity on the part of those to whom its execution is entrusted, the vaccination of this country will become as nearly complete as possible.

We draw the particular attention of district medical officers to this distinction in the prosecutions under the Act, and hope that they will urge upon their respective boards of guardians to proceed in all cases to which Section XXXI can be applied, no matter whether the custodian of the child, in respect of whom proceedings have been taken, has been previously convicted under Section XXIX of the Act. By this course, we hope that the open opposition which is fostered by those "wrong-headed" people who are fighting a crusade against vaccination will be effectually stopped. At any rate, if it is found impossible to appeal to the intelligence of parents in the matter of vaccination, the experiment must be tried, whether an appeal to the pocket of the delinquents will not be a more convincing kind of argument.

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Dr. Murchison has been elected a Corresponding Member of the Medico-Chirurgical Society of Edinburgh.

A new medical journal has been established in Spain, under the name of *Gaceta Medica de Granada.*

Mr. George Shaw has been appointed Medical Officer to the Durham Board of Health.

Up to the 15th of May, the hot season in Bombay has been healthy, and, comparatively speaking, mild.

According to the *Bombay Gazette*, cholera has broken out in Her Majesty's 58th Regiment, at Allahabad.

An outbreak of typhoid fever has occurred at the Beddington Asylum. We will give further particulars next week.

The Lectureship on Physiology, at St. Bartholomew's Hospital, has been filled up by the appointment of Mr. Morrant Baker.

The Professorship of Medical Jurisprudence at University College will become vacant at the end of the month.

Dr. Lebeau of Brussels has died lately, at the age of 73. He was Vice-President of the Belgian Academy of Medicine, and Professor of Internal Pathology in the free University of Brussels.

The New York O'Reilly Prize, for an essay on the Physiology and Pathology of the Sympathetic Nerves, has been awarded to Dr. Robert T. Edes.

The Council of the Society of Arts have awarded the Albert Medal to Baron Liebig, in recognition of the general importance of his chemical researches.

Dr. Gull, Dr. John J. Bigsby, and Dr. John Russell Reynolds, were elected Fellows of the Royal Society on Thursday of last week. The other candidates recommended by the Council were also elected.

It is stated, that during the succeeding week nearly 300 candidates will be undergoing their preliminary examinations in subjects of general education, at the Royal College of Surgeons.

Mr. Nunneley of Leeds will preside at the annual dinner of the Fellows of the Royal College of Surgeons on July 1st, owing to the illness of Mr. Syme.

Dr. Lankester delivered a lecture on Infanticide, in Freemasons' Hall, on Thursday evening the 3rd inst. Lord Shaftesbury occupied the chair. The attendance was large.

Dr. Blatin has recently died in Paris. He has, it is said, left large bequests to the General Association for the benefit of French medical men and another similar institution, to the Societies for the protection of children and of animals, and to other charitable institutions.

The titular membership in the Section of Pathological Surgery in the Paris Academy of Medicine, vacant by the death of the celebrated surgeon M. Velpeau, has been conferred, by a majority of votes of the Academy, on M. Verneuil.

His Royal Highness Prince Christian will preside at the University College Hospital Festival, to be held on June 23rd. Prince Arthur will also be present.

The issue of the Government edition of the College of Physicians' *Nomenclature of Diseases* commenced in the metropolis on Friday, the 4th inst. Since the publication of the College edition, senile gangrene and bed-sore have been added, and printed on a separate slip, for insertion in their proper places. The entire number of copies (twenty thousand) will not be issued, probably, before the 25th or 26th of this month.

Professor Brunetti, the celebrated anatomist, of Padua, has been decorated with the orders of St. Anne of Russia and St. Gregory the Great of Rome. This last honour, says *L'Imparziale*, has been conferred on him as a consequence of the illustrious astronomer, Father Secchi, having shown to the Pope some of his (Brunetti's) anatomical preparations illustrative of his researches on the means of preserving animal structures.

M. Marey, the inventor of the sphygmograph, has been communicating to the Society of Biology in Paris the results of his researches on the flight of insects. He finds that the extremity of the wing describes in the air a figure of 8. He had been able to take tracings from the wings of insects; and he demonstrated to the Academy, at a recent sitting, the producing of tracings by the wing of an artificial insect, which were similar to those produced by the natural wing.

THE SEWAGE QUESTION.

A British Association Committee, consisting of Mr. Baily Denton. Dr. Gilbert, Mr. R. B. Grantham (chairman), Mr. J. T. Harrison, Dr. B. H. Paul, and Dr. R. A. Smith, have been for some time occupied in collecting information on this subject, with the object of reporting upon it at the next meeting of the Association in Exeter. The inquiries of the Committee are directed specially to the local circumstances of each case, such as extent of district, population, number of houses, etc.; the character of the sewerage and water-supply, and the quantity of sewage to be disposed of; the mode of disposing of the sewage, description of works for that purpose, and their cost; the results obtained in each case, as regards both the sanitary state of the districts and the cost of the system adopted. It may be expected that the report of this Committee will contain matter of considerable interest, not only to medical men specially, but also to the public at large.

PHARMACEUTICAL LEGISLATION IN NEW YORK.

The legislature of the State of New York have passed an Act forbidding any one employed in pharmacy to prepare a medical prescription, unless he has served two years' apprenticeship in a drug-store, or is a graduate of a medical college, or of a college of pharmacy. Violation of the Act is punishable as a misdemeanour, by a fine not exceeding 100 dollars, or imprisonment not exceeding six months; and, in case of death occurring as a consequence of such violation, the offender is to be deemed guilty of felony, and be fined not less than 1,000 nor more than 5,000 dollars, or to be imprisoned in the State Prison for not less than two years nor more than four years, or to be both fined and imprisoned, at the discretion of the court.

A MONUMENT TO VICTIMS OF CHOLERA.

On May 23rd, a stone was placed in the public cemetery of Ancona in memory of eleven medical men who died during three epidemics of cholera which prevailed in that city in the years 1836, 1855, and 1865. Their names were, Giuseppe Lorenzini, Domenico Giacobecci, Flaminio Bennazzi, Alfonso Agostini, Gaetano Persichetti, Albino Bonetti, Luigi Pieverzolli, Cesare Pulloni, Eugenio Tucoli, Giovanni Corbisier, and Ercole Stefanini. The ceremony was attended by representatives of the Italian Medical Association, of the Florentine Medical Committee, and of the medical men who came from Florence to render assistance during the cholera epidemic in Ancona in 1865. *L'Imparziale*, from which we quote, adds that, while recording with praise that this commemorative record originated with the medical profession, it must lament that the monument was not raised by others, from whom an expression of gratitude might have been expected.

PLYMOUTH PROVIDENT DISPENSARY.

A Provident Dispensary has been opened at Plymouth. The Rules provide that there shall be a consulting staff of Physicians and Surgeons, and an ordinary staff of all other qualified practitioners in Plymouth, who will engage to provide attendance and medicine for those placed on their respective lists. Each surgeon on the general staff is to receive quarterly the moneys paid in for him by members on his list, after deducting a proportionate sum for necessary costs of management. It is provided, also, that any person of humble means who has been certified by the medical man whom the applicant has chosen, to be a fit and proper person for admission, shall, on presenting the certificate and paying one month's money in advance to the under-secretary, be entitled to medical aid, and placed on the surgeon's list. All members are entitled to avail themselves of the services of the consulting staff whenever they may desire so to do; but, before such consultation, they shall be required to make their wish known to the medical officer under whose care they have placed themselves, in order that, where practicable, he shall attend at the same time. The fee to be paid to the physician or surgeon by the member at the time of such consultation shall be five shillings. Chloroform, or any other similar agent, is not to be administered as an anæsthetic without professional assistance specially for the purpose of administering it. The consulting staff at present consists of Drs. Dale, Littleton, and Thorold, Physicians; and Mr. Greenway, Consulting Ophthalmic Surgeon; and the general staff comprises twelve surgeons.

LONDON UNION SOCIETY.

WE would call attention to the last meeting for the Session of the London Union Society, which will be held in the Botanical Theatre, University College, on Wednesday the 15th inst., when the subject for discussion will be: "Is Mr. Darwin's theory of the origin of species in accordance with observed facts?"

THE CLUFF MEMORIAL.

A LARGE number of the professors and students of University College met on the 3rd instant, to consider the best means of establishing a memorial to the late J. S. Cluff, Esq., late Demonstrator of Anatomy and House-Surgeon. A committee was appointed to collect subscriptions. The nature of the memorial will be settled at a future meeting. Upwards of £50 was subscribed during the following days.

BRITISH ASSOCIATION.

THE Local Committee are actively preparing for the meeting at Exeter on the 18th of August next; and they have already issued circulars informing the members of the Association of the arrangements made for reception of visitors, together with a map of the district, indicating the various objects and places that are likely to be of interest in the neighbourhood. There seems to be every reason to believe that the new Victoria Hall, capable of accommodating an audience of two thousand persons, will be completed in time for the meeting.

THE AMERICAN MEDICAL ASSOCIATION.

WE may congratulate the American Medical Association on the highly successful results of their meeting early last month at New Orleans. The objects of the Association are identical with our own; and, since the visit of Professor Gross and other representatives to our Association meetings at Dublin and Oxford, closer ties of sympathy between the two Associations have arisen, which, we trust, may long continue to grow. On the first day, among other business, a Committee of five was appointed by the President to report to the present session of this Association, upon the propriety of adopting, and using its influence to have adopted, by the entire medical profession in the United States, the provisional "Nomenclature of Diseases of the Royal College of Physicians". The Report of the Committee was brought up on the following day. It recommended the appointment of a Committee of fifteen, to report at the next annual session what alterations, if any, were necessary to adapt the proposed nomenclature to general use in the United States; that a thousand copies of the English and Latin portions be printed and circulated for the purpose of criticism; and that the cooperation of the heads of the Medical Departments of the Army and Navy and the Superintendent of the Census be invited. This recommendation was approved. The Committee, as appointed, consists of Drs. F. G. Smith, J. J. Woodward, R. F. Michel, A. B. Palmer, S. E. Chaille, L. P. Yandell, jun., Austin Flint, Alonzo Clark, G. B. Wood, H. S. Dickson, E. Jarvis, T. Parvin, W. M. McPheeters, E. M. Snow, and N. Pinckney.—A preamble and resolutions were offered, condemnatory of the system of low fees for medical schools, as tending to overcrowd the profession, and thereby to diminish income, judgment, experience, and skill; and recommending that no school not fully endowed be entitled to representation in the Association, unless the fees for a single course of regular lectures amount to at least 140 dollars. At a subsequent stage, this was approved, but with the substitution of 120 for 140 dollars.—The Association resolved that private handbills, addressed to members of the medical profession, or cards in medical journals, calling the attention of professional brethren to the persons named in the cards as specialists, were in violation of the code of ethics of the Association.—Prizes, of 100 dollars each, were awarded to Dr. S. S. Herrick of New Orleans, for an essay on Quinine as a Therapeutic Agent; and to Dr. Roberts Bartholow of Cincinnati, for an essay on the Physiological Effects in Therapeutic Uses of Atropia and its Salts.—The President appointed, as Delegates to the British Medical Association, Drs. N. Pinckney, United States Navy; R. R. McIlvaine, Ohio; J. F. Hibberd, Indiana; B. Lindsley, District of Columbia; G. C. Blackman, Ohio; and F. A. Ross, Alabama.—Representatives to the Canada Medical Association, and to the International Medical Association, were also appointed.—Dr. George Mendenhall of Ohio was nominated as President for next year; and it was resolved to hold the next meeting in Washington, commencing on the first Tuesday in May, 1870. In accordance with a recommendation of the President, the subject of the formation of one or more national medical schools was taken into consideration by a committee, who reported in favour of taking steps to establish, at first, one school of the kind contemplated by the President, as a model for imitation by other medical colleges.

MARROW A BLOOD-GLAND.

NEUMANN (*Centralblatt*, 1868, p. 689) says that "in the so-called red-marrow of the bones of man and of the rabbit there are, in addition to the well-known marrow-cells, certain elements not hitherto noticed; viz., nucleated blood-cells, in every respect closely resembling the cells from which the red blood-corpuscles are developed in the embryo. In marrow which is rich in fat-cells, these blood-cells are present in small number. Bizzozero (abstract in *Centralblatt*, 1868, p. 885, and 1869, p. 149) confirms Neumann's observation. Among other things, he says that the condition of the marrow in the bones of frogs in winter, as compared with summer, furnishes an important argument in favour of the theory that marrow is a blood-gland. In winter, the white corpuscles in the blood of the frog are not half so numerous as they are in summer; and in winter the marrow consists almost entirely of fat-cells, whereas in summer it contains hardly anything but lymphoid cells. He examined the costal marrow and the spleen in five cases of death from typhus fever, and observed in both structures an enormous increase of cells containing blood-corpuscles.

THE GERMAN HOSPITAL BAZAAR.

THE bazaar in aid of the funds of the German Hospital, which took place last week in Hanover Square Rooms, turned out a brilliant success. The attendance was large and very fashionable. Amongst the sellers were the Princess Teck, the Duchess of Abercorn, the Countess Bernstorff, the Countess of Wilton, and others; and amongst the buyers were the Prince Teck, the son of the Viceroy of Egypt, and other distinguished personages. The receipts during the three days amounted to no less a sum than £3,500; and, in addition to this, as much as £500 has been sent in cash towards liquidating the debt on the hospital. The Countess of Bernstorff's stall brought in alone over £620. A number of articles, considerably over £2,000 in value, remain to be sold. A second bazaar will, therefore, be held in the garden of the German Hospital, Dalston, in the course of next week. The fine collection of autographs of celebrated German physicians and other men of science will then be exposed for sale, and a number of German books, photographs, and paintings.

CONTEMPT OF COURT.

THE following case is recorded to have occurred lately. Mr. Richard Summers, surgeon, of Cwm Harrold, near Haverfordwest, Pembrokeshire, at the last county court held there, sued a carpenter for 13s. 6d. The services for which he claimed were, riding five miles on a dark, wet night, to see the defendant's wife—10s. was charged for the visit, and 3s. 6d. for medicine. The judge (Mr. Terrill) considered the charge exorbitant, and reduced the debt to 5s. The plaintiff expressed a wish that all persons were paid for their work on a similar scale; whereupon the judge had him taken into custody for contempt of court. After being detained till the close of the day's business, the doctor apologised for the "objectionable remarks, if any", made by him, and was released. Technically, Mr. Summers may have been blameable for the remark which he made. But the provocation which he received goes far to justify him. The amount to which his claim was cut down by the judge was ridiculously small. The judge is reported to have said that he would make no difference between the day and the night services medical men. Would a member of the legal profession, or even a working man, consider five shillings a sufficient remuneration for a journey of eight miles in the night in bad weather—to say nothing of the exercise of professional skill? We think that Mr. Summers was harshly and unfairly treated.

CHOLERA IN GAMBIA.

THE cholera on the river Gambia appears, from the last accounts, to be spreading to other parts than those in which it first appeared. We believe that the place on the Gambia first attacked is now quite free from it, but we hear that it has broken out with severity at Bathurst, the seat of the Government on the Gambia. The first case appeared on May 5th, and it is reported that in about a fortnight there were 260 deaths in a population of 4,000. The natives, to whom cholera was unknown, were seized with panic; and the Administrator and his secretary, Mr. Forster, had been obliged to bury the dead in trenches, working with their own hands, as an example to the natives. The zeal and energy of the dispenser of medicines, Mr. Chapman, who had been obliged to perform medical duties from May 10th, in consequence of the illness of the colonial surgeon, are spoken of as most exemplary. The Administrator, Admiral Patey, had, in anticipation of the disease, taken every precaution for its prevention or mitigation. Gangs of men had been employed in cleaning the streets and burying every sort of filth or nuisance; part of the general store had been converted into a temporary hospital to hold fifty or sixty patients, and fourteen stations opened in the town for the distribution of medicines.

PROH PUDOR!

THE following was sent by Holloway, of pill and ointment notoriety, to an esteemed member of the Association, and forwarded to us for perusal. It cannot surely be, that members of the profession give the least encouragement to such men.

"Dear Sir,—As I presume you sell my medicines, I shall have much pleasure in having handbills printed for you (gratuitously), and also a few posters, with your name and address at foot. Upon the latter, I allow one shilling for the posting of twenty. My said bills are circulated throughout the kingdom; and I am informed by many vendors of my medicines, that they tend to increase their general businesses, as well as the sale of my medicines. Should this meet with your approval, kindly send me your card, or bill-head with your address, when a number of these bills shall be printed for you. I shall also have much pleasure in sending you a coloured portrait of myself, 14 × 11, glazed, and in *passe partout* frame, engraved by the celebrated W. Hall, Esq., who executed those of the Prince and Princess of Wales. The background is by one of our greatest artists, John Gilbert, Esq. I merely mention this to show you that no expense has been spared to render it not only an attractive show card, but a first-class work of art. Should you deem my offer worthy your acceptance, kindly state where the parcel can be sent for enclosure, so that it may reach you free of charge."

THE REV. PROFESSOR KINGSLEY AND THE MEDICAL PROFESSION IN GREAT BRITAIN.

THE following observations occurred in a lecture lately delivered at Winchester by Mr. Charles Kingsley. It formed one of a course on various subjects, and by different authors, specially adapted to ladies. After urging the advantages likely to accrue to the fair sex from a little knowledge of political economy, of the laws of light and heat, Mr. Kingsley proceeded:—

"These are subjects on which I must beg to speak a little more at length, premising them by one statement which may seem jest, but is solemn earnest—that, if the medical men of this or any other city were what the world now calls 'alive to their own interests'—that is, to the mere making of money—instead of being, what medical men are, the most generous, disinterested, and high-minded class in these realms, then they would oppose by all means in their power the delivery of lectures on Natural Philosophy to women; for if women act upon what they learn in these lectures—and, having women's hearts, they will act upon it—there ought to follow a decrease of sickness, and an increase of health, especially among children—a thrift of life, and a thrift of expense besides, which would very seriously affect the income of medical men."

READING DISPENSARY.

THE office of Resident Medical Officer having recently become vacant, about thirty-six applications were received for the appointment. It has, however, been resolved not to appoint a Resident Medical Officer, but three Surgeons and an additional Physician; that one Physician and one Surgeon shall attend at the Dispensary daily; and that the Surgeons shall visit those patients at their homes, who are unable to attend at the Dispensary, for which latter duty the surgeons are to share between them the amount hitherto paid as salary to the Resident Medical Officer, *pro ratâ*, according to the number of patients they may attend during the year. The general feeling of the speakers at the meeting at which these alterations were determined upon, appeared to be, to eventually convert the Dispensary from a charitable to a provident institution, similar to that which has been so successful at Northampton.

HOSPITAL CHARITY AT BRIGHTON.

A WRITER in the *Brighton Daily News* calls attention to the fact mentioned by Mr. Tatham at a recent meeting there, that 60,000 out of the 90,000 inhabitants of Brighton have recourse during sickness to gratuitous medical aid. He very properly urges the matter on the earnest consideration of every inhabitant jealous of the honour and reputation of his town. It is very satisfactory to see that the subject of hospital abuse is continuing to attract public attention.

THE ITALIAN WAR OF 1859.

THE medical and surgical history of the Italian campaign of 1859 has just been completed by Dr. Chenu, the well-known author of the large statistical work on the French Army during the Eastern campaign of 1854-56. This new work on the Italian campaign is the result of several years' incessant labour. It is published in two thick quarto volumes, and is accompanied by an atlas. The first copy of the work issued was presented on Sunday last to the Emperor Napoleon by Baron Larrey, who was Surgeon-in-Chief of the French Army in the war of 1859, and who is now at the head of the Army Medical Service in France.

MEDICAL STAFF-APPOINTMENTS IN THE NAVY.

WE hear it rumoured that all navy surgeons who have held hospital, dockyard, and other staff-appointments for a period exceeding five years will be superseded at the end of this month; and that henceforth these appointments, which have been held in some instances for twelve or fifteen years, will be tenable only for three years. Numbers of medical officers, who have hitherto remained for years on half-pay, with little or no prospect of having their services utilised, may now look forward with some certainty to active work. We are sure that this measure will receive the support of the bulk of naval medical officers, and certainly of the profession generally.

THE CONVERSAZIONE AT THE ROYAL COLLEGE OF PHYSICIANS.

THE *conversazione* at Pall Mall on Wednesday evening was, as usual, a brilliant success. The attendance was very large, and included not only the *élite* of the profession in the metropolis, but a considerable number of well-known provincial men. Among these were Dr. Chadwick and Mr. Wheelhouse of Leeds, Dr. Jeaffreson of Leamington, Dr. Heygate of Derby, Dr. Radclyffe Hall of Torquay, Dr. Wilkinson of Manchester, Dr. Holman of Reigate, Dr. Philipson of Newcastle-on-Tyne, Dr. Latham of Cambridge, Dr. Waters of Chester, Dr. Waters of Liverpool, Mr. Ceely of Aylesbury, Mr. Watkin Williams of Birmingham, etc.; most of whom had attended a meeting of the Committee of Council of the Association in the afternoon. The apartments of the College were laid out with numerous scientific and other objects of interest. Amongst the most attractive were some beautiful microscopical preparations in support of the opinion that the miliary granulation originates by the overgrowth of normally existing adenoid organs, by Dr. J. Burdon Sanderson; specimens illustrating the auditory apparatus in fishes; and a table-polariscope, with objects showing circular polarisation, by Mr. C. Stewart; Sir William Thompson's bifilar quadrant electrometer, by Dr. Sibson; a stetho-sphygmograph, by Dr. Hawksley; and painted casts of salmon and trout, by Mr. Frank Buckland. In addition to many other objects of interest, a number of photographs were shown by means of the electric lamp, illustrating recent solar discoveries, by Mr. J. N. Lockyer.

UNSUCCESSFUL ACTIONS FOR MALAPRAXIS.

TWO actions against surgeons for malapraxis—both happily unsuccessful—have recently been tried in Boston. In one case, a surgeon was exposed to the annoyance of a three days' trial, on the ground that he had allowed shortening to the extent of two and a half inches to take place in a case of broken thigh. Damages amounting to 10,000 dollars were claimed. It was proved that the treatment had been proper; and that the shortening was not so much as was stated, but one inch and a quarter. A verdict for the defendant was returned. The second suit was brought against a medical man for alleged deformity of the little finger, after a dislocation of the elbow, fracture of the radius, and lacerated wound over the fifth metacarpo-phalangeal joint. Damages were laid at 5,000 dollars. The plaintiff's lawyer threw up the case, and the judge dismissed the action.

ALLEGED MALAPRAXIS IN A CASE OF FRACTURED PATELLA.

AN action has been brought against Dr. Barker, one of the surgeons to the Melbourne Hospital, for malapraxis in a case of fractured patella. In the treatment, a ring was employed for the purpose of bringing the broken pieces together. From some cause—probably compression by bandages—gangrene of the toes set in, and rendered amputation necessary. After a long trial and much conflicting evidence, a verdict was given in favour of the defendant; accompanied by a statement of opinion on the part of the jury, that the evidence disclosed mismanagement in the affairs of the hospital.

SCOTLAND.

HEALTH OF MR. SYME.

WE are glad to be able to state that the health of our great surgeon continues satisfactorily to improve. He walks in his garden and takes carriage exercise daily. His mental faculties are as clear as ever, and there is every reason to believe that his welcome voice will ere long be again raised in the cause of medical education and reform.

DINNER AND TESTIMONIAL TO DR. BURNS OF AYR.

DR. BURNS was lately entertained by a number of his friends to dinner, and presented with a valuable tea and coffee silver service as a mark of esteem on leaving Ayr to practise in Glasgow.

THE ROYAL INFIRMARY, EDINBURGH.

WE lately had occasion to refer to the somnolent state of the Infirmary Committee; and now we see that on Thursday, last week, the Chairman of Committees informed the House of Lords that the promoters of the Bill did not intend to push it further this session.

CHILDREN'S HOSPITAL, EDINBURGH.

CONSIDERABLE enlargements are at present being made to this useful hospital, chiefly owing to the long felt necessity of having increased accommodation for cases of fever. An addition of about twenty feet will be made to the west end of the premises, where the two existing fever-wards are situated. The roof of the entire building will be replaced by one in the French style, with ornamental attic windows, so as to give an additional storey to the hospital. The addition to the west end will be raised to the height of four storeys. The ground floor will contain, amongst other apartments, a new convalescent-room; and on the second and third floors will be the new fever-wards, while the attics will be used as apartments for the nurses and servants. The old fever-wards will be thrown into the new portion of the building, so that the entire length of the two wards as extended will be forty-four feet each. A large bath-room will be added against the new wall at the extreme west end. Part of the front wall of the building is to be heightened, and a new main cornice will be extended from end to end. This, in addition to a balustrade, which is to be erected between the ornamental windows in the roof, will give a greatly improved appearance to the building.

IRELAND.

THE DEBATE ON LYING-IN HOSPITALS.

ON Saturday last, the fourth night of the debate, the speakers were Dr. J. A. Byrne, ex-Assistant Master of the Rotunda, and Dr. C. F. Moore. The meeting was adjourned for Dr. Kennedy's reply.

ZOOLOGICAL AND GEOLOGICAL SOCIETIES.

A JOINT meeting of these bodies was held last Wednesday, when the following papers were read and freely discussed. Dr. Mc Alister, on the Myology of the Three-toed Sloth; Dr. Foot, on the Breeding of the Cereopsis Goose; and Rev. Dr. Haughton, on the Comparative Mechanism of the Long Flexor Tendons of the Foot in Mammals, Birds, and Reptiles.

ACCIDENTAL POISONING BY CYANIDE OF POTASSIUM.

MR. F. GRATTAN GUINNESS, brother of the late Dr. Guinness, lost his life on Saturday from a quantity of cyanide of potassium accidentally given instead of carbonate of ammonia. It appeared at the inquest, that the storekeeper had filled the bottle labelled as carbonate of ammonia with cyanide of potassium, which was next day dispensed to the unfortunate gentleman.

ROYAL COLLEGE OF SURGEONS.

THE College held a meeting on Monday, to elect officers for the ensuing year, when the following gentlemen were elected to fill the undermentioned offices:—*President*, Rawdon Macnamara. *Vice-President*, Albert J. Walsh. *Secretary*, William Colles. *Council*, W. Hargrave, R. Adams, J. Barker, W. Colles, Hans Irvine, G. H. Porter, H. Labbatt, B. M'Dowell, E. Ledwich, W. Jameson, A. Carte, J. H. Wharton, G. W. Hatchell, E. D. Mapother, W. A. Elliott, A. H. Jacob, J. Morgan, E. Hamilton, E. J. Quinan.

ROYAL MEDICAL BENEVOLENT ASSOCIATION.

THE meeting of this excellent Society was held in the College of Surgeons on Monday: Mr. Porter, the President, in the chair. The report stated that the funded property amounted to £13,250, and that among the yearly subscriptions was that of £36 : 11 : 3 from Dr. R. McDonnell, being the pension awarded to him for his services as Surgeon to the Mountjoy Convict Prison, but which he had devoted to this benevolent object. There had been 90 applications for relief, viz., 11 medical men, 68 widows, and 11 children of medical men. Drs. Churchill, Armstrong, Gordon, Hynes, Benson, Beatty and others, having spoken to resolutions, the proceedings terminated.

THE IRISH MEDICAL ASSOCIATION.

THE annual meeting was held in the College of Surgeons on Monday. A most eloquent address was read by the President (Dr. Macnamara) in which he stated very forcibly the relations which should exist between the profession and the public, and described the unselfish bearing of medical men in many instances. The services of Drs. Mackesy, M. Collis, and Purefoy, towards the Association were dwelt on. The adoption of the annual report was moved by Dr. Darby and seconded by Dr. Smith of Donoughmore. A resolution declaring that the salaries of Poor-law medical officers were insufficient, was proposed by Dr. Chaplin and seconded by Dr. Hatch. A resolution in favour of the Superannuation Bill (which is to be read a second time on the 23rd inst.), with a vote of thanks to the members who have introduced it, and to the College of Surgeons, were also unanimously passed. Dr. Martin of Portlaw was elected President for the ensuing year. In the evening over sixty of the members of the Association and their friends dined together in the Exhibition Building, Dr. Macnamara occupying the chair, and Dr. Quinan, the Secretary, the vice-chair.

REPORT
ON
THE PREVENTABLE DISEASES OF THE INDUSTRIAL CLASSES.

VI.—Workers among Lead and Paint.—*(Continued.)*

Muslin Glass-makers and Potters.—House-painters and their Diseases.—Cases of Lead-poisoning.—Preventive Measures to be adopted.

In the manufacture of that kind of embroidered-looking window-glass which intercepts light at some places and admits it at others, and of certain kinds of drinking glasses, accidents of lead-poisoning occur during the process of "frosting." These have been noticed in France by M. Du Mesnil. He found that this *muslin glass* was made in workshops containing not more than five or six men apiece, and that two processes had to be gone through before the decorated glass was perfected. In the first, white varnish was spread over and allowed to dry on a plate of glass; then a stensil-sheet was placed on the glass. A workman removed the varnish from the spots uncovered by the copper, and then placed the plate of glass in an oven. Now, as the varnish was composed of an enamel more fusible than the glass, it was soon melted in the oven, and a proper degree of opacity was soon produced on portions of the glass. Although the enamels used were of different colours, they all contained lead. It was evident, therefore, that that portion of the varnish which was brushed off the plates made the air which the workmen breathed lead-laden. The second process consisted in covering, with enamel-powder, the portions of glass with which the enamel varnish had been incorporated. The glass plate was placed in a box filled with the powder, and kept in agitation by means of a wheel; the plate being withdrawn, it was again submitted to the baking process. During the shaking of the powder, the workman was again exposed to lead-charged air. In consequence of injury to the workmen's health, two improvements were brought forward—the one referring to the more guarded introduction of the glass plates into the boxes, the other to a contrivance of M. Archambault for keeping the enamel-powder in motion by means of a blowing-machine.

In the making of earthenware, the people who are employed as "dippers", and their youthful assistants the ware-gatherers, the glost-placers, and ground-placers, suffer from lead-poisoning. The glaze is a compound with which lead, in various forms, enters largely. During the process of dipping, the workmen's skins come into direct contact with the glaze; in carrying the glazed vessels to the kilns, the children's hands and clothes are stained with it; and during the process of baking the ware, all who enter the kilns are exposed to leaden fumes and dust. Mr. Robert Baker, in reporting on the health of these potters, states that the species of paralysis from which workpeople suffer affects chiefly the upper extremities, and is attended with excessive muscular emaciation, the loss of power and substance being most remarkable in the muscles which supply the thumb and fingers. He found that this local paralysis was not unusual; that lead colic was much more rare, but that the grey line along the margin of the gums was so common as almost to cease to be remarkable.

Workers in lead-mines, colour-grinders, glass-blowers, file-cutters, and others, are liable to suffer from the effects of lead; the extent of disease and the severity of the symptoms depending on the amount of lead received, and the rapidity with which it is taken into the system, the form in which it is received, and the constitutional power of the receiver to resist its poisonous influence.

In London, however, the occupations which supply the largest number of sufferers from poisoning by the metal in its various forms are the white lead-workers and plumbers, of whom we have spoken, glaziers, and house-painters.

Owing to the impossibility of keeping paint from coming into contact with the skin whilst they are at work; owing to the almost universal practice amongst them of touching their food with unwashed hands; and to the habit, of some of them, of wearing corduroy, fustian, and other clothes difficult to cleanse, Painters absorb large quantities of the hurtful metal, and suffer gravely in consequence. An attack of colic may occur now and again, and the painter will recover; but if he continue to follow his trade, the more serious diseases—paralysis or kidney-disease—are almost certain to attack him at last, and to render him, if not entirely unable to work, so weak and prostrated, that in mental as well as physical power he will be but as the ghost of his former self. It is seldom that such workers are killed in early life: they lose power early, and soon become unable to perform a good day's work, but they drag through their labour for many years, suffering always from general weakness. From the time that Lead has contaminated their bodies, their lives are wearisome and joyless.

In 1860-61, there were registered in England the deaths of 2,425 plumbers, painters, and glaziers. Of these, there were 73 between the ages of ten and twenty; 153 between twenty and twenty-five; 348 between twenty-five and thirty-five; 470 between thirty-five and forty-five; 518 between forty-five and fifty-five; 450 between fifty-five and sixty-five; 293 between sixty-five and seventy-five; 109 between seventy-five and eighty-five; and 13 above eighty-five years.

Cases like the following are not unfrequently met with in practice.

A painter, aged twenty-nine, admitted as a patient under our care, stated that he had followed his trade for nine years, and that he began to suffer from lead-poisoning in the summer previous to his admission. For some days, he had had intense debility and so much giddiness that he was unable to walk through the streets. He always had "low spirits", and was seldom free from water-brash. There was no local palsy of any kind; but slight constitutional paralysis and albuminuria existed; his gums had a characteristic dark grey leaden line where they joined the teeth.

A master-painter, accustomed "to use the brush occasionally", was under our treatment at the beginning of the year for general dropsy, associated with albuminuria, and nearly complete suppression of urine. The pericardium contained fluid, and the heart was much embarrassed in its action. He, too, had worked at his trade for many years, and now felt the effects of the metal, for the first time, in the acute renal disease which threatened his life.

These cases are sufficient to shew that even those men who have worked amongst lead and its compounds for many years without suffering from the diseases produced by lead, insomuch as their constitutions are sufficiently strong in the early years of their trade-life to resist or to cast off the poison, yet feel its influence even after a very lengthened period, when, it might be thought, they would have become habituated to the metal and hardened to their work.

Since lead is so dangerous a metal to work with, it is most desirable that all efforts to substitute other materials should meet with attentive consideration. Different substances have been used instead of lead in the manufacture of paint, and with an encouraging amount of success. Zinc has been employed, and we have had favourable reports of it; the silicate of iron has also been used. The zinc is thinner than other paint, and workmen do not like it on this account, but in all other respects it is, we are told, as useful as leaden-paint.

There are compulsory regulations with regard to the ventilation of workshops in the potteries, now placed under Governmental supervision; and workpeople are prohibited from taking their meals in the workrooms. The periodical cleansing of workshcds is also enjoined.

We would suggest that all workers among lead should, before commencing or resuming their work, wash their hands not once, but many times a day, in a strong decoction of oak-bark, the tannin of which would not only harden the skin, but would protect it against the action of lead. We indorse the precautionary measures that have already been suggested, and urge that the hair of the workmen should be kept short.

All painters should wear, during their work, clean cloth caps. All their clothes should be made of materials that can be easily washed.

The workman's hands should always be washed before he touches his food; and, if they be stained with paint, they should be dipped into the oak-bark decoction.

The mouth should always be well rinsed with cold water before food is taken. We would suggest the use of weak oak-bark decoction as a wash several times a week.

The food should contain a large proportion of fatty substances. Milk should also be taken in large quantities.

The body should be sponged night and morning with cold or tepid water, and the hair should be washed thoroughly every evening after work.

When men or women are exposed occasionally to the fumes of lead, folded muslin, or a handkerchief, should be placed over the mouth; the outer layer of the band having been previously soaked with oak bark decoction, and then wrung out.

The use of iodine drinks has been suggested; but the *habitual* use of iodine is undesirable. We hold that this substance should be used solely as a medicine when symptoms of lead-poisoning have actually commenced, and then it should be given under medical supervision.

HOSPITAL PRACTICE IN VIENNA.

[FROM A SPECIAL CORRESPONDENT.]

II.

Treatment of Surgical Injuries.—Dummreicher's Splint.—Operation for Fæcal Fistula.—Guyon's Perforator and Cephalotribe.—Treatment of Typhoid Fever by Cold Water.—Cod-liver Oil and Ether in Phthisis.—Rheumatic Fever.—Esmarch's Irrigator.—Mayer's Speculum.

WITH regard to surgical injuries, the treatment here decidedly tends, I am glad to say, towards simplicity. In my last, I gave the various purposes for which plaster of Paris was used. One never sees a complicated instrument of any kind. When the immediate application of plaster of Paris is not considered advisable, fractures of the leg are put up in simple wooden side-splints. Macintyre's, and the forms of splint allied to it, are unknown, or rather I should say are not used, here. The American method of treating fractured thighs by extension has found great favour, and it is used also very frequently in cases of morbus coxæ, etc. In one case only have I seen the employment of a complicated instrument. This was Dummreicher's splint, which was used in a case of fracture of the neck of the femur in an old man; and this, it should be added, was discontinued after a few days, and plaster of Paris substituted. As this splint (the invention of Professor Dummreicher of Vienna) is not very generally known, and as its design does great credit to the ingenuity of its inventor, a brief description of it may not be uninteresting. It is used for fractures of the thigh; and the principle upon which it acts is this, that the weight of the leg shall be constantly acting as an extending force on the lower end of the femur. It consists of a splint of metal very closely resembling a Macintyre's apparatus, provided with four or six wheels projecting from its under surface, and running on a little railway laid upon an inclined plane, the lowest part of which is towards the foot of the splint. The leg and the lowest part of the thigh of the patient (below the seat of fracture) are fastened to the splint; and then there is, of course, a constant tendency for the leg, its own weight being the propelling force, to run away, as it were, from the thigh down the inclined plane. This seems, on paper, the perfecfection of simplicity; but, in practice, so many screws and joints and hinges are found necessary for the proper adjustment of the apparatus, that its utility is very seriously impaired.

Under the care of Dr. Salzer, there is at present a very interesting case of fæcal fistula, which that gentleman has almost succeeded in curing. The patient is a woman fifty years of age, who suffered two years ago from a strangulated inguinal hernia. The stricture was relieved by operation, and the hernia reduced; but a small portion of the gut sloughed away, and thus a fæcal fistula, or rather an artificial anus, was established, through which nearly the whole of the fæces found an exit. The treatment for the cure of this condition was commenced a year ago by the removal of the spur-like valve which in this, as in most of these cases, was the chief obstacle to the onward passage of the fæces. This was accomplished successfully by means of Dupuytren's enterotome. After this, the exit of fæces was about equally divided between the natural and the artificial anus. A few weeks ago, Dr. Salzer performed an operation for the complete cure. On the morning of the operation, when we saw the patient, the artificial anus (which was situated in the right groin) was of about the size of a sixpence, and the tissues in its immediate neighbourhood were remarkably thin. The operation was performed thus. Two ink-lines were first traced around the opening; the inner one was about two lines distant from the mucous edge of the artificial opening; and the second formed an ellipse round the aperture, being about an inch distant from, and parallel with, the first line. Between these two ink-lines, the skin was removed from the surface of the abdomen; so that the raw surface formed an elliptical band an inch in width round the opening. After all hæmorrhage had ceased, the opposite sides of the oval were brought into exact apposition by means of five or six deep and as many superficial *silk* sutures. A few broad strips of plaster were then stretched from one side of the abdomen to the other, so as to remove all tension from the wound; and the operation was complete. The union between the two broad raw surfaces has taken place with great firmness, except just at the lowest portion of the wound, where, unfortunately, a slight fistula remains, through which fæcal matter trickles. Dr. Salzer hopes, however, that another and far lighter operation will effect a complete cure. There were one or two points about this operation deserving of especial notice: first, the denuding of so broad a surface (instead of merely "paring the lips"), and thereby increasing the chance of success. The second point was the use of silk suture; and here it may be added, that the metal suture is never used by surgeons here, the silk being used in preference. The third point is, that the whole operation was performed *without chloroform.* The operation of "flaying" the borders of the fistula occupied exactly two hours, the operator being repeatedly obliged to stop to impress upon his patient the necessity of remaining quiet—a piece of advice on which it was hard to act during so painful a process. It seemed to the bystanders (or at least some of them) that the administration of chloroform would have shortened the operation to half an hour, and have removed all the difficulties. But, no: chloroform is not used here so universally and so fearlessly as it is in England; and, if an operation can possibly be performed without it, so much the better. Its mode of administration here is by means of a flannel mask fitting over the nose and mouth, on which the chloroform is sprinkled from a narrow-mouthed bottle. Some professors encourage its use more than others. In the obstetrical department, its use is decidedly discouraged by Professor Späth; and, in his wards, all the chief operations of midwifery are performed without chloroform. Professor Braun, on the other hand, prefers operating with his patients anæsthetised. In the half-yearly reports, the practise of these two gentlemen, as regards success, is about equal.

A new perforator and cephalotribe is being used here, the invention of Dr. Guyon, of the Cochin Hospital, Paris. It consists of a long metal rod, furnished with a screw at one end like a bradawl. This being very slender, the operator can guide it safely and surely along his finger, and bore a hole in any part of the head; and, if the presentation be favourable for such a proceeding, it is recommended that he should perforate the base after boring through the crown of the head. This being done, the perforator is not withdrawn, but it is used as a guide, along which a trephine is made to slide, by means of which a circular piece of bone is removed from the crown, and possibly the base of the skull also. The trephine and perforator are then withdrawn; the former being provided with a shield, so that there shall be no risk of wounding the soft parts of the mother. A circular piece of bone being thus removed from the skull, it is alleged that far less force is required for cephalotripsy, and a far less formidable engine is necessary for its performance. Guyon's cephalotribe resembles a pair of strong narrow forceps, and is worked solely by the operator's hand, without the intervention of screws and winches or other machinery. It has met with much favour here, and is said to answer its purpose admirably.

Bamberger's treatment of typhoid fever by means of cold water is almost universally employed here, and the success with which it has been followed is considerable. Dr. F. Porges informs me that, of seventy cases so treated during the last few months, only four died; and of these four, one died from tuberculosis, and the other three from perforation of the intestine. He states that by Bamberger's treatment he has often succeeded in lowering the temperature one degree or a degree and a half centigrade in the course of three or four hours; that the fever, after the lowering of the temperature, runs a more favourable course; and that the period of convalescence is considerably shortened. I have only had one opportunity of seeing this treatment put in practice. The patient was a stout, strong man, about twenty-five years of age, who was supposed to be suffering from typhoid (the diagnosis was doubtful). He had some headache; the pulse was 100, weak; the temperature 40.8 deg. centigrade. The man was stripped naked, and the bed covered by a large piece of waterproof sheeting. A tub was then brought, filled with water, in which two or three large lumps of ice were floating. A sheet was wrung out of this ice-cold water, and in it the patient was enveloped from his neck to his feet. At the end of twenty minutes, this sheet was removed, and a fresh one applied; and so on every quarter of an hour for three hours. The process was commenced at six in the evening, and finished at nine. The temperature of the patient was diminished to 38 deg. centigrade; and, when I saw him the next morning, he was apparently well. Unfortunately, however, the case was pronounced to be one of "hyperæmia cerebri", and not typhoid fever; but I have nevertheless given it as a sample of the treatment after Bamberger's method.

The method of treating phthisis by *cod-liver oil and ether* is well spoken of here; and I have been shown several patients who are reported to be gaining weight rapidly under it, and notably one who has gained seven pounds in twenty-three days.

There is a great deal of rheumatic fever in Vienna. Six hundred cases of rheumatism were treated in the Krankenhaus in 1867. Colchicum is almost universally given for this disease, and its use is said to be followed by success; but I cannot hear that the cases run a shorter course or a more favourable course under this treatment than under the many others which have from time to time been tried.

Many complicated forms of douche have been seen of late in London, which, by means of India-rubber balls or pumps, throw a continuous stream of water. There is a douche in general use here called "Esmarch's irrigator", which is used for washing wounds of all kinds, or wherever a powerful stream of water is required. It is the very perfection of simplicity, is always ready, and cannot get out of order. Above all, it costs hardly any money. It consists of a long cylindrical tin pot, at or close to the lower end of which a short pipe issues, to which a long India-rubber tube, provided with a nozzle, is affixed. It is only necessary to fill the tin pot with water, and the douche is ready for use. In this simple contrivance one has a really useful portable fountain. When not in use, the nozzle of the tube is fastened to a hook at the upper end of the tin vessel.

A very capital inexpensive modification of Ferguson's vaginal speculum is used here. It is called Mayer's speculum. It is exactly the shape of Ferguson's; but, instead of being made of ebony and looking-glass, it is constructed of white porcelain. It is quite as serviceable as Ferguson's; and, instead of costing ten or sixteen shilllings, it may be bought for something less than two.

Allgemeines Krankenhaus, Vienna, April 1868.

PHYSIOLOGICAL ACTION OF ELECTRICITY.

Dr. Richardson delivered a lecture on this subject at the Polytechnic Institution on Tuesday, June 1st. In commencing, he gave a brief sketch of the life and labours of William Gilbert, a physician of the sixteenth century, of whom Priestley spoke as the father of electrical science. Gilbert was physician to Queen Elizabeth, who granted him a pension for the purpose of carrying on his scientific researches. He appears to have anticipated many of the more modern discoveries in electrical science. Dr. Richardson recapitulated the chief points of his preceding lecture, and proceeded to speak of the effects of a fourth form of discharge—that from the "cascade battery". This battery, which produces a spark of great intensity, is composed of twelve Leyden jars, the first of which has its interior connected with the positive pole, and the last its outside with the negative pole. The discharge produced instantaneous death; leaving the body quite composed, apparently as if life still remained.

In his former lecture, Dr. Richardson had stated that apparent death from electricity might be followed by recovery. In illustration of this, he exhibited a toad on which he had experimented on the last occasion. The recovery, however, was not always immediate; there were sometimes lassitude, muscular wasting, irregularity of muscular movements, and slow convalescence. These symptoms were occasionally observed after lightning-stroke. In some cases, there was loss of consciousness, followed by paralysis.

The electric shock was not found to produce acute pain: the destruction of consciousness appeared to be immediate. Persons struck with lightning frequently were quite unaware of having felt anything at the time of the accident, and up to the time of their regaining consciousness. Another very curious fact was one which was observed by Franklin. He used to pass electric shocks through persons connected by placing the hand of one on the head of another: when the shock was passed, all bent forward and again rose, but were quite unconscious of the movement. It seemed as if there were not time between the reception of the shock and the manifestation of its effects for the mind to appreciate what had taken place. This was also connected with what was sometimes observed in medicine; as, for instance, where epileptiform attacks occurred without any premonitory symptoms.

Cold-blooded animals recover much more readily than other animals.

The explanation of the recovery after the apparent destruction of motion and consciousness was shown to be in the fact that the heart was the last part to be affected by the shock, and that the blood had no undue tendency to coagulate: hence the establishment of even a moderate amount of respiration was sufficient to restore the circulation. Even when the heart-beat could not be heard, it still continued; all parts of the heart continuing to act, and all ceasing together. In one instance, Dr. Richardson had observed the contraction to be continued for an hour and ten minutes; and in another, after apparent cessation of the heart's action, it could for some time be stimulated by electricity.

Dr. Richardson then proceeded to consider the positive signs of death by lightning. As far as he knew, they were the following. 1. Absence of evidence of action of the heart: though it must be remembered that the heart-beat might continue, although it could not be heard. 2. Absence of reflex action: in batrachia, however, this did not always indicate death. 3. Diminution of the animal temperature in the cavities of the body. 4. Absence of colour in the semitransparent structures: this was not a reliable test. 5. *General* muscular rigidity was sufficient evidence of death; but not local or partial rigidity, unless it affected the muscles essential to life, as the respiratory. 6. Coagulation of blood in the veins was a sure sign of death. If, on opening the largest vein that could be reached, the blood were found coagulated, there was no hope of restoring respiration. 7. Decomposition was the final proof of actual death.

Marks of various kinds had been described as being left on bodies struck by lightning; and the accounts of some of these had been regarded as chimerical or exaggerated. These marks were: 1, burns; 2, impressions of metallic substances; 3, ecchymoses; 4, supposed impressions of such objects as trees or fences; 5, loss of hair.

1. *Burns* were more likely to be severe when life was not destroyed than when the shock was fatal; they varied in extent, from mere singeing to extensive cauterisation. Pins and other metallic articles of dress often led to severe local injuries—the parts injured being those lying between the metallic points.

2. *Impressions of Metallic Substances.*—The occurrence of these had been doubted by Faraday and others; but Dr. Richardson had found, by experiment, that the impressions of ornaments, etc., might be faintly struck on the surface of the body. The mark was a pure ecchymosis; and, for its production, resistance on the opposite side was necessary. It was not a burn from heated metal; as, under favourable conditions, a simple electric spark would produce it.

3. *Ecchymoses* were sometimes found; as was observed in the case of Professor Richmann of St. Petersburg, who was killed by an electric discharge in 1753, while performing experiments.

4. *Arborescent marks*, wrongly supposed to be impressions of trees, etc., were sometimes found. They were in reality, as was pointed out a hundred and ten years ago by Beccaria, the outlines of the superficial veins of the body. Dr. Richardson had succeeded in bringing out the outline of the veins in the ear of a rabbit, by means of the discharge from a Leyden jar.

5. *Loss of hair* was observed in some cases where the nervous system was affected.

Dr. Richardson performed some experiments for the purpose of showing the relative conducting power of nerve-matter, blood, fat, and other materials. The conducting power of fat, and of nerve-matter, was shown to be *nil;* while that of blood was good. Hence it was concluded that, in lightning-stroke, it was not by the nervous system, but by the blood, that the current was conveyed.

A third lecture on electricity will be delivered by Dr. Richardson at the Polytechnic Institution on Tuesday, the 22nd instant.

LECTURES ON PUBLIC HEALTH IN THE ROYAL COLLEGE OF SURGEONS, IRELAND.

Dr. A. C. Cameron, Professor of Hygiene, is engaged in delivering a course of lectures on Public Health in the Royal College of Surgeons. The course is open to the public, by whom these lectures are so much appreciated, that great numbers of ladies and gentlemen cannot even obtain standing room. In his seventh lecture, Dr. Cameron dealt with the subjects of food adulteration and unsound meat. Dublin was freer from food adulteration than most other large cities; nevertheless, this kind of fraud was practised to some extent, chiefly in the article of milk. Bread is adulterated with rice, flour, and alum; tea with different kinds of leaves, catechu and other gums, and spent tea-leaves; coffee with chicory, burnt sugar, wheat, beans, starch, etc. Even chicory is adulterated with roasted grain, acorns, mangel wurzel, and other roots. Chocolate is mixed with flour, starch, and sugar, and even, it is stated, with Venetian red and brick-dust. Condiments are rarely met with in a state of purity. Dr. Cameron dwelt at considerable length upon the diseases of animals used as food. Until very recently it was the practice to bring into Dublin for sale the carcases of animals that had either died or been killed whilst suffering from infectious diseases. There was a large amount of the infectious disease, termed pleuropneumonia, amongst the Dublin dairy stock. Within the last three years, the Corporation and the police authorities had taken energetic steps to prevent the traffic in diseased meat. Five police constables were employed exclusively in watching the slaughter-houses and the meat traffic, and with these inspectors one of the deputy clerks of the markets acted. All cases of diseased cattle, sheep, etc., detected were submitted to Dr. Cameron for his opinion; and, if he declared them unfit for food, they were sent to the Zoological Gardens. During the five months of the present year, 40,000 lbs. of beef, besides six sheep, ten calves, and seven pigs, were condemned. Dr. Cameron gave a variety of interesting information relative to the diseases of animals used as food, and also described the diseases of man produced by the use of diseased or otherwise unsound food. Several cases of trichiniasis had occurred in Dublin. The lecturer insisted on the necessity of cooking most thoroughly the flesh of animals liable to entozoa; and after the lecture many of the audience remained to inspect, through numerous powerful microscopes, specimens of the parasites found in food.

ST. GEORGE'S HOSPITAL.

A NUMEROUSLY attended meeting of noblemen and gentlemen was held on Saturday last at Willis's Rooms, for the purpose of devising some means of increasing the resources of St. George's Hospital. His Grace the Duke of Devonshire presided; and among those present were His Royal Highness the Duke of Cambridge, the Archbishop of York, the Bishops of London, Oxford, and Peterborough, the Duke of Norfolk, Lord Cairns, Lord Penryn, Archbishop Manning, Baron A. Rothschild, Earl Cadogan, Mr. Gathorne Hardy, M.P., etc. The Chairman, in opening the business of the meeting, urged the necessity of making a determined effort; and announced that a gentleman had offered to give £100 a year for five years, if five other persons would do the same. The Duke of Cambridge said that in 1868 the ordinary receipts were £11,760, and the expenditure during the same time £19,083—leaving a deficiency of £7,323. He moved a resolution expressive of the necessity for making an extraordinary effort to raise funds to prevent the curtailment of the benefits of the hospital, to continue the 331 beds already in existence, and to add the 48 beds which the new wing could accommodate. The motion was seconded by the Archbishop of York; and the meeting was also addressed by the Bishop of Oxford, Lord Cairns, Mr. Gathorne Hardy, the Bishop of Peterborough, Dr. Manning, Baron Rothschild, Lord Penryn, and Mr. J. A. Smith; and resolutions were unanimously passed, to the effect that any interruption of the career of St. George's Hospital would be a calamity deeply to be deplored; that its active usefulness must be curtailed if additional funds be not forthcoming; that the increase of buildings in the surrounding districts, containing the residences of probably the wealthiest population in the world, had not produced that increase in the resources of the charity which might have been expected; and that every exertion should be made to excite public liberality on behalf of the charity, in order that the Governors may be enabled to continue to relieve the sick poor.

DISTRIBUTION OF PRIZES AT KING'S COLLEGE.

ON Wednesday, June 2nd, the annual distribution of prizes took place in the large hall of the College; His Grace the Archbishop of Canterbury in the Chair.

The Dean of the Medical Department spoke of the increase which had taken place in the number of the students during the past year, amounting to 25 per cent. He referred to the great success that had been attained at the University of London by King's College men. Amongst the most distinguished were Dr. R. S. Smith, who obtained the Gold Medal at the M.D. examination; Mr. W. A. Richards, who received the Gold Medal in Medicine and also in Midwifery at the M.B. degree; and Mr. J. Curnow, who carried off all the exhibitions that were given last year at the first M.B. examination, besides numerous minor distinctions. In congratulating the students on their behaviour, he spoke of the advantages that the Council had conferred on the College by having built a new chemical and physical laboratory, in both of which large classes were working most satisfactorily.

The following obtained scholarships and prizes, and were presented to the Archbishop of Canterbury. Senior Scholar, A. J. Cotterill; Second Year Scholar, A. W. Blyth; Junior Scholars, J. H. Philpot, A. Duncan, G. Bomford; Warneford Scholars, Class I, J. H. Philpot, A. Duncan; Warneford Scholar, Class II, F. R. Cross. *Prizes—Winter Session:* Warneford, A. Cotterill; Leathes, J. N. Rat; Divinity, J. N. Rat, J. H. Philpot, A. Duncan; Anatomy, W. Berry; Physiology, J. C. Briggs; Chemistry, J. C. Briggs; Medicine, A. C. Gibbings; Surgery, E. B. Roche; Clinical Medicine, A. T. Gibbings. *Summer Session:* Practical Chemistry, A. W. Blyth; Forensic Medicine, A. Pritchard; Botany, H. J. Hope; Obstetric Medicine, C. Mayhew; Materia Medica, G. C. Hunt Rowland; Comparative Anatomy, J. N. Rat; Clinical Medicine, C. Mayhew; Clinical Surgery, A. Pritchard; Todd Clinical, G. H. Pedler.—The following old students were elected Associates: G. Amsden; F. Argles; H. Bland; E. Casey; A. Cotterill; J. Curnow; W. Little; F. Marshall; A. Pritchard; J. P. Richards.

The Archbishop of Canterbury then addressed the students, and congratulated the successful ones on the rewards they had obtained. He dwelt chiefly on the tie that existed between the medical and theological professions, and showed what a wide field lay open to their exertions; how the life and aims of each tended to the benefit of mankind; and how, in doing so, one common aim guided them. As Bishop of London, he had watched the progress of the College with much interest; and now that it had obtained a permanent position, he augured for it a successful career.

The Bishop of London proposed, and Dr. Jelf seconded, a vote of thanks to His Grace for his kindness in presiding on the occasion.

Amongst those present were the Bishop of Gloucester and Bristol, the Principal (Dr. Barry), Mr. W. H. Smith, M.P., and all the medical and surgical staff.

METROPOLITAN POOR-LAW DISPENSARIES.

THE following memorandum has been unanimously approved at a meeting of the Council of the Poor-law Medical Officers' Association.

The Council of the Poor-law Medical Officers' Association have had their attention drawn to a statement in the speech of the President of the Poor-law Board, on moving the second reading of the Metropolitan Poor Act (1867) Amendment Bill, to the effect that "the difficulty in London had turned upon the question whether the sick poor should be attended to at the medical officer's surgery or in a dispensary"; and, further, that "a great many medical officers said it was more convenient that the sick should attend at their surgeries; and, as the guardians of many unions agreed with them, there was great resistance on the part of the guardians to the establishment of dispensaries."

The Council desire to express their conviction that Mr. Goschen must have been misinformed as to the feelings and wishes of the medical officers generally. At the first meeting of the Metropolitan Poor-law Medical Officers' Association, which comprised nearly half of the medical officers of the metropolitan districts, held July 16th, 1866, a principal object of the Assocation was declared to be "to obtain from the local authorities the provision of all medicines and appliances prescribed for the sick poor, and the employment and payment by the same of qualified dispensers." At the first meeting of the Poor-law Medical Officers' Association, which numbers nearly eight hundred members, held July 31st, 1868, the same "object" was incorporated in the laws. And when Mr. Gathorne Hardy brought in his Metropolitan Poor Act (1867), no part of the scheme was more highly approved by the district medical officers than that comprised in the dispensary clauses.

The subject has often been considered at the quarterly meetings of the Association, when the attendance of all Poor-law medical officers is invited, and at the monthly meetings of the Council; and no difference of opinion has ever arisen with respect to the desirability of establishing dispensaries. The delay in carrying out this measure has been a source of deep regret and disappointment to many members of the Association and others; and at the last quarterly meeting, held in April, the following resolution was unanimously adopted; viz., "That in the opinion of this meeting it is desirable that the clauses of the Metropolitan Poor Act, 1867, relating to the establishment of dispensaries, should be put into general operation forthwith."

If, therefore, Mr. Goschen's statement, which amounts to this—that a great many medical officers are opposed to the establishment of dispensaries—be correct, the fact now comes to the knowledge of the Council for the first time.

ASSOCIATION INTELLIGENCE.

YORKSHIRE BRANCH.

THE annual meeting of the above Branch will be held in the Museum of the Yorkshire Philosophical Society, York, on Thursday, June 17th, at 3 P.M.; WM. MATTERSON, M.D., President, in the Chair.

The members will dine at the Station Hotel, at 5 P.M. punctually. Tickets, including dessert, 7s. 6d. each.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same to the Secretary.

York, June 1869. W. PROCTER, M.D., *Hon. Sec.*

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

THE annual meeting of the above Branch will be held at the Hen and Chickens Hotel, Birmingham, on Friday, June 18th, at 3 P.M.; J. VOSE SOLOMON, Esq., President, in the Chair.

Dinner will be on the table at 5 P.M. punctually. Tickets, including waiters and dessert, 7s. 6d. each.

T. H. BARTLEET, *Honorary Secretary.*

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-seventh Annual Meeting of the British Medical Association will be held in Leeds, on Tuesday, Wednesday, Thursday, and Friday, the 27th, 28th, 29th, and 30th days of July next.

President—H. W. ACLAND, M.D., LL.D., F.R.S., Regius Professor of Medicine in the University of Oxford.

President-Elect—CHARLES CHADWICK, M.D., F.R.C.P., Senior Physician to the Leeds Infirmary.

An *Address in Medicine* will be delivered by Sir WILLIAM JENNER, Bart., M.D., F.R.S., Physician in Ordinary to Her Majesty, and Physician to University College Hospital.

An *Address in Surgery* will be delivered by THOMAS NUNNELEY, Esq., F.R.C.S., Surgeon to the Leeds Infirmary.

An *Address in Midwifery* will be delivered by T. E. BEATTY, B.A., M.D., Dublin.

The business of the meeting will be conducted under *five* sections:

Section A. MEDICINE.—*Presidents*, W. T. Gairdner, M.D. *Vice-Presidents*, J. T. Banks, M.D.; and J. T. Heaton, M.D. *Secretaries*, T. Clifford Allbutt, M.D.; and H. Charlton Bastian, M.D., F.R.S.

Section B. SURGERY.—*President*, William Hey, Esq. *Vice-Presidents*—George Southam, Esq.; and W. Stokes, jun., M.D. *Secretaries*, W. Fairlie Clarke, M.B.; and T. R. Jessop, Esq.

Section C. MIDWIFERY—*President*, Arthur Farre, M.D., F.R.S. *Vice-Presidents*, S. Berry, Esq.; and W. O. Priestley, M.D. *Secretaries*, G. H. Kidd, M.D.; and J. Thorburn, M.D.

Section D. PHYSIOLOGY—*President*, J. Hughes Bennett, M.D., F.R.S. *Vice-Presidents*, Lionel S. Beale, M.B., F.R.S.; and A. T. H. Waters, M.D. *Secretaries*, E. Chapman, Esq., M.A.; H. Power, M.B.

Section E. PUBLIC MEDICINE.—*President*, W. Farr, M.D., D.C.L., F.R.S. *Vice-Presidents*, E. D. Mapother, M.D.; and A. P. Stewart, M.D. *Secretaries*, G. H. Philipson, M.D.; and A. Wiltshire, M.D.

Gentlemen desirous of reading papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary*
13, Newhall Street, Birmingham, June 1st, 1869.

SOUTH EASTERN BRANCH.

THE twenty-fifth annual meeting of the above Branch will be held at the Public Hall, Reigate, on Thursday, June 17th, at 2 o'clock; C. HOLMAN, M.D., in the Chair. Visitors will be admitted on the introduction of a member of the Branch. The President-elect will be happy to see members and their friends to luncheon at one o'clock. Carriages will be at the Redhill Junction Station, at 10.30 A.M., to convey those gentlemen who would wish to visit the Idiot Asylum, Earlswood. Carriages will also meet the 4.14 P.M. train at Reigate Town Station, to convey members and their friends to see the Natural History Collection of W. Wilson Saunders, Esq., F.R.S., who has kindly consented to throw open his conservatories and museum.

The dinner will be provided at six o'clock precisely. At the dinner, the testimonial will be presented (by Francis Sibson, M.D., F.R.S., President of the Committee of Council of the Association, on behalf of the subscribers) to Thomas Heckstall Smith, Esq., F.R.C.S.Eng., etc. Tickets for the dinner (including wine, dessert, coffee, and attendance), 10s. 6d. each, to be obtained at the Public Hall.

Gentlemen desirous of bringing forward communications to the meeting, will be pleased to give notice thereof to the Honorary Secretary, one week previously to the meeting; and those who intend to be present at the dinner, will oblige by informing him on or before the 14th of June.
G. F. HODGSON, *Honorary Secretary*.
52, Montpellier Road, Brighton, May 1869.

NORTH WALES BRANCH.

THE annual meeting of the above Branch will be held at the Royal Hotel, Rhyl, on Tuesday, July 6th, at 1.16 P.M., under the presidency of W. MAUGHAM, M.D., Carnarvon.

Members of the Council of the Branch will meet at 12.30 P.M.

Dinner at 4 o'clock. Tickets, including wine, etc., 12s. each. To be had at the bar of the above hotel.

Gentlemen who purpose reading or communicating papers and cases, and who intend dining, will please to give an early intimation to
Beaumaris, June 1869. D. KENT JONES, *Hon. Sec.*

CAMBRIDGE AND HUNTINGDON BRANCH.

THE annual meeting of the above Branch will be held, in conjunction with the East Anglian Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. FISHER, M.D., Downing Professor of Medicine, President. By the permission of the Masters and Fellows, the meeting will be held in the Hall of Gonville and Caius College.

Gentlemen intending to read papers or cases, are requested to communicate with the secretaries of these respective Branches, at their earliest convenience.

With the permission of the Master, Professors, and Fellows, the dinner will be served in the Hall of Downing College.
P. W. LATHAM, M.D., *Honorary Secretary*.
17, Trumpington Street, Cambridge, May 5th, 1869.

EAST ANGLIAN BRANCH.

THE annual meeting of the above Branch will be held, in conjunction with the Cambridge and Huntingdon Branch, at Cambridge, on Friday, June 18th, at 2 P.M.; W. W. FISHER, M.D., Downing Professor of Medicine, President.

The meeting of the Council will take place at 1.45 P.M.

Dinner tickets may be had of the Secretaries.

B. CHEVALLIER, M.D., Ipswich. } *Hon. Secs.*
J. B. PITT, M.D., Norwich. }
Ipswich, May 18th, 1869.

CUMBERLAND AND WESTMORLAND BRANCH.

THE annual meeting of the above Branch will be held at the New Crown Hotel, Penrith, on Wednesday, June 23rd, at 1.30 P.M.; T. BARNES, M.D., Carlisle, President; M. W. TAYLOR, M.D., Penrith, President-elect

Dinner will be on the table at 4 P.M. punctually.
Carlisle, June 1869. HENRY BARNES, M.D., *Hon. Sec.*

LANCASHIRE AND CHESHIRE BRANCH.

THE annual meeting of the above Branch will be held at the Town Hall, Lancaster, on Thursday, June 24th, at 12 o'clock. The chair will be taken by Dr. HALL, the President-elect.

Refreshments will be provided at the Town Hall, at 11.30. The dinner will take place at 3.45 P.M., at the King's Arms. Tickets, 7s. each, exclusive of wine.

Gentlemen intending to read papers, are requested to communicate with the Honorary Secretary by the 12th inst. Gentlemen intending to dine, will facilitate arrangements if they will kindly give their names to C. Johnson, Esq., 36, Castle Park, Lancaster, a few days before the date of the meeting. HENRY SIMPSON, M.D.,
Manchester, June 1869. *Honorary Secretary.*

NORTHERN BRANCH.

THE annual meeting of the above Branch will be held in the Library of the Newcastle Infirmary, on Tuesday, June 29th. President for 1868-69, JOHN JOBSON, F.R.C.S.; President-elect for 1869-70, DENNIS EMBLETON, M.D., F.R.C.P.

Gentlemen intending to read papers or describe pathological specimens, are requested to communicate with the Secretary without delay.
G. H. PHILIPSON, M.D., *Honorary Secretary*.
Newcastle-upon-Tyne, June 1869.

SOUTH MIDLAND BRANCH.

THE thirteenth annual meeting of the above Branch will take place at the Northampton General Infirmary, on Tuesday, June 29th, at 1.30 P.M.: WILLIAM NEWMAN, M.D. (Stamford), President, in the Chair.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same, forthwith, to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Secs.*
G. P. GOLDSMITH, Esq., Bedford }
Northampton, May 1869.

WEST SOMERSET BRANCH.

THE annual meeting of the above Branch will be held at Meeten's London Hotel, Taunton, on Thursday, July 1st, at 2.30 P.M.; H. J. ALFORD, Esq., President-elect, will be in the Chair.

Gentlemen wishing to read papers, or to join the dinner at 5 o'clock, are requested to give early notice to the Honorary Secretary.
Taunton, June 1869. W. M. KELLY, M.D., *Hon. Sec.*

SHROPSHIRE SCIENTIFIC BRANCH.

THE next evening meeting will be held at the Museum, Shrewsbury, on Wednesday, June 23rd, at 6 P.M.

A discussion on the Treatment of Epilepsy will be opened.

SAMUEL WOOD, F.R.C.S., *Hon. Sec.*

MIDLAND BRANCH.

THE annual meeting of the above Branch will be held in the Board Room of the Leicester Infirmary, on Thursday, July 8th, at 2 o'clock; T. W. BENFIELD, Esq., President, in the Chair.

Dinner at the Bell Hotel at 5.30 P.M. Tickets 7s. 6d. each, exclusive of wine.

Gentlemen intending to read papers, are requested to communicate, without delay, with JOHN SLOANE, M.D.,
Leicester, June 1869. *Honorary Secretary.*

CORRESPONDENCE.

THE COUNCIL OF THE COLLEGE OF SURGEONS.

THE subjoined letters from Mr. Erichsen, Mr. Lee, and Mr. Solly, in reply to the questions submitted to them by Dr. Morris (see JOURNAL of last week, p. 529), have been forwarded to us.

6, Cavendish Place, W., May 28th, 1869.

MY DEAR SIR,—I beg to acknowledge your letter of the 27th, and have much pleasure in replying to the questions contained in it, with reference to my views respecting the College of Surgeons. I will answer your questions *seriatim*, and in the order in which you put them.

1. I am of opinion that it would be highly advantageous to the profession that the proceedings of the Council of the College of Surgeons should be reported, and made public, either in the journals or in a separate form.

2. I would throw open the Council to any Fellow who is actually in practice as a surgeon.

3. I am of opinion that it would be in the highest degree advantageous to the interests of the College to throw its government more widely open to the Fellows, by whom meetings should be periodically held—say at quarterly or half-yearly intervals—to receive the reports of the Council, and to discuss and adopt them, if thought expedient.

In addition to this, I think that the Fellows ought, under certain restrictions as to time and number of requisitionists, to be allowed to summon and to hold meetings within their own College for the discussion of matters of public policy in connexion with the institution.

4. The representative of the College of Surgeons in the General Council of Medical Education ought most certainly to be elected by the general body of Fellows and Members, and should not, as now, be a delegate from the Council. This point I have several times strongly advocated in my position as President of the Metropolitan Counties Branch of the British Medical Association.

5. The constitution of the Court of Examiners requires, in my opinion, thorough revision and reform. I believe the following changes in it to be imperatively necessary.

a. No member of Council should be allowed to sit in the Court of Examiners. If a member of Council be elected to the Examining Board, he should be obliged to vacate his seat on the Council.

b. Any Fellows should be eligible for election on the Court of Examiners, whether he be, or has been, in the Council or not. (Members of the College are, I believe, not eligible by the present charter.)

c. The office of Examiner should be an annual one; but every Examiner should be eligible for re-election for a certain period—say five or seven years, but not beyond this.

d. The Examiners should be paid a certain fixed annual stipend, irrespective of, and not dependent on, the number of candidates who present themselves.

In addition to these points, I would say that the question of allowing country Fellows living beyond a certain distance from London, and medical officers in the army and navy who are Fellows, the power of voting by proxy, deserves serious consideration for many reasons.

I am, my dear sir, most faithfully yours,
JOHN ERIC ERICHSEN.

To Edwin Morris, Esq., F.R.C.S., Spalding.

9, Savile Row, W., May 27, 1869.

DEAR SIR,—The answers to the questions contained in your letter of yesterday's date, having in a great measure been anticipated by a letter of mine which is now published in the *Lancet*, it is unnecessary that I should say more upon the several points to which you refer, than that I am in favour of the direct representation of the profession in the General Council. I may, however, add a few words upon another subject; viz., what have been called the "prizes of the profession." We are constantly reminded that the seniors of the profession have a kind of prescriptive right to be elected in their turn to the higher offices in the Council, and to enjoy the emoluments of such offices. These emoluments have been treated as vested interests. Now it is certainly pleasant to contemplate that those who have worked hard during many years should, at the close of their career, enjoy themselves in ease and affluence. But the question assumes a very different aspect when it is considered that the means of their so doing is extracted from the younger members of the profession at a time when they can often very ill afford to meet even their own necessities. It is a golden rule that the fathers should lay up for their children. We have reversed this, and make our younger brethren bear all the expenses of the College, without allowing them any voice in the administration of its affairs. Considering that all emoluments connected with the Court of Examiners and the Council, as well as the officials of the College, are derived from the profession, the amount so received should, in my opinion, represent work done, and nothing more. If such were the case, the offices of Councillor and Examiner would cease to be regarded as "prizes" in a pecuniary point of view. I am, yours very faithfully, HENRY LEE.

Edwin Morris, Esq., M.D., F.R.C.S., etc.

Savile Row, May 27th, 1869.

DEAR SIR,—In reply to yours of yesterday, I must at once decline pledging myself, if re-elected on the Council of the College of Surgeons, to support any particular measures, however much I might agree to the spirit of them. If my general conduct as a surgeon, if what I have done for the advancement of anatomy, physiology, and the practice of surgery, coupled with the fact that I have always been a reformer, will not secure my re-election, I must submit to the blow.

Nevertheless, I do feel very confident that the great body of Fellows will act justly, and that I must only ask every Fellow who thinks that I am deserving of the honour to attend the meeting, on the 1st of July.

Believe me to remain yours truly,
SAMUEL SOLLY,
To Edwin Morris, Esq., M.D. *Vice-President of the College.*

SIR,—In olden times, when two distinct companies of surgeons existed, one company called the Barbers of London, and the other the Surgeons of London, it was very fit and proper that His Majesty should will, ordain, constitute and declare, give and grant certain privileges to particular individual members of those companies.

It was at that time His Majesty's further will and pleasure that the individuals whom he had named should elect, choose, and appoint twenty-one persons to be the Court of *Assistants* of the same College. Of these Assistants, ten were to be appointed Examiners. His Majesty further willed that the Masters, Governors and Assistants should in July of each year choose out of the Examiners one person to be Principal Master, and should choose the requisite number out of their own body to be Examiners of the said College; and also choose out of the members of the College certain persons to supply any deficiency there might be in the Court of Assistants.

The Examiners soon became the controllers of the College, and instead of being Assistants they became the real Governors. It was they who determined who should be admitted into the Council, and they naturally took care to admit those only who would conform to their principles. Nothing could work in a more vicious circle than things then did. The Examiners elected the Council, the Council elected the Examiners; a Councillor might then, and may now, give the casting vote in his own favour as an Examiner. The Council, practically under the control of the Board of Examiners, now had the exclusive appropriation of large sums of money. These sums were derived almost entirely from junior members of the profession, and yet they were allowed no voice either in the appropriation of these funds, or in the management of the College.

Circumstances having so far changed from the time when our charters of incorporation were granted, a change was called for in the government of the College.

Whenever any society or corporation shews that it has the elements of self-government, no length of time can elapse before it attains its freedom. The College of Surgeons has shown that it has that power and has obtained the right to exercise it. Much has been accomplished, but more remains to be done. We are in a transition state. By far the greater number of our body as yet have no voice in the management of its affairs. If they prove themselves (as I doubt not for a moment that they will) capable of discussing and voting upon principle, independent of personal or private interests, they must ere long have their share in the management of the affairs of our College. I should be glad even now to see every subject of interest submitted, at periodical meetings, to the discussion of the Fellows and Members of the College; and, whenever such a subject could be placed in a definite form, I think that the country Fellows should be allowed to vote upon it by proxy.

The privilege of voting has also its responsibilities; any abuse of these presents a direct hindrance to self-government. This subject has been brought vividly before my mind in the mode of election of Councillors of the College.

It appears to me evident that a gentleman who seeks the honour of a seat in the Council, and those who support him, should have the interests of the Profession alone in view. If either directly or indirectly they add to the burdens, already great, of that profession, they so far do an injury to their professional brethren. Now, those who have instituted the practice of canvassing at election for the Council have evidently done this. They have instituted a very troublesome and distasteful ordeal, which they call upon all future candidates for a seat in the Council to go through. I wish, as far as I am able, to put it to the profession whether this shall be continued.

In former years, we have seen active young Fellows freely discussing the characters of their seniors; and canvassing within the walls of the College itself for some particular person, in opposition to others, quite independently of any principle; and now we have a junior Fellow openly requesting even those who do not know him to vote for one of his colleagues, in preference to another. It would be idle to think that any Fellow of the College must not see that what he does for one may be against another. Such services must be paid either in malt or in meal, or through some more refined medium. They can have nothing to do with the interests of the profession. Indeed, any one who has time to spend either upon a personal canvass, or upon repaying in kind, those who canvass for him, has, necessarily, less time to spend upon his own legitimate work or upon the affairs of the College.

It may be said that canvassing is allowed in other constituencies, and, therefore, it is proper in ours. The cases are not parallel; other candidates came before people with different views and interests. We are a scientific society, and have common objects in view. The interest of our profession is, or ought to be, one. Any person who breaks up that interest, or who unnecessarily excites divisions, is doing a real injury to the profession. Any one who might seek to obtain an office in the College of Physicians by canvassing, would, by that act, be disqualified from holding the office; and it hardly becomes the Fellows of the College of Surgeons to assume a less dignified position.

Practically, the evil results of the system of canvassing are but too apparent. We have seen members of the Council, rather than engage in what they considered an unprofessional and a degrading contest, resign their seats; some of the most distinguished Fellows of the College have declined to be placed in nomination under the present system; and some, after they have been put in nomination, have declined to canvass, or to allow others to canvass for them; and if all the members of the Council had been true to the dignified position which they ought to hold, canvassing, with its many vexations, heartburnings, and consequent and subsequent bitter reminiscences, would have been discountenanced long ago. There are men who do not seek a seat in the Council for any private advantage of their own; who would, if need be, forego, and who have foregone, that honour, rather than purchase it at the expense of what they might think any unfair advantage; and there are now in the ranks of our profession, according to the words of the old song, Fellows "forty good as they."

The future of the College is now fairly in the hands of the Fellows. The increase of the franchise will naturally depend upon the way in which it is used. If Fellows vote in accordance with some principle independent of any private consideration, they lay the foundation of a good government for themselves and their successors. If, on the contrary, each one were to vote in accordance with some private end, it would be evident that we have not within ourselves the elements of good government. It would, under such circumstances, only increase the confusion of an election, to extend the power of voting to greater numbers.

Something similar may be said with regard to candidates. A candidate should represent certain principles; but, if a candidate depend for support upon the private solicitation of his friends, he can represent no principle. He will be called upon, by each class of his supporters, to vote in a different way; and these supporters themselves may, probably, after a few years, when they find themselves placed in different circumstances, alter their opinions.

I trust that the Fellows will shew in future that they have within themselves the power of self-government, and that they will exercise that power for the good of the profession.

This will be the surest, most legitimate, and most powerful mode of enfranchising their professional brethren. I am, etc.,

9, Savile Row, June 7, 1869. **Henry Lee.**

Sir,—As you have done me the honour to notice the fact of my being a candidate for a seat in the Council of the Royal College of Surgeons at the forthcoming election, may I beg the favour of your allowing me, in your columns, to state the views I entertain as to the policy that should be adopted by the Council, in the administration of the affairs of the important body over which it presides?

To the enunciation of these views, as the grounds of my seeking the honour of being elected to the Council in July last, do I attribute, in very great measure, my having been so nearly successful on that occasion. I have, therefore, but to reiterate them, with the engagement that in the event of my attaining the coveted position, I will use my best efforts to ensure their adoption.

1. I think that, in accordance with the practice adopted by most other representative bodies, the Council should cause their proceedings to be regularly published. Since my former appeal, the Council have yielded in this direction so far as to sanction the publication of the *minutes after confirmation.* I have reason to think that this concession does not fully meet the requirements of the Fellows and Members severally; since it fails to satisfy that desire which they naturally and earnestly feel to become acquainted with the deliberations of the Council, as the only mode of arriving at the policy of its individual members. Such publicity would, I think, awaken a deeper sense of responsibility in the governing body, as well as a deeper interest in its counsels, by the body governed.

2. There should be a remodelling of the Court of Examiners. This body should, in my opinion, be chosen from the profession at large; should be distinct from the Council; and its members should hold office for five years only instead of ten, the term during which it is at present held.

3. Fellows beyond a certain distance from the College should have the option of voting at its elections by proxy.

4. There should be periodical meetings between the Council and the Members of the College at large. Such meetings would, I believe, have the effect of fostering an interchange of ideas and a spirit of good fellowship between these bodies, which would tend materially to give strength to the one and confidence to the other.

In addition to these views, I should be prepared to urge on the Council some revision of the system of professional education, as far as it is under its control, as well as of the tests by which the competency of a candidate for entering upon his public career is determined.

I think the course of study required of students should include more extensive opportunities than are at present afforded them of becoming familiar with the *actual practice* of their profession; for, without presuming to be authoritative upon so difficult a subject, I would venture to suggest that no system of medical education can answer its purpose unless it recognises as its basis, more distinctly than it has hitherto done, the principle that a *sense of the need of knowledge is the most powerful incentive to its acquirement.*

With the expression of these views as the grounds on which I beg again to solicit the honour of a seat at the Council Board of our College, I am, etc., **John Gay.**

10, Finsbury Place, S., June 1869.

REPRESENTATION OF THE PROFESSION IN THE MEDICAL COUNCIL.

Sir,—As the person who is responsible for the report of the Parliamentary Committee, which appeared in your Journal, I am sorry that I have misrepresented Dr. Stewart's views on this important subject. In the rough minutes of the proceedings of Committee recorded at the time, it is simply stated that the resolution "that the seventeen members of Council, at present elected by the Universities and Corporations, be reduced to nine, to be returned on the principle of grouping the electoral bodies; and that the eight seats so provided be filled by the votes of all registered medical practitioners" was passed "*nemine contradicente.*"

This resolution was drawn as a compromise between four or five other plans for obtaining direct representation. Dr. Stewart certainly suggested the substance of the resolution, viz., the principle of grouping the licensing bodies; and I thought the whole of it had his assent, although he did say it was impolitic to mention the exact number of representatives desired. Personally I incline to the opinion of Professor Haughton, that it is better, because more feasible, to ask that the six members at present nominated by the Government, which knows little and cares less about the profession, should be chosen by the suffrages of the registered practitioners. The only reason which Dr. Stewart gives for his opinion that the resolution is impolitic and unwise, viz., because it is opposed to the expressed views of the Representation Committee, does not appear to me very conclusive. That Committee has recommended that the elective members should be added in the proportion of one in four, whereas we ask that they may be chosen in the proportion of one in three of the total number. Is it impolitic to ask for more than one is likely to get?

Our resolutions are designed to amend a bill which as yet has not left the hands of the General Medical Council. Had it been actually launched in either House of Parliament, I admit that any want of accord in the profession on any point would retard, if not endanger, the passing of the measure.

As this draft bill has been three years in a state of incubation at 32, Soho Square, it is deserving of consideration whether our great Association ought not at once to get the measure brought before the legislature.

I am, etc., Septimus Gibbon,

June 5th, 1869. *Hon. Sec. of the Parliamentary Committee.*

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Monday June 7th.

Metropolitan Poor-law Amendment Act.—The debate on this Bill was resumed.—Mr. M'Cullagh Torrens made forcible objections to the proposed new hospitals, contending that the existing private hospitals, with subsidies from the rates, supplemented by a system of treating the sick poor at their homes, would be the most judicious and effectual mode of dealing with them. He protested with much warmth against massing the sick together in hospitals, and for the children he advocated the system of boarding out, which had been successful in Ireland. It was not the duty of Parliament, he insisted, to relieve the working classes of the charge of their sick and their children; and, seconded by Sir C. Dilke, he moved a Resolution deferring legislation until there had been an inquiry into the sufficiency of the present accommodation.—Mr. G. Hardy defended and explained the calculations on which he had passed the Act of 1867. Agreeing with many of Mr. M'Cullagh Torrens' ideas as to the segregation of the sick and the value of the dispensary system, he maintained that workhouse hospitals are necessary for the destitute sick, who, for the most part, had no homes of their own in which they could be treated, and that the ordinary hospitals were intended for a totally different class.—Mr. Hardy gave the Bill an earnest support, and urged the House not to draw back from a policy which, while it placed the sick and aged in becoming comfort, would make the workhouses deterrent to the vagrant and wilful pauper.—After some observations from Dr. Brewer, Sir M. Lopes, Mr. W. H. Smith, Mr. D. Dalrymple, and Mr. Samuda, Mr. Goschen replied; and on a division Mr. Torrens' amendment was defeated by 118 to 13.

Tuesday, June 8th.

Contagious Diseases Act.—Mr. Bruce nominated the Committee on the Contagious Diseases Act (1866) as follows:—Mr. Childers, Sir John Pakington, Captain Vivian, Marquis of Hamilton, Mr. Dalrymple, Mr. Percy Wyndham, Mr. Kinnaird, Mr. Collins, Sir John Simeon, Mr. James Lowther, Mr. Rathbone, Lord Eustace Cecil, Lord Charles Bruce, Sir James Elphinstone, Mr. Murphy, Mr. Tipping, Dr. Brewer, Mr. Mills, Captain Grosvenor, Sir John Trelawny, and Mr. Mitford.

OBITUARY.

MATTHEW STOVELL, M.D., F.R.C.P., C.S.I.,

LATE INSPECTOR-GENERAL, BOMBAY MEDICAL SERVICE.

We regret to announce the death of this highly distinguished member of our profession, which took place on May 8th, at the residence of his brother, Belsize Park. Dr. Stovell received his professional education at St. George's Hospital. In 1827, he gained the botanical prize given by the Apothecaries' Company. He obtained the diploma of the Royal College of Surgeons in 1828. In October of that year, he left England, having been appointed Assistant-Surgeon in the East India Company's Service. He returned to England in 1858, and graduated at the University of Aberdeen. He was admitted a Member of the Royal College of Physicians in 1859, and elected a Fellow in 1863. He retired from the service in 1866, and was gazetted a Companion of the Star of India in the following year. The following is an extract from the *Bombay Review* of January 19th, 1867.

"The Government *Gazette* of last Thursday, in announcing the retirement of Dr. Stovell, Principal Inspector-General of the Medical Department, from the public service, on the pension of his rank, does him (we are happy to congratulate Government) that justice that he ought long since to have received from its hands."

"Dr. Stovell," say the Government Records, "has done good service to the State for thirty-eight years. His skill and good management as Surgeon to the European General Hospital for the space of ten years are well known in Bombay. His work during that period, as Secretary to the Board of Education, was highly esteemed by its members. His service in Persia, as Principal Medical Officer of the First Division of the force under Sir James Outram, received honourable mention by the Governor-General. He subsequently held the office of Deputy Inspector-General of Hospitals in the Poona Division of the army during the space of four years; and for the last five years, as Principal Inspector-General, he has effectively superintended the Medical Department of this Presidency (Bombay), and usefully advised the Government in all matters of medical administration. His Excellency the Governor in Council will specially represent Dr. Stovell's services to Her Majesty's Government."

Dr. Stovell did not enjoy his *otium* long, having during the last six months suffered from repeated and severe attacks of illness. An unusually severe attack cut him off May 8th, in the sixty-second year of his age. Dr. Stovell was one of those men who shed their best lustre in a public service, in whom the official is always lost in the learned, accomplished, and high-minded gentleman. We may safely affirm that no member of the Bombay Medical Service ever bore a brighter name than he has "in Christian service and true chivalry".

MEDICAL NEWS.

Royal College of Surgeons of England.—The following members of the College, having undergone the necessary examinations for the Fellowship on May 29th and 31st and June 1st, were reported to have acquitted themselves to the satisfaction of the Court of Examiners; and, at a meeting of the Council on June 10th, were admitted Fellows of the College.

George Thomas Jones, L.S.A., Clarendon Road, Watford, diploma of membership dated July 31, 1849; Frederick Abercrombie Hope Robson, Great Marlborough Street, June 27, 1856; Charles Chinner Fuller, Albany Street, Regent's Park, February 6, 1857; George Edward Walker, Downshire Hill, April 23, 1863; and Marcus Beck, Isleworth, July 26, 1865 (Students of University College).—Alfred Winkfield, Radcliffe Infirmary, Oxford, December 2, 1859; and John Dearden Bush, Hanover Square, May 10, 1866 (of St. Bartholomew's Hospital).—Thomas Michell, Redruth, December 6, 1859; and Waren Tay, King Street, Finsbury Square, April 25, 1866 (of the London Hospital).—Samuel Messenger Bradley, Manchester, June 10, 1862; and John Rostron Woodcock, Halcombe, Manchester, July 28, 1864, of the Manchester School.—Matthew Coates, L.S.A., Wellington Road, St. John's Wood, January 14, 1859, of Bristol and Paris.—Thomas Savage, Bordesley, Birmingham, November 15, 1860, of the Birmingham School.—Charles Taylor Aveling, Homerton, May 23, 1865, of St. Thomas's Hospital.—Francis Manley Boldero Sims, Down Street, Piccadilly, November 16, 1865, of St. George's Hospital; and Robert Temple Wright, Royal Victoria Hospital, Netley, April 27, 1866, of King's College and Edinburgh.

It is stated that all the candidates who presented themselves for the pass examination were successful, including Mr. Edwin Rayner, of University College, a member, April 21st, 1868, who will be admitted to the Fellowship when qualified in medicine.

Apothecaries' Hall.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 3rd, 1869.

Kennedy, Edward, Manchester
Morris, John, Cliffe, Lewes

At the same Court, the following passed the first examination.

Bayliffe, Alworth Merewether, London Hospital

MEDICAL VACANCIES.

The following vacancies are declared:—

BIRMINGHAM AND MIDLAND EYE HOSPITAL—House-Surgeon (£80 per annum, apartments, board, and attendance).

BIRKENHEAD BOROUGH HOSPITAL—Assistant-Surgeon (£40 per annum, with board and residence).

BLOFIELD UNION, Norfolk—Medical Officer for the Acle District (£40 per ann.)

BOYLE UNION, co. Roscommon—Medical Officer for the Gurteen Dispensary District (£100 per annum, and Registration and Vaccination Fees.)

BRIXTON, STREATHAM HILL, AND HERNE HILL DISPENSARY—Resident Medical Officer.

BURTON-ON-TRENT INFIRMARY—House-Surgeon (£120 per annum, with coal, gas, and rooms).

CASHEL UNION, co. Tipperary—Medical Officer for the Cashel Dispensary District (£100 per annum, and Registration and Vaccination Fees).
CHARING CROSS HOSPITAL—Physician to the Skin Department.
CONWAY UNION, Carnarvonshire—Medical Officer for the Creuddyn District (£50 per annum).
CRAIGNISH, Argyleshire—Parochial Medical Officer.
DARLINGTON UNION, Durham—Medical Officer for the Haughton-le-Skerne District.
DROGHEDA UNION, co. Louth—Medical Officer for St. Peter's (East Ward) Dispensary District (£80 per annum, and Registration and Vaccination Fees).
GATESHEAD DISPENSARY—Surgeon.
GLASGOW, BARONY PARISH POOR-HOUSE—A qualified Assistant (£75 per annum, with furnished rooms, coal, gas, and water).
GLYNCORRWG COAL COMPANY, near Briton Ferry—Medical Officer (about £150 per annum, and private practice).
GOWER UNION, Glamorganshire—Medical Officer for the Eastern District (£20 per annum, and fees); Medical Officer for the Western District and the Workhouse (£35 per annum, and fees).
KING'S COLLEGE—Professor of Physiology.
KING'S COLLEGE HOSPITAL—Assistant-Physician.
LAMBETH UNION WORKHOUSE—Resident Medical Officer.
LINCOLN COUNTY HOSPITAL—Physician.
LIVERPOOL DISPENSARIES—Medical Officer to the South Dispensary.
MERTHYR TYDVIL UNION, Glamorganshire—Medical Officer for the Merthyr Tydvil District (£25 per annum).
MULLINGAR UNION, co. Westmeath—Medical Officer for the Castletown Geoghegan Dispensary District (£90 per annum, and Registration and Vaccination Fees).
NEWCASTLE-UPON-TYNE INFIRMARY—House-Surgeon; Junior House-Surgeon.
NEWTON ABBOT UNION—Medical Officer and Public Vaccinator for District No. 11 (£47 per annum [including extra Surgical Fees], and Midwifery Fees).
NORTH STAFFORDSHIRE INFIRMARY, Etruria—Surgeon.
NORTHUMBERLAND PAUPER LUNATIC ASYLUM, Morpeth—Assistant-Surgeon (£85 per annum, with board and residence).
NORTHWICH PROVIDENT DISPENSARY—Surgeon.
READING DISPENSARY—Physician; Three Surgeons.
ROYAL KENT DISPENSARY, Greenwich—Three Medical Officers for Deptford.
SAFFRON WALDEN UNION, Essex—Medical Officer for District No. 7 (£76 per annum, with extra Medical Fees for whole District, and Vaccination Fees for three parishes).
ST. GEORGE DISPENSARY, Mount Street, Grosvenor Square—Physician.
ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Manchester—Physician.
ST. PANCRAS AND NORTHERN DISPENSARY—Physician.
SHEFFIELD GENERAL INFIRMARY—Assistant to the House-Surgeon (£65 per annum, with board, lodging, and washing).
SOUTH SALOP AND BRIDGNORTH INFIRMARY—House-Surgeon.
SPALDING UNION, Lincolnshire—Medical Officer and Public Vaccinator for the Moulton District (£45 per ann., and Surgical, Midwifery, and Vaccination Fees).
TRIM UNION, co. Meath—Medical Officer for the Athboy Dispensary District (£100 per annum).
TRINITY COLLEGE, Dublin—Professsor of Zoology and Director of Museum.
UNIVERSITY COLLEGE, London—Professor of Medical Jurisprudence,

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*JOUBERT, C. H., Esq., appointed House-Surgeon to St. Mary's Hospital.
*ROBERTS, Frederick T., M.B., B.Sc., appointed Demonstrator of Anatomy at University College, London.
*SQUAREY, Charles E., M.B., appointed Assistant-Physician to the Hospital for Women, Soho Square.

BIRTHS.

ARCHER.—On May 28th, at King's Lynn, the wife of *E. Archer, M.D., of a son.
BOGG.—On June 2nd, at New Barnet, the wife of E. Beverley Bogg, M.D., R.N., prematurely, of a son, stillborn.
BURY.—On June 4th, at Whetstone, the wife of *George Bury, Esq., Surgeon, of a daughter.
CHALDECOTT.—On June 4th, at Dorking, the wife of *Charles W. Chaldecott, Esq., Surgeon, of a son.
CHEADLE.—On June 4th, at Hyde Park Place, the wife of *W. B. Cheadle, M.D., of a son.
ELIN.—On June 1st, at Hertford, the wife of *George Elin, M.D., of a son.
HILL.—On June 1st, at Weymouth Street, the wife of *Berkeley Hill, Esq., of a son.
MAXWELL.—On May 25th, at Stickney, near Boston, the wife of Peter Maxwell, M.D., of a son.
STOKOE.—On May 29th, at East Dulwich, the wife of Paul H. Stokoe, M.D., of a son.

MARRIAGES.

*AXFORD, W. H., M.B., of Bridgwater, to Amelia Eliza Maria, daughter of the late Robert Berry NIBLETT, Esq., of Dorking, at Paddington, on June 3rd.
BALLANTYNE, Alexander, M.D., Dalkeith, to Maria Orford, only daughter of the late Henry SHERMAN, Esq., of Cape Town, South Africa, at Brixton, on June 3rd.
BENSLEY, Edwin C., Esq., Surgeon, H.M.'s Indian Army, to Catherine, youngest daughter of Henry SHEFFIELD, Esq., Avenue Road, Regent's Park, on June 3rd.
BREND, William, Esq., Surgeon, Kensington, to Margaret, only daughter of the late John CHARLES, Esq., Champion Park, Denmark Hill, at Clapham, on June 3rd.
CADDICK, Alfred, Esq., West Bromwich, third son of E. Caddick, Esq., Carradoc, Herefordshire, to Anne Jessie, second daughter of *John ARMSTRONG, M.D., J.P., of Gravesend, at Milton-next-Gravesend, on June 8th.
*GRIFFITHS, Lemuel Matthews, Esq., Surgeon, of Bristol, to Anne Susannah, younger daughter of G. H. SHARP, Esq., of Bristol, on June 3rd.
HEELAS, Martin L., Esq., Surgeon, London, to Mary Rose, youngest daughter of the late William DUNCAN, Esq., merchant, Aberdeen, on June 3rd.
LATHAM, Philip A., Esq., son of *P. M. Latham, M.D., to Ella, daughter of R. NEVITT-BENNETT, Esq., of Cornwall Terrace, Regent's Park, on May 25th.
LLOYD, T. Franklin, Esq., Surgeon, of Finsbury Circus, to Emily, second daughter of George W. RICH, Esq., of Hounslow, on May 27th.
LOCKING, George H., Esq., of Leeds, to Sarah, second daughter of James HANKS, M.D., of Snaith, Yorkshire, at Hull, on June 2nd.
*MACDONALD, John, Esq., Surgeon, at Lincoln, to Louisa Harvey, third daughter of *G. W. JOTHAM, Esq., Surgeon, of Kidderminster, on June 1st.
ROBINSON, Thos., M.D., of Lamb's Conduit Street, to Caroline, youngest daughter of the late Thomas SKELTON, Esq., of Dartmouth, on June 1st.
SHAW, Robert, M.B. & C.M., to Margaret, daughter of the late James Hunter KELLOCK, Esq., at Thornhill, Dumfriesshire, on June 1st.
TOWNSEND, Henry, Esq., of Hatfield, Herts, to Mary Anne, second daughter of C. Linton ALEXANDER, Esq., of Great Dover Street, at Southwark, on June 3rd.
WILLEY, Henry, M.B., of Bromley, Kent, to Edith, second daughter of the Rev. Arthur G. GARLAND, of Winchester, on June 1st.
WARD, Martindale, L.R.C.P.Ed., of Chelsea, to Mary Ann, widow of the late Joseph ARTHUR, M.D., on May 31st.

DEATHS.

*BARKER, Edward Robert, M.D., late of Menai Bridge, at Beaumaris, aged 29, on June 2nd.
HILL, Ninian, M.D., at Levanne House, Renfrewshire, on May 30th.
HUMPAGE, John, Esq., Surgeon, late of Stroud, Gloucestershire, at Milton-next-Gravesend, aged 87, on June 3rd.
*KENT, Octavius J., Esq., Surgeon, at Eastbourne, aged 33, on June 2nd.
M'LELLAN, William E. M., M.D., at Oban, aged 30, on May 31st.
MELLER, Charles J., M.D., at Berrima, aged 33, on February 26th.
OGDEN, James, M.D., at Ardwick, Manchester, aged 76.
REID, William, M.D., at Lower Mount Street, Dublin, aged 59, on May 28th.
TAYLOR.—On May 25th, at Colchester, Susanna G., wife of T. Taylor, Esq., Surgeon, of Barking, Essex.
TOMKIN.—On May 28th, at Witham, Essex, aged 76, Eleanor, widow of Thomas Tomkin, M.D.
WALKER.—On May 27th, at Bebington, Cheshire, Penelope, widow of the late John Walker, M.D, aged 53.

◆

BEQUESTS.—The late Mr. Samuel Scott, the banker, has left £1,000 each to the Middlesex and St. Mary's Hospitals, and £500 each to the St. John's Institution for Nurses and the Cancer Hospital.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.
TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.
WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.
THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Roya Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.
FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.
SATURDAY ....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Anthropological Society of London., 8 P.M.
THURSDAY.—Linnæan Society.—Chemical Society.—Royal Society.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amouut.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

VILLAGE HOSPITALS.—Mr. Albert Napper, of Cranley, near Guildford, is a very high authority on this subject.

CURDLED MILK.—To prevent milk from curdling, to retard its acid change, it suffices to saturate the acetic and lactic acids which may be developed in it by the addition of a little bicarbonate of soda. About fifteen grains of this alkaline salt to each pint of milk is sufficient and is harmless. Milk will, as every housewife knows, sometimes clot after it has been boiled for a meal. The "turned" milk may be restored to its normal state by adding some bicarbonate of soda, in the proportion above mentioned, and again boiling it.

THE PERMANGANATE TEST.

SIR,—In the paper entitled "Water-Analysis for Sanitary Purposes", which appeared in your impression of May 29th, the following passage occurs:—"But though the permanganate test is wholly untrustworthy as a means of ascertaining the amount of organic substance in water, it has been considered capable of affording useful indications as to the nature and condition of that organic substance. Its application with that important object is due to Dr. R. A. Smith."

Allow me to say that the latter sentence is totally incorrect. The application therein alluded to is due to me, and not to Dr. Smith. So long ago as the year 1858, I publicly demonstrated the practical importance of permanganate solution as a popular test for the relative purity of drinking water as regards organic taint, and having drawn the attention of the Government Department of Science and Art thereto. My method was in the following year published for popular information at the South Kensington Museum. I subsequently brought out and extensively sold a mechanical arrangement for the purpose, which was accompanied with directions.

It is possible that Dr. Smith may, more recently, have improved upon my method, with the view of adapting it to the purposes of scientific analysis. That idea, I freely admit, may be due to him. I entirely disclaim it for myself; and must leave to Dr. Smith the defence of the scientific value of the permanganate test against those chemists who deny it. My part in the matter has been to introduce and popularise permanganate solution in the form of Condy's Fluid, as an easy and ready approximate qualitative sanitary water test, which it undeniably is.

I have no desire to undervalue the importance of Dr. Smith's labours; but, in justice to myself, cannot remain silent when mine are entirely ignored, as is the case in the paper in question. I am, etc.,

Battersea, June 1869. H. B. CONDY.

[Mr. Condy appears to have misunderstood the purport of the passage he quotes, and to have imagined that the reference to the permanganate test was intended to indicate its first introduction, instead of a special application of the test with an object different from that of Mr. Condy, Dr. Letheby, or Professor Forchhammer.]

THE LICENSE OF THE ROYAL COLLEGE OF PHYSICIANS.

SIR,—I see from a letter to you in the JOURNAL of May 8th, that a Licentiate of the Royal College of Physicians of London is at a loss what to style himself. Having taken the license myself, I was in the same position for several months, and at last wrote to the Registrar of the College for advice. I received a reply, written in the very guarded terms usually employed by the gentlemen in office at the different Colleges, from which, however, I gathered that the College would object to a Licentiate styling himself Dr.; but that they would not object to him styling himself Mr. ——, Physician; or Mr. ——, Physician and Surgeon, as the case might be. For, says the Registrar, as a Licentiate of this College is a Physician, we see no reason why it is not as proper for him to style himself so, as for a member of the College of Surgeons to style himself Mr. ——, Surgeon; or a Licentiate of the Society of Apothecaries to style himself Mr. ——, Apothecary. For myself, I intend to have the word Physician on my plate after my name, and so prevent my appearing to be what I am not, *i.e.*, a "pure physician". I shall have after the word Physician the sign &c. If this plan were followed by all Licentiates—at least, of the London College—it would, as the Registrar intimates, be a step towards getting out of the present confusion. I am, etc.,

Liverpool, May 1869. J. E. BURTON, L.R.C.P.Lond.

WE are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, June 9th; The Lincoln Journal, June 8th; The Western Daily Press, June 8th; The New York Medical Gazette, May 22nd; The Indian Medical Gazette, May 1st; The Belfast Northern Whig, June 2nd; The New York Medical Record, May 22nd; The Western Mail, June 5th; The Brighton Daily News, June 7th; The Boston Medical and Surgical Journal, May 27th; The Durham Chronicle, June 4th; The Brighton Times, June 5th; The Aberdeen Free Press, June 4th; The Merthyr Telegraph, June 5th; The Carnarvon and Denbigh Herald, June 5th; The Whitehaven Herald, May 22nd.

COMMUNICATIONS, LETTERS, ETC., have been received from:—

Dr. E. Watson, Glasgow; Mr. E. C. Coney, London; Dr. James Ellis, London; Mr. T. S. Cooper, London; Mr. G. Hardie, London; Dr. Henderson, Crook; Mr. L. Tait, Wakefield; Dr. Waring-Curran, Downpatrick; Dr. Morley Rooke, Cheltenham; Mr. R. S. Crothy, Dublin; Mr. J. B. Hutchins, London; Mr. H. S. Taylor, Guildford; Mr. O'Connor, March; Dr. Aitken, Edinburgh; Mr. Thomas Eden, Liverpool; Dr. Procter, York; Dr. Hermann Weber, London; Dr. Bäumler, London; Prsfessor Longmore, Netley.

LETTERS, ETC. (with enclosures) from:—

Sir James Y. Simpson, Bart., Edinburgh; Dr. E. Ludlow, Bristol; Mr. T. Logan, Thornhill; Dr. H. B. Spencer, Oxford; Dr. A. Ransome, Bowden; Dr. J. O. Fletcher, Manchester; Mr. J. Birchenall, Macclesfield; Mr. J. F. West, Birmingham; Dr. Lomas, London; Dr. Murchison, London; Dr. Thos. J. Walker, Peterborough; Mr. Solly, London; Mr. Henry Lee, London; Dr. Savage, Birmingham; Mr. A. W. Nankivell, Rochester; M.D.; Mr. G. D. Pollock, London; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. Dyce Duckworth, London; Dr. Fleming, Birmingham; Dr. Squarey, London; Dr. Mapother, Dublin; Dr. Armstrong, Gravesend; Dr. F. T. Roberts, Liverpool; Dr. Perry, Evesham; Mr. D. Kent Jones, Beaumaris; Dr. H. Johnson, Shrewsbury; Mr. S. Wood, Shrewsbury; Dr. E. Ablett, Whitehaven; Dr. H. Charlton Bastian, London; Dr. Paul, London; Dr. Joseph Rogers, London; Dr. R. P. Cotton, London; Dr. Gillespie, Edinburgh.

BOOKS, ETC., RECEIVED.

The High Death-Rate; an Answer to the Question, "What is to be Done?" By J. Conyers Morrell. Manchester: 1869.

The Eighth Annual Report of the Glasgow Dispensary for Skin-Diseases.

Observations on Ligature of Arteries on the Antiseptic System. By Joseph Lister, F.R.S. Edinburgh and London: 1869.

Transactions of the St. Andrew's Medical Graduates' Association for 1868. Edited by Leonard W. Sedgwick, M.D. London: 1869.

Results of Meteorological Observations, for the week ending Saturday, June 5th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND.										RAIN.	
																Number of days it blew in certain directions.									Mean Force 0-12.		
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.		Number of days it fell.	Amount in inches.
BATH Dr. Barter, F.M.S.	30.118	0.338	55.4	53.1	50.9	86	72.0	37.2	34.8	64.8	46.3	111.0	..	7	2	..	..	..	..	..	2.7	0.7	1	2.6	2	2	0.23
BOURNEMOUTH Dr. Compton, F.M.S.	30.167	0.290	52.1	50.4	48.8	88	65.3	38.3	27.0	61.4	46.5	142.0	32.4	3.6	3.6	0.7	..	..	..	1.3	4	..	..	1	1.3	4	0.21
DUBLIN Dr. J. W. Moore.	30.125	0.344	54.3	51.5	48.8	81	67.2	46.7	20.5	59.3	49.5	..	40.7	7.9	..	..	..	0.3	0.7	..	1.9	2.3	1	8	1.9	5	0.29
KEW Dr. Treutler, F.L.S., etc.	30.145	0.338	54.0	49.2	44.5	70	71.5	37.0	34.5	63.1	45.9	137.0	28.7	6.1	5.7	..	0.3	..	..	..	2	2.3	1	1.3	2.5	3	0.21
LLANDUDNO Drs. Nicol and Dalton.	30.036	0.390	53.7	50.3	47.0	78	65.0	39.3	25.7	62.1	47.3	..	..	5.1	..	..	0.3	..	..	..	1.3	3.3	2	..	1.5	3	0.30
MALVERN Messrs. W. and J. Burrow.	30.162	0.403	53.7	49.3	45.0	72	70.5	40.3	30.2	65.8	45.9	125.0	34.2	6.5	4.0	..	1	..	..	..	2	2.6	1.3	..	1	3	0.13
SCARBOROUGH Dr. C. Fox, M.R.C.P., etc.	30 044	0.421	54.6	50.1	45.8	72	64.4	42.0	22.4	60.8	45.9	126	32.5	5.9	0.7?	1.3	0.7	..	..	..	0.7	2	2	0.3	4.8	3	0.13
SIDMOUTH Dr. Mackenzie, F.M.S.	30.180	0.332	52.2	49.9	47.6	84	62.6	40.3	22.3	60.3	44.3	..	..	..	..	2	..	..	1	1	3	..	..	..	..	2	0.11
WORTHING W. J. Harris, Esq., M.R.C.S.E.	30.143	0.351	53.7	50.9	48.3	81	61.7	37.6	24.1	59.5	46.7	..	32.2	6.2	3.8	0.3	..	0.3	..	..	3	1.7	0.3	1.3	1.4	2	0.19

REMARKS.—There has been a general and considerable increase of atmospheric pressure during the week, while the range has been much more limited. Temperature has also increased very considerably, while its range has, at the same time, been rather greater. Winds shifted to the S.W. early in the week, and have continued to blow from that quarter with moderate force ever since. The sky has been rather more free from clouds, and the amount of ozone has been somewhat less than during the previous week. The rainfall, though general, has been much less in quantity. A slight thunderstorm occurred at Bath on the 31st ultimo, lasting a quarter of an hour. The weather has on the whole assumed a more settled aspect. The commencement of the week was cool and cloudy, but with the beginning of the present month warm weather set in, accompanied by some slight showers during the day and frequent heavy dews at night, and occasional fogs. The public health is generally reported as very satisfactory.

Principal Plants first seen in Flower at Kew, and its vicinity, during the Week.—Cynoglossum officinale; Tamus communis; Valeriana dioica; Viburnum Opulus; Sarothamnus Scoparius; Lonicera Periclymenum; Potamogeton natans; Menyanthes trifoliata; Rosa canina; Rosa spinosissima; Myosotis palustris; Matricaria Chamomilla; Nasturtium amphibium; Lychnis Flos-Cuculi; Ranunculus sceleratus; Heracleum Sphondylium; Aegopodium Podograria; Euphorbia Peplus; Dactylis glomerata; Poa fluitans; Stellaria uliginosa; Stellaria graminea; Juncus squarrosus.

Kew, W., June 9th, 1869. W. J. TREUTLER.

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☞ These ESSENCES may be obtained from Druggists and Italian Warehousemen in all the principal towns, in canisters of from 4 oz. to 6 lb. each.

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REMARKS
ON
A MODE OF AFTER-TREATMENT IN OPERATIONS UPON THE URINARY ORGANS: WITH ILLUSTRATIVE CASES.

By T. R. JESSOP, F.R.C.S.,
Surgeon to the Leeds Public Dispensary; Lecturer in Physiology at the Leeds School of Medicine.

ALTHOUGH the two principal operations upon the urinary apparatus—lithotomy and perineal section—are surrounded by many difficulties and dangers, it will be readily admitted that, if it were possible to do away with the presence of urine for a sufficient length of time after the operation to allow of the wound being healed—if it were possible, that is to say, to put wounds of the urethra under like conditions with wounds in most other parts of the body—these operations would be deprived of more than half their terrors. The structures through which the surgeon cuts in the removal of a stone from the bladder, or in the division of a stricture, are not of that importance, that their entirety is necessary to the well-being of the individual; they have no vital functions to perform; they may be divided and redivided; they may be so much altered by inflammatory disease, as to be hardly recognisable, and yet be equal to the performance of their offices, in such a manner, that the rest of the system shall know nothing of their imperfections. So long as the urethral passage remains tolerably patent, it matters little what the condition of its immediate surroundings may be. Wounds of the urethral walls, and of the prostate, heal readily enough oftentimes under the most unfavourable circumstances; and in cases where the urethra has been laid open to a very considerable extent, where the prostate has been freely incised, and the tissues of the bladder itself even divided, there is every reason to believe, that union would be rapidly and safely effected, were it not for the interference by the flow of irritating urine over the cut surfaces.

To pelvic cellulitis from *urinary* infiltration, to peritonitis, derived by extension of inflammation from the prostate made to suppurate by the flow of *urine* over its cut, torn, or crushed surface, to pyæmia, induced by the absorption of pus from the recently made *urinary* fistula, the lithotomist will attribute a large proportion of his mortality. On two occasions, at least, I have found the pelvic cellular tissue in a state of suppuration, and more frequently I have known peritonitis to have been present on *post mortem* examination in cases which had undergone perineal section; occurrences which had undoubtedly been caused, either directly or indirectly, by the poisonous influence of the *urine*. It is entirely due, moreover, to the frequent escape of *urine* through the wound, that troublesome fistulous openings every now and again remain, after the urethra has been laid open. It was in the endeavour to prevent this untoward occurrence in a youth, who had previously shown a peculiar tendency to the formation of fistula, that I first adopted the plan, which it is my object in this communication to advocate.

In speaking of the treatment of urinary fistula, Sir Henry Thompson, in his Sixth Lecture, published in the *Lancet*, April 4th of last year, says: "It was sometimes attempted to cure such fistula by tying in a gum catheter for weeks or even for months; but this always fails, and for this reason, that urine always finds its way from the bladder by the side of the catheter, along the urethra, and so into the fistula, by the force of capillary attraction, and thus the object supposed to be attainable, in reality never was and never could be so accomplished. The practical surgeon soon discovers that tying in an instrument never ensures the transit of all the urine through it; some will always pass by the side and defeat your purpose."

The experience of most surgeons, I imagine, will correspond with that of Sir Henry Thompson in showing that, when a catheter is fixed in the bladder, urine does make its way by the side of the instrument; but whether this escape of urine is brought about by the force of capillary attraction may fairly be questioned. Were that so, surely there would be an incessant dropping of urine upon the bed, rather than the occasional involuntary gush, and the voluntary stream through the instrument on the withdrawal of the plug, or the turning of the stopcock; we should expect the bladder to be kept for the most part in an almost empty condition by constant dribbling, rather that to find, as I have many times found, that there are several ounces of urine to be let off at each visit. That the sphincter at the outlet of the bladder is less powerful to retain urine when grasping a catheter, than when free to completely close the orifice it guards, the involuntary escape of the urine at all incontrovertibly proves; but that, when in a tolerably healthy state, it will allow the urine to flow by the force of capillary attraction, I can hardly believe. The sphincter when at rest is closed, the whole urethra forms a closed canal, and it is none the less closed when it contains a catheter. Urine will pass by the side of the catheter only when forced by the contracting bladder behind, or when the bladder has become over-distended, and that too when from some independent cause the sphincter and urethral walls are paralysed. Nevertheless it cannot be denied that, where a catheter is retained in the bladder, the urine does flow more frequently, and is less under the control of the will than when the canal is throughout free to close upon itself; but this probably results from the irritation produced by the presence of the catheter in the bladder, giving rise to increased contraction of the muscular coat, rather than from the diminished resistance to further dilatation on the part of the sphincter itself. I have observed in cases of perineal section, where a plugged catheter has been retained, that, *if the plug has been withdrawn at short intervals*, the urine has flowed through and by the side of the instrument only at the time of the withdrawal of the plug, and that the bed has remained dry from one withdrawal to another. The bladder is capable, it would seem, of holding a few ounces of urine when a catheter is fixed in it, and expels its contents only after a certain amount of accumulation has taken place. If this accumulation can be prevented, there will be no forcible contraction of the bladder, and consequently no escape of urine by the side of the instrument.

CASE I.—In November 1866, I was consulted by George M., aged 21, under the following circumstances. On January 20th, 1860, he fell astride the foot-board of his bed; very extensive extravasation of urine followed, and he was removed to the Leeds General Infirmary to be under the care of the late Mr. Teale. The usual incisions were made, and the urine flowed freely through the perinæum. On the 18th of February following, as no instrument could be passed into the bladder, and the urine continued to flow through the perinæum, Mr. Teale performed perineal section, and fastened a No. 8 catheter in the bladder, which, however, had to be removed next day, in consequence of the pain it occasioned. The urethra was kept open by the occasional introduction of the bougie, as long as he remained in the hospital, and until the wound had closed. In the following June he returned to the hospital with a perineal fistula, through which almost all the urine escaped, and with the urethra impermeable to the smallest instrument. A second time perineal section was performed, and a No. 8 catheter retained in the bladder for forty-eight hours. The same instrument was then daily passed for seven weeks, and afterwards twice a week during the few weeks he continued to attend at the hospital. When last seen there was still a small opening through which urine flowed in drops. In October, he presented himself again, in a condition very similar to that in which he had been admitted in the previous June, and again the operation was repeated, a No. 8 catheter being retained for nine days, and subsequently passed twice a week until he once more ceased to attend. Nothing further was seen of him until May 1864, when he applied at the hospital for an urinal to relieve him from the annoyance of incontinence. He refused further treatment, although his urine was passed involuntarily for the most part through a small fistulous opening immediately behind the scrotum. When he applied to me in November 1866, the perinæum was wholly occupied by a large abscess, and there was a constant dropping of urine from the end of the urethra. He had discarded his urinal, and consequently the skin of the penis, scrotum, and insides of the thighs, as low down as the knees, was in an almost raw condition. I opened the abscess by a deep central incision, and in a few hours urine flowed freely through the wound. When the swelling had subsided, and healing had proceeded apparently to its full extent, three-fourths of the urine was passed through the fistulous opening in the perinæum, and the remainder dribbled from the end of the penis. I was unable to introduce any instrument into the bladder, even after the most persevering endeavours, and with the aid of chloroform. I therefore performed perineal section on January 29th, 1867, and fixed a No. 10 silver catheter in the bladdder. The end of the catheter was closed by a plug, which was directed to be withdrawn whenever urine was passed. At each passing of urine some escaped by the wound, so that, at the end of three weeks, the edges of the now contracted wound had assumed a healed appearance, and it was evident that a permanent fistula was about to be formed. On February 20th, with the intention of preventing the accumulation of urine by the provision of a permanent drain, thereby securing a continued quiescent state of the bladder, and in the hope that the flow through the fistula would be wholly prevented, I attached an India-rubber tube, of the calibre of the catheter and two yards long, to the end of the catheter, and carried the unattached end into a vessel beneath the bed. The object was fully attained. Not a drop of urine was ever afterwards passed through the perinæum, and in a little more than four weeks the wound had quite closed. For six months I occasionally passed a No. 10 bougie. He remains well at the present time.

CASE II.—In May 1867, William C., aged 6 years, was brought to me from the country. In the previous January he had been cut for stone, and a large calculus weighing seven drachms had been extracted. For a time his symptoms disappeared, but they soon returned with increased vigour, and a fistulous opening at the inferior extremity of the cicatrix remained, from which urine was almost constantly dropping. On sounding, I readily detected the presence of more than one stone. On May 22nd, I performed lateral lithectasy, and extracted four small phosphatic coated calculi, weighing together one drachm. In the external incision I included the fistulous track Immediately on the completion of the operation, I passed through the penis, and fixed in the bladder, a No. 6 silver catheter, with India-rubber tube attached. In the evening of the same day a wet spot, as large as a crown piece, was observed upon the sheet; but as this was partially stained with blood, and had not an urinous odour, it was probably from serum only. With this exception, if exception it could be called, *all* the urine passed through the tube. On the morning of May 25th, the tube and catheter were removed; the wound had closed except at the surface. The urine continued to flow through the urethra, and on the 26th he ran about the house quite well.

CASE III.—On March 12th, 1867, I removed a small oval calculus weighing two and a half drachms from the bladder of Mrs. M., aged 46, at Pudsey near Leeds. She had suffered from symptoms of stone for four and a half years, and during the last two years her life had been miserable in the extreme in consequence of the almost incessant straining to pass urine. The urethra was *rapidly* expanded by Weiss's dilator, to such an extent as to allow a pair of ordinary small sized lithotomy forceps to be introduced between the blades of the instrument; the stone was then seized, and was readily withdrawn. The extent of dilatation required for the extraction of the stone grasped by the forceps is represented by a circle, whose diameter measures seven-eighths of an inch. A silver female catheter, with India-rubber tube attached, was fixed in the bladder, and retained until March 18th. During the entire treatment not a single drop of urine ever escaped upon the bed, and when the catheter was removed she could retain her urine for an hour and a half. She now has perfect control over the bladder, and is quite well.

CASE IV.—In December 1867, I was called to see Mrs. B., who five days before had been delivered of her first child. Her labour had lasted many days, and finally a dead child had been extracted by instruments. For the first two days after her delivery, she had not passed any water, and since then she had suffered from violent abdominal pain, and her bed had been constantly soaked with fœtid urine. I found the bladder distended so as to reach above the umbilicus, the vagina in a putrid and sloughing state, and urine dribbling from the orifice of the urethra. A very large quantity of decomposed urine was at once drawn off through a catheter, which, with India-rubber tube attached, was fixed in the bladder. The friends were directed to syringe the vagina several times daily with warm water. The catheter was removed at the end of six days, having during the whole of that time been the means of keeping the bladder continually empty, and the bed perfectly dry. The patient ultimately recovered with no other defect than a contracted vagina.

I might cite many other cases; but these are sufficient, I think, to prove that it is quite possible, by the means I have indicated, to carry off all the urine as secreted both from the male and female bladder, without allowing any to escape by the side of the instrument; indeed, whilst I have in dozens of instances proved the fact, I have not yet met with a case in which urine escaped by the side of the catheter.

It would seem then that, if the urine be allowed to accumulate even to a slight extent, whilst a catheter is retained in the bladder, as is necessarily the case where a *plugged* catheter is made use of, the bladder will by its contraction force some of its contents out by the side of the catheter, and so defeat our object; whereas, if a continuous drain be provided, whereby the bladder can be kept constantly empty, the urethra, even when it has been freely incised, or, as in the third case narrated above, when it has been very considerably dilated, may be kept free from the contact of urine.

I need hardly dwell further upon the importance of this fact in the after-treatment of operations upon the urinary apparatus. I am sanguine enough to think that the use of the continuous drainage-tube may be the means of materially diminishing the mortality in these cases, by removing the principal barrier to union by first intention of the incisions into the urethral canal.

Before concluding, I am anxious that I shall not be understood to be putting forth a claim to have been the first to have attached an India-rubber tube to the end of a catheter, for the purpose of carrying off the urine into a vessel beneath the bed; for I am well aware that several surgeons have anticipated me in that they have made use of the tube for purposes of cleanliness and convenience, but I am not aware that it has ever before been suggested as a *principle* of treatment in lithotomy and perineal section. And yet, whilst my main object is to show, that in the India-rubber tube we have a means at our command by which urethral wounds may be rendered comparatively simple, I would take this opportunity of strongly recommending its extended application in many of those cases, whether in the male or female, in which the frequent use of the catheter is called for, on account of the great comfort which will be thereby secured for the patient, and the valuable convenience it will prove to the surgeon. I have known a medical man travel thirty miles a day, during many consecutive days, for the purpose of passing a catheter for a female after parturition, and I have lately restored the perineum by the usual plastic operation in a patient, who, owing to the distance at which she lived, would have been compelled at great inconvenience to have left her home, had I not been able to dispense with the necessity of regular catheterism by the use of the tube.

A CASE IN WHICH HÆMATURIA OCCURRED AS THE CONSEQUENCE OF OXALURIA.

By DYCE DUCKWORTH, M.D.,
Assistant-Physician to St. Bartholomew's Hospital.

THE following case is remarkable for several reasons; and I am induced to record it, because I have neither seen nor read of one which resembled it.

A gentleman, about thirty years of age, came under my observation in August 1868, suffering mostly from a slight hæmorrhoidal condition. He was usually a strong and active person, but had felt much relaxed and weakened of late, owing to the extreme heat of the summer.

There were no distinct hæmorrhoids, but there was a general turgescence about the anal vessels. A sensation of tightness and uneasiness about the lower part of the rectum was experienced. Nothing was particularly noteworthy about the complexion; the skin was soft, often perspiring; the tongue flabby, indented, and clean; the appetite fairly good; the bowels rather constipated; pulse over 70, rather soft, of fair volume. The urine was acid, and usually deposited lithates, especially in the mornings. He confessed to having taken less exercise of late, especially in the evenings after dinner, which was his custom in summer time. There was some lassitude, and occasionally depression of spirits. Physical examination elicited nothing beyond the fact that deep palpation over the liver caused some dull pain.

A regulated diet, with small doses of the mercurial and colocynth pill, did not relieve these conditions, and in about ten days a new symptom occurred. It seemed that, after micturition one afternoon, a troublesome smarting was felt in the whole course of the urethra, extending indeed from the pubes to the meatus. Some uneasiness remained that evening in the perineum, and after each subsequent micturition the pain was induced afresh. This led the patient to examine the urine he passed, and it was found to be clear, but of a bright red colour. I procured some of this, and carefully examined it. On standing for a few hours, a granular deposit occurred, not unlike the sediment which falls from beef-tea. The urine was highly acid. With heat and nitric acid, coagula formed to some extent. Microscopic examination revealed the presence in the sediment of numerous blood-discs, mucus-corpuscles, and abundant octohedral crystals of oxalate of lime, some of the latter being very large. There was no appearance of renal epithelium or casts of the tubes.

Next day, the morning urine was clear and free from all appearance of blood; some few crystals of oxalate of lime, however, were deposited from it. Nothing further was noticed by the patient till three days subsequently, when the same series of symptoms recurred, the bloody urine and urethral uneasiness returning. Examination of the urine shewed the presence of the same structures as on the previous occasion.

On reviewing the facts of the case, it was not at first clear whence the hæmorrhage proceeded. No pure blood was passed; not even a drop. It was noticed to be intimately mixed with the urine at the time of passing it. No blood-casts or tube-casts were found, though careful examination was made with a view to discover them. Close investigation elicited no probability of calculus in either kidney, or in the bladder, and there was no previous history of renal colic. There were, moreover, no dumb-bell-shaped crystals of the oxalate of lime detected in the urinary deposit; and these I knew Dr. Beale regarded as at least pathognomonic of the gravest form of oxaluria.

Not to lose time in treating these symptoms, the patient was put upon a nitro-muriatic acid mixture, and dieted so as to favour as little as possible the presence or production of oxalic acid in the system. This last consisted in withholding all vegetables, malt liquors, and wines; keeping to moderate allowance of bread and meat, with milk, and a little brandy and seltzer water. Gentle exercise was enjoined, and the patient was advised to be in the open air as much as possible.

The next noteworthy point in the case was a certain periodicity in the symptoms. They were noticed to be most marked about five o'clock in the afternoons, and walking seemed to aggravate the urethral distress.

That there was nothing in the case to ally it with those of the intermittent or paroxysmal form of hæmaturia, I felt confident, since there were no preliminary chills, nor was there a source for these during the extremely warm weather then present. There was no history of ague. The urine remained bloody till the morning of the following day, and blood globules were always found in it, which is certainly not often the case in the paroxysmal hæmaturia. Moreover, the oxalate of lime was persistently present; and thus the opinion rose uppermost that there was cause sufficient for the hæmorrhage in the large and irritating crystals of this salt which collected and irritated the vesical and urethral surfaces. Further, I could not ignore the continuance of the congested state of the adjacent hæmorrhoidal vessels, and the presence of dull hepatic pain—symptoms clearly pointing to an improper condition of the liver.

At this time I had the advantage of seeing the case with my colleague Dr. Andrew, who carefully examined the urine, and investigated the symptoms. He quite concurred in the view taken and above expressed, and was disposed to ignore any notion of more grave renal or vesical affection. It was agreed to treat the hæmorrhoidal state more directly, and to continue the more special method to obviate oxaluria. Two drachms of the confection of black pepper were accordingly ordered to be taken each night at bedtime, and the acid mixture three times daily before meals. The result of this treatment was, that the turgid state of the vessels about the anus shortly passed off, and no more blood appeared in the urine; the oxaluria likewise disappeared. In the course of the next six or eight weeks, however, the patient suffered from a succession of painful boils, three in number, upon the right forearm. He removed to the country for some weeks, and thoroughly regained his former health. Up to the present time, eight months subsequently, there has been no recurrence of the hæmaturia, nor indeed any urinary disturbance whatever. Two months ago I detected upon all the finger-nails of this person, and upon those of the great toes, transverse furrows. These, from their position, evidently corresponded to the parts grown during the period of depressed health.*

It may be well to review briefly the leading features of this case. First, as to the symptoms: there was a generally relaxed, atonic condition of system; there were signs of a somewhat congested liver, as evinced by hepatic tenderness, constipation, and loaded hæmorrhoidal vessels: under these circumstances, several attacks of hæmaturia occurred, accompanied with irritability of the neck of the bladder, and whole course of urethra.

For the reasons before mentioned; viz., the absence of renal colic, of the passage of any kind of gravel, clot, or fibrinous shred at any time, as also of lumbar pain or tenderness, the idea of calculus could not be entertained. There was no history of blow or injury to the loins, and no purpuric or hæmorrhagic tendency. No special irritant of any kind had been taken or applied to the body. The urine, between the attacks, was natural, with the exception—in this instance important—of some crystals of oxalate of lime; hence the renal textures were presumably healthy. The blood, when passed, was always intimately mixed with the urine, and so it seemed fair to suppose that there could be no *important* source of bleeding in either the bladder or urethra. And yet I believe these surfaces did yield the blood in this instance. The situation of the pain and uneasiness, together with the presence of great abundance of large crystals of oxalate of lime, appeared to point to the true nature of the case. We can indeed exclude the kidneys as to their secreting structures, and almost their infundibula and pelves, the ureters likewise, from contributing to the hæmorrhage; certainly there were no marked symptoms referable to any of these parts.

That urine charged with oxalate of lime crystals, independently of even small calculi, should prove a source of cystic or urethral hæmorrhage, is not usually taught or believed. It is not unworthy of note, however, in connection with this point, that crystals of oxalate lime, generally in small quantity, it is true, not unfrequently appear in the urine in cases of hæmaturia, due to very various causes; such, for instance, as is produced by injection of turpentine (vide case reported by Dr. G. Johnson, *Diseases of Kidney*, p. 487), by the presence of "irritating material" in the blood (*ibid.*, p. 490), or, more commonly still, in the intermittent form of hæmaturia, where, as Dr. Greenhow has shewn (*Transactions of the Clinical Society*, 1868), oxalates are very often present. I may mention here that, when some time back, I repeated some interesting experiments, devised and fully carried out by Dr. Leared, upon the artificial induction of oxaluria, I did not notice hæmaturia in connection with the symptoms (*St. Bartholomew's Hospital Reports*, vol. ii, 1866); neither, I believe, did Dr. Leared. Hence, I think, we may not look for this symptom in ordinary cases of oxaluria; there must be some other morbid state or tendency in addition to the oxalic diathesis, however temporary or confirmed the latter may be.

"Hæmaturia is not a recognised consequence of oxalate of lime, unless when a calculus has formed." So writes Dr. George Johnson (*op. cit.*, p. 492). The late Dr. Todd (*Clinical Lectures on Urinary Diseases*, p. 62, edit. 1857), in commenting on a case of cystic hæmaturia, which indeed bears resemblance, in some particulars, to the one here detailed, except that the blood was passed only at the completion of micturition, asks—"could the great abundance of oxalate of lime crystals in the urine have acted as an irritant to the bladder, exciting the mucous secretion as well as the hæmorrhage?" If we ask this question with reference to the present case, I believe we may reply in the affirmative. It is fair to suppose that there was a turgid condition of the vesical mucous membrane, and the prostatic portion of the urethra, and that the presence of a considerable amount of such irritating material as large octohedra of oxalate of lime lodging about these congested surfaces, induced rupture of certain of their capillaries from time to time.

The subsequent outbreak of boils is noteworthy in connection with the oxaluria, general atonic condition, and perhaps with the presence of "irritating material" in the blood.

With respect to the therapeutics in this case, it was clear that benefit was first and most unequivocally derived from the employment of Ward's paste, or confection of black pepper. This, no doubt, relieved, as it so often satisfactorily does, the hæmorrhoidal congestion which led to the prominent symptoms, while the good effects of regulated diet and hygiene, with direct treatment by the mineral acids, led no less obviously to the removal of the oxalic diathesis.

ON ACUPRESSURE.

By JAMES F. WEST, F.R.C.S. (Exam.)
Senior Surgeon to the Queen's Hospital, Birmingham.

The following table, showing the results of acupressure in a number of important surgical operations, performed at the Queen's Hospital within a period of twelve months, was brought forward by me at the Inaugural Clinical Address which I delivered at the opening of the present winter session, in testimony of the value of that method of arresting hæmorrhage.

It will be observed that in only two of these cases did any bleeding follow its employment; one was a case of secondary amputation of the leg just below the knee in a delicate boy, aged 17, whose foot had been crushed by a waggon, and in whom sloughing of the leg followed; and the other was an amputation of the thigh by Teale's method for acute necrosis of the femur with suppuration in the knee-joint, also in a boy, aged 13. In both cases, hæmorrhage was arrested by pressure on the femoral artery, without any reapplication of the needles being necessary. In one instance the tourniquet, and in the other digital compression was used for the purpose, and both terminated favourably.

Out of the whole number, only two cases proved fatal, but in them the result was in no way due to hæmorrhage. *Post mortem* examination in each case showed that the arteries had been firmly compressed by the needles, and that above the site of pressure coagula existed which blocked the arteries completely, and further there was no extravasation of blood between the flaps. Both patients died from shock: one was a case of double amputation of the lower extremities for a railway accident, which proved fatal in six hours; and the other was a case of amputation of the thigh through the trochanters, of a young strumous girl, who had been much reduced by profuse suppuration from a deep burn, and who never rallied from the effects of the operation, but sunk on the morning of the fourth day. Reference to this table will show that the average length of time which elapsed before withdrawal of the needles was about fifty hours. Simple needles applied after Sir J. Simpson's first and fourth methods without ligature were used in all the cases.

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* This symptom was first pointed out, I believe, by the late M. Beau, of La Charité in Paris. I know that nine years ago, in his wards, he used frequently to direct attention to it. Dr. Wilks has lately brought the subject forward again.

Wounds appeared to heal more rapidly than where silken or hempen ligatures were employed; and a diminished amount of suppuration was manifest.

All these circumstances appear to me to be in favour of acupressure as a means of arresting hæmorrhage; and so strongly do I prefer it to the ligature, that I now employ it in almost every case of amputation of the limbs, and also in excision of the breast and ablation of tumours. I do not think that it can supersede the use of the ligature altogether, but I have no doubt that it will be found a most efficient substitute for it in the majority of surgical operations.

Table of Cases of Acupressure.

Name and age.	Nature of disease or accident.	Operation.	Number of needles employed.	Time of withdrawal of needles after operation.	Remarks.	Date of operation.	Result.
J. A., 8	Scrofulous disease of knee-joint.	Amputation of thigh at junction of middle and upper thirds by Teale's method.	2	50 hours.	No hæmorrhage.	Sept. 3, 1867.	Cured, Nov. 29, 1867.
M. P., 21	Deep and chronic ulcer of thigh from burn.	Double flap-amputation through trochanters.	2	72 ,,	No hæmorrhage.	Dec. 20.	Died, from shock, Dec. 24.
T. B., 67	Compound fracture of arm.	Amputation by oval skin flaps, through middle third of arm.	2	72 ,,	No hæmorrhage.	Dec. 27.	Cured, Feb. 14, 1868.
J. H., 13	Acute necrosis of femur, and suppuration of knee-joint.	Amputation of thigh at junction of upper and middle thirds by Teale's method.	3	46 ,,	Hæmorrhage after needle withdrawn from femoral. Stopped by digital pressure for a few minutes. Hæmorrhage recurred next day, and arrested by digital pressure on femoral for five hours.	Jan. 28, 1868.	Cured, June 12.
P. C., 40	Compound comminuted fracture of leg.	Amputation three inches above knee-joint by oval flaps.	2	48 ,,	No hæmorrhage.	Jan. 30.	Cured, March 3.
F. A., 15	Scrofulous disease of ankle-joint.	Syme's amputation at ankle-joint.	2	48 ,,	No hæmorrhage.	Feb. 15.	Cured, March 31.
E. W., 21	Compound fracture of left thigh and right leg.	Amputation through trochanters of left thigh and immediately below knee-joint of right leg.	4		No hæmorrhage.	April 7.	Died, from shock, 6 hours after operation.
S. H., 50	Scirrhus of breast.	Excision of breast.	1	36 ,,	No hæmorrhage.	April 15.	Cured, May 29.
E. B., 43	Scirrhus of breast.	Excision of breast.	2	56 ,,	No hæmorrhage.	April 17.	Cured, May 26.
M. A. R., 42	Scirrhus of breast.	Excision of breast.	1	48 ,,	No hæmorrhage.	April 18.	Cured, June 9.
E. C., 11	Scrofulous disease of ankle-joint.	Syme's amputation.	1	50 ,,	No hæmorrhage.	April 28.	Cured, June 26.
A. C., 15	Dry gangrene of hand.	Amputation through lower third of fore-arm by Teale's method.	1	50 ,,	No hæmorrhage.	May 10.	Cured, June 15.
S. L., 47	Scirrhus of breast.	Excision of breast.	1	52 ,,	No hæmorrhage.	May 22.	Cured, June 13.
F, D., 53	Scirrhus of breast.	Excision of breast.	1	54 ,,	No hæmorrhage.	May 22.	Cured, June 16.
M. A., 52	Scirrhus of breast.	Excision of breast.	2	50 ,,	No hæmorrhage.	June 10.	Cured, July 17.
H. H., 17	Comminuted fracture of foot.	Amputation below knee-joint by modified skin flaps.	2	120 ,,	Hæmorrhage on 5th, 20th, 21st, 22nd, 23rd, 25th, & 42nd days, arrested by tourniquet.	June 22.	Cured, Sept. 6.
J. W., 14	Compound comminuted fracture of hand.	Amputation through wrist-joint.	1	48 ,,	No hæmorrhage.	July 20.	Cured, Aug. 21.
C. C., 25	Scirrhus of breast.	Excision of breast..	1	53 ,,	No hæmorrhage.	July 20.	Cured, Aug. 23.
A. N., 15	Wound into knee-joint, followed by suppuration.	Teale's amputation in middle third of thigh.	2	48 ,,	No hæmorrhage.	Sept. 2.	Cured.

THE WORKING OF THE "CONTAGIOUS DISEASES ACT, 1866," AT ST. BARTHOLOMEW'S HOSPITAL, CHATHAM.

By A. W. NANKIVELL, F.R.C.S.,
Chief Medical Officer.

THE Act came into force at Chatham and Sheerness in October 1866. As my appointment dates from January 1st, 1867, the figures and statistics given below will, with one exception, refer to the patients admitted into the hospital during the years 1867 and 1868.

Statistics of Admission, Ages of Patients, etc.—The total number of admissions during these two years was 678; and of these, 32 remained on the books on December 31st, 1868. The age of the oldest patient admitted was 54 years; that of the youngest 13. One patient has been admitted ten times; one nine times; three eight times; eight seven times; and eight six times. The remaining patients a less number of times. These repeated admissions, however, did not actually take place during the two years 1867 and 1868, but date back to the introduction of the Act of 1864. This is the one exception to which I alluded above. Of the patients admitted, by far the greater number were born in the United Kingdom; a few, however, were born at the Cape, Gibraltar, in India, and other British possessions. One patient born in Prussia could not speak English. Chatham furnished 565; Sheerness 113 admissions of patients. The longest duration of disease prior to admission was fifteen months; but a statement of this sort from the patients themselves is, I believe, not to be relied upon, as they usually deny knowledge of the infection until examined by the Visiting Surgeon, and, if pressed on the point, will usually answer at random. 417 were cases of simple gonorrhœa; 261 were complicated, that is to say, had chancres, condylomata, buboes, secondary or tertiary syphilis, or some other complication. Of these patients, one escaped from the hospital but was recaptured the same afternoon; twelve were sent to gaol; sixteen were transferred to London; three were sent to the union, of whom two had contracted small-pox, while the third was far advanced in pregnancy; two died; five were discharged uncured at the end of six months; and three others totally incurable; making a total of forty-two discharged uncured. 604 were therefore discharged from the hospital cured; of these 40 were restored to their friends, and 27 sent to reformatories. The longest time any patient remained in the hospital was six months, the shortest time three days. The average duration of detention of each patient discharged cured has gradually diminished from fifty-two days during the first quarter of 1867, to thirty-four days during the last quarter of 1868, from which it is manifest that the cases have, during those two years, materially diminished in severity.

Wards.—The Lock Wards of St. Bartholomew's Hospital are built on three floors, and are six in number, containing a total of forty beds. The cubic space per patient is 1,540 feet.

Nurses.—There are three nurses, one on each floor; the head nurse occupying the central floor.

Admission of Patients.—The infected cases are sent in from Chatham and Sheerness, after having been examined by the two Visiting Surgeons appointed by Government for those places. They are brought to the hospital by policemen in plain clothes, and are handed over to the head nurse. Each has then a warm bath separately. Their own clothes are taken away, nor are they restored until the patient's discharge. In the afternoon of the same day, each patient thus admitted is examined by me, and, if the case be only one of gonorrhœa, she is not confined

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[*] Read at the West Kent District Meeting, held at Gravesend, March 1868.

to bed; if, however, there be any complication, such as bubo, condylomata, etc., the patient is kept in bed so long as necessary.

Dress.—The clothes supplied by the hospital consist of a blue serge jacket and skirt, under clothing, shoes, and stockings.

Hospital Hours.—The patients rise at 7 A.M., breakfast at 8, dine at 1 o'clock, have tea at 5, and retire to bed at 8 in winter and 9 in summer.

Diet.—Breakfast consists of bread, six ounces; tea, half a pint. Dinner, of meat (cooked), three ounces; potatoes, half a pound; bread, four ounces; porter, half a pint. Tea consists of bread, six ounces; tea, half a pint. Extras, as wine, beef-tea, eggs, etc., are given at my discretion.

Cleanliness is rigidly enforced. All the women are expected to be properly washed and dressed at 10 A.M. Each has a warm bath once a week, unless there be some special reason to the contrary.

Occupation.—The convalescent patients, in addition to the household work of their wards, do all the needlework required for use throughout the hospital. They wash their own linen weekly; those who are thus employed receiving extra rations. At one time shirt-making was tried, but the work was not performed satisfactorily.

Recreation.—Exercise is allotted to convalescents in the open air for two hours after dinner. For this purpose, an enclosed space adjoining the Lock wing has been set apart.

Allotment of Beds.—When new patients are admitted, care is taken by the nurse to avoid placing intimate friends together in the same ward; experience having shown that mischief or disturbance is seldom planned by a single patient. Young girls are not placed together with hardened characters if it can be otherwise arranged. Patients who express a wish to go to a reformatory are placed by themselves in a separate ward, and are not allowed to mix more than is absolutely necessary with the other women. By this means, moral contamination is as far as possible prevented. I may, perhaps, here mention that, in order to carry out this more fully, I have made arrangements by means of which a ward containing twelve beds will be kept almost entirely for patients who have never been in a Lock Hospital before.

Visits and Examinations.—I make a point of visiting the wards daily, and seeing each patient individually. When I enter a ward, all stand up at their bedsides. I pass from bed to bed; and, after inquiring as to their general health, I prescribe accordingly. Special attention is bestowed upon all bad cases; and, in the event of there being any which require more than ordinary care, such, for example, as troublesome sores, I make a practice of daily dressing them myself. In addition to this, all special cases are seen each evening by the Assistant-Surgeon. All the patients are examined by me twice a week, viz., on Mondays and Thursdays. The examinations are held in a small ward, well lighted by three windows. The head nurse is present to render any assistance; the assistant nurses are in attendance on their respective wards and bring their patients to the door of the examining room. The patients come in one by one, bringing their prescription cards with them. These they hand to me, and then each woman mounts a high table, her feet being placed on a form. If the case be merely one of gonorrhœa, the speculum is used at each examination; but if there be sores, I, as a general rule, pass it only in making my first examination. I need scarcely say that the speculum is invariably used before pronouncing any patient fit for discharge. After each use of the speculum, it is washed in a strong solution of Condy's fluid and warm water. I also wash my hands in another basin, containing Condy's fluid, after each case. When the examination of a patient is concluded, she returns to her ward.

Discharge.—Those that have been discharged are not informed of the fact till the discharge papers are made out. They are then called out of the wards by the nurses, and change the hospital clothes for their own in a waiting room; a nurse being present to see that none of the hospital property is stolen.

Conveyance of Patients to Reformatories, etc.—A woman who has expressed her wish to go to a reformatory is, on her discharge from hospital, conveyed thither by one of the nurses or some other responsible person. If a girl wishes to return to her friends, the same plan is adopted, and we have thus sent patients to Hampshire, Brighton, Halifax, and Ireland. The expenses of their conveyance are defrayed by Government.

Religious Instruction.—The chaplain visits the wards daily and holds prayers therein. He, at the same time, pays especial attention to any young girls who have not become hardened, and to those who have expressed a wish to return to their friends, or to enter a reformatory. On Sundays, Christmas day, and Good Friday, full service with sermon is held in the wards. The women join heartily in the chants, hymns, and responses, and are, as a rule, most attentive.

Discipline.—With regard to the general discipline of the wards, any misconduct is reported to me by the head nurse. If the offence be a very trivial one, I take no notice of it, provided the patient have already expressed her sorrow to the nurse. If the culprit be obdurate and refuse to conform to the rules, I send for her and speak to her quietly by herself, telling her that I cannot tolerate misconduct, and that in the event of its being repeated, I shall have to punish her by depriving her of her allowance of porter. In most cases the offender expresses her regret, especially if talked to in a kindly way and in homely language. Should she offend again, which is rarely the case, I carry out my previous sentence, notwithstanding any expression of sorrow for her second offence. The more I see of this class of the community, the more am I convinced that any symptom of yielding on my part is put down to fear, and the offender only proceeds to greater lengths of insubordination. When two or three patients in the same ward misbehave themselves, I find it an excellent plan to separate the offenders, and for doing this the construction of our hospital gives us great facilities, as I mentioned before when speaking of the number of our wards. During the two years, I have been obliged on two or three occasions to keep a patient in bed and on low diet for a few days, till the fit of insubordination has passed off. A very good plan, and one which I have occasionally adopted, when several patients in a ward are troublesome, is to inform the whole ward that the next time any complaints are made against that special ward, the porter will be taken off the whole of the patients in that ward; the quiet women do not like to suffer for two or three noisy ones, and they combine together to keep the refractory ones in order. During the two years, twelve patients have been sent to gaol for wanton destruction of hospital property; I am glad, however, to be able to state that we have gone for so long a time as eleven months together without a single case of this sort. To sum up, I may truly say that I have experienced but little difficulty in dealing with this class of patients; and, I am convinced that, if spoken to with kindness and at the same time with firmness, very few will refuse to listen to reason.

I will only add, in conclusion, that in furnishing this account of the working of the Contagious Diseases Act, I have thought it right to confine myself to the simple statement of facts, in preference to drawing any inferences or putting forward any views of my own.

ON "HOSPITALISM."

By HOLMES COOTE, F.R.C.S.,
Surgeon to St. Bartholomew's Hospital.

THE interesting communication of Sir James Simpson, in the JOURNAL of June 12th, on "Hospitalism", merits the attentive consideration not only of the medical profession, but of the public at large; and if he has not succeeded in establishing all his points, he has at least, by the combined influence of his great name and powerful writing, excited a degree of interest in the matter of hospital statistics which cannot be allayed until the truth is thoroughly established. It is in no captious spirit that I reply, for I yield to no one in admiration of Sir James Simpson's vast experience and ability, or in a feeling of pride at seeing so distinguished a member of our profession taking this active part in a question involving the welfare and recovery of the poorer classes.

I must be permitted to reply in my own way. Sir James asks whether *the statistical method of inquiring into the relative safety of amputations and operations in country and in city hospital practice is to be depended upon as a proper means of investigation?* and he answers this question in the affirmative, instancing the use of statistics in assurance and annuity companies.

I should take the history of many such companies to shew that in clever hands statistics may be made to prove almost anything; and I might point to the vast sums of money lost by errors in calculation, in some instances accidental, in others intentional. I do not oppose the application of statistics to surgical inquiries; but in order to draw any useful conclusion, I demand to know the circumstances by which each case was surrounded. One surgeon will amputate the thigh in children for disease of the knee-joint twenty times to another surgeon's twice. Suppose they each lost one case, how would the death-rate stand? The first surgeon loses only one case of amputation in every twenty, or only 5 per cent.; the other, one out of two, or 50 per cent. But what would be the proper inference? That he who cuts off twenty limbs to the other's two must either have a most unhealthy hospital, or must be a very indifferent surgeon indeed.

Sir James desires to prove that the death-rate in the London hospitals in limb-amputations is 1 in 3. I answer that in one year I lost only two cases after eighteen severe operations, in order to prove that a very high death-rate was not in any way inseparably connected with the construction of the hospital to which I have the honour to belong. If the cases are favourable, the atmospheric conditions do not retard recovery. My colleagues and myself have had twenty consecutive operations of lithotomy, *all successful*, the last being done a few days ago by Mr. Holden. I maintain that such a fact is a good answer to the charge that the hospital is unhealthy, as contrasted with rural hospitals, and that the death-rate must of necessity be high. Let us imagine that the next two cases of lithotomy terminate unfavourably, we shall in all human probability find that in each case there has been long-standing disease of the kidneys, and that the patient would have died after operation anywhere. We should not be justified in inferring that in St. Bartholomew's Hospital, as contrasted with some other institution elsewhere, the death-rate after lithotomy was 1 in 11. The only useful inference would be, were the patients sufficiently numerous, that, in cases of vesical calculus, there is disease of the kidney in this proporportion, namely, 1 in 11. Now that is a question affecting the relative health of city and rural populations. I grant that, in unities or entities of a doubtful chance, while the result or event in *individual* instances, or small individual group of instances, is ever variable and uncertain, the result or event, when calculated in sufficient *masses* of instances, becomes comparatively certain and invariable; but the conditions of the cases must be similar, and the numbers must be counted not by hundreds, but by hundreds of thousands, in order to approach accuracy.

Between the years 1863 and 1868 inclusive, there have been performed at St. Bartholomew's Hospital 300 limb-amputations of first magnitude, with 99 deaths, or rather less than 1 in 3, as first stated by Sir James Simpson. In private, rural, or provincial practice, of 2,098 country patients, only 226 died, or 1 in every 9.2, or 10.8 in every 100. Might not the conditions under which these operations are performed make a subject of interesting statistical inquiry? and, instead of confining our attention to the death-rate, might we not ask what is the proportion of limbs saved in town and in country practice? It is by no means always the operation which kills the patient, but the shock of the accident, some internal and unknown complication, or the age of the patient; and all surgeons are not alike.

The question whether more cases of injury and disease of the limbs are cured without amputation in hospital practice or in country practice is one which, though often discussed, requires yet further evidence for its settlement. We must all unite to obtain honest and impartial information; and into no hands could it be more safely intrusted for analysis than those of Sir James Simpson.

I do not wish him to imagine that I undervalue the advantages of fresh and uncontaminated air in the management of the sick: all that I affirm is, that large cities cannot do without "palatial hospitals"; that the means of relief must be on the spot; and that such buildings must be in the most crowded spots. Let convalescent homes be attached to such hospitals, but the "working part" must be done in town.

I know of no hospital more charmingly designed, nor more healthily situated, than the detached huts and the long galleries which constituted the British hospital of Renkioi on the Dardanelles. Were it possible to imitate it, I would do so; but it would be found somewhat costly as a continuance, though cheerfully accorded for a time for the relief of those suffering from Crimean exposure and risks. We were alone in a plain, sloping gently to the sea, surrounded by hills of moderate elevation; no village was nearer than four miles; Government sent out supplies; and ships, after touching for a few hours, passed onwards to let out their bilge-water elsewhere; sewers were carried out to sea; the patients, in Her Majesty's service, were of course free from all care. The medical staff were all paid, and, being isolated from the outer world, could turn their attention to elegant pursuits. Life in it was perfect and calm. A wandering Bashi-Bazouk, a shower of rain, or a flight of wild ducks, threw the whole encampment into a flutter of surprise. The life was pleasant, but with something of a tameness in it. It was, in truth, a perfect model, the temperate and genial atmosphere bringing health to the soldiers' shattered frames.

But this pleasant vision would ill supply the wants of London. Although there may be many districts where extensive works are carried on, I doubt whether their casualties can be equal to those of London. In the single hospital of St. Bartholomew's there were received in 1868, according to Mr. Willett's reports, 439 cases of fracture and dislocation, of which 75 were compound—cases, of course, which could ill bear removal to distant places.

In thanking Sir James Simpson, in common, I am sure, with many others, for bringing this subject before public notice, I have only to assure him that I am open to conviction, and willing to learn; also, that I quite well know that there is much in our general hospital system which requires reconsideration and reform.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE XVII.

In the adult Frog the Heart consists of a sinus venosus and an auricle, which externally appears single, but is internally divided by a septum into a large right side and a smaller left one. Both these chambers open into the ventricle, which is single, but such a spongy mass as almost to be like erectile tissue. On the right side of the ventricle is the aperture of the aorta, guarded by valves, as also is the auriculo-ventricular aperture. The root of the aorta (bulbus aortæ) is divided by a longitudinal partition, which hangs down freely from the dorsal surface to which it is attached. The anterior end of the bulbus is also furnished with valves; and just behind these, on one side of the partition, is the opening of the pulmonary artery, again protected by valves. The pulmonary artery is short and very wide, so that little resistance is offered to the blood tending to flow into it. The bulbus aortæ opens into the true aorta, which immediately divides into two very short branches. The left branch splits into the left common carotid, and a vessel (the splanchnic artery) which supplies the intestines and gives off a small twig to the great descending aorta. The right branch splits into the right common carotid and the great aorta. The course of the blood entering the common carotids is greatly checked by the retia mirabilia, called carotid glands. That tending to traverse the other arteries just mentioned is slightly delayed by a valve in each gland in a reversed position. It has generally been asserted that the blood received from the auricles is quite mixed in the spongy ventricle; but such is not the case really, for, from the position of the aortic opening in the ventricle, the first blood that enters is that most impure, which came from the right auricle, and (owing to the little resistance offered by the pulmonary artery) thus finds its way direct to the lungs. As soon as these pulmonary vessels are so filled that their resistance becomes greater than that of the systemic vessels, the blood rushes into the latter, pushing the median partition to one side of the bulbus aortæ. This second stream of blood is less impure than the first; but scarcely any, if any, of this finds its way to the head, owing to the resistance offered by the carotid glands. This resistance is only overcome by the third and last portion of the blood in the ventricle—namely, that which is almost entirely derived from the left ventricle, and is, therefore, exceedingly pure. By this singular arrangement, a tolerably complete division of the arterial from the venous blood is effected, without the aid of any ventricular septum. The so-called pulmonary artery is pulmo-cutaneous, as it gives off a great branch to the head and skin. It is owing to this that Frogs can live so long after extirpation of the lungs, breathing by cutaneous respiration. The pulmo-cutaneous artery is, however, really the representative of two aortic arches (the fifth and sixth), which have coalesced; and thus the Frog has truly four aortic arches on each side, and not three.

The Sauropsidan heart is formed upon three distinct types: 1, the Chelonian (common also to Ophidians and most Lacertilia); 2, the Crocodilian; and 3, the Avian.

In the Chelonian heart we have the large right auricle separated from the small left one by a complete septum, which ends below it in two very large valves at the entrance to the single fleshy ventricle. A fleshy fold ascends from the bottom of the ventricle on the right side up towards the auriculo-ventricular opening. This fold is an ingrowth of the front wall of the ventricle. The pulmonary artery and the two aortæ all arise side by side from the right-hand part of the ventricle. The effect of these arrangements is such, that the Turtle, like the Frog, has its ventricle filled with blood which on the right side is almost entirely venous, on the left side (in the so-called cavum arteriosum) almost purely arterial, and in the median parts is mixed. In some Lizards (*e. g.*, in Psammosaurus), this triple division is so marked that it has been described as having three ventricles. In the Turtle, just as in the Frog, almost pure blood is sent to the head, mixed blood to the trunk, and blood almost entirely venous to the intestine.

In the Crocodile, there is a complete partition dividing the ventricle, and answering, no doubt, to the fleshy fold of the Turtle; so that there are two auricles and two ventricles, and the right and left sides of the heart are completely separated. Moreover, though the pulmonary artery and left aorta still spring from the right side, the right aorta now takes origin from the left ventricle. In this way, purely arterial blood only would find its way into the right aorta, and blood entirely venous into the left aorta; but a very slight intermixture may take place by a small foramen which places these two trunks in communication almost at their origins; and a more considerable degree of impurity is communicated to the hinder part of the body by a small branch which passes from the left to the right aorta after the latter has given off the arteries of the head and anterior limbs.

The heart of Birds is essentially like that of the Crocodile; only the left aorta is entirely suppressed.

In Mammals, the main difference is, that the arch which persists goes to the left side; but there must also be something very different in the mode in which the ventricular septum is formed. According to Rathke, both pulmonary arteries arise from one side in Mammals.

REPORTS

OF

MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

ROYAL SOUTH HANTS INFIRMARY.

CASES OF STRANGULATED HERNIA.

(Under the care of Mr. Fowler and Dr. Lake).

We are indebted for the following reports to Mr. W. Burt Shorto, Resident Surgeon.

Case i.—*Strangulated Inguinal Hernia: Operation: Recovery.*—R. G., aged 28, a coachman, was admitted March 17th. He had had a rupture for several years, but had always been able to reduce it himself until two days before his admission. On examination, an inguinal hernia, about the size of an egg, was found on the right side; it was very hard, painful, and irreducible. His bowels had not acted for two days; the tongue was very coated and dry; he had a feeble pulse, clammy skin, and constant vomiting. The taxis had been repeatedly applied. He was at once placed under the influence of chloroform, and an incision about two inches in length was made by Dr. Lake over the rupture. On opening the sac, a quantity of straw-coloured serum gushed out. The stricture was found to be at the internal ring; this was divided by the hernia-knife and the bowel reduced without any difficulty. The wound was closed by two or three sutures, and covered with a compress of lint and a bandage. A grain of opium was given every four hours, and a little beef-tea occasionally during the night. The following day he had rallied considerably. On the fourth day from the operation, a dose of castor oil was given and the bowels acted very freely. The wound did not heal by the first intention, but was quite closed when he left the infirmary at the end of three weeks.

Case ii.—*Internal Strangulation in a Patient having a Reducible Inguinal Hernia: Operation: Death.*—E. G., aged 50, a widow, on October 30th, went to a surgeon's house and complained of violent pains in the bowels, with vomiting. Her bowels had not acted for nearly two days; but, as she was generally costive, she took no notice of it. She was quite positive that there was no swelling in the groin, and she did not then wish to be examined. He accordingly gave her a mixture of chloroform and sulphuric æther. In the evening she was much worse; suffering great pain over the bowels, increased by pressure. On the left side was an inguinal hernia apparently quite reducible, although she presented the symptoms of strangulated rupture. She was immediately removed to the Infirmary. The surgeons were of opinion that there was strangulation of the bowel at some part; that there was an inguinal hernia, although apparently quite reducible; and that the woman would inevitably die if surgical assistance were not given. The majority of the surgeons considered, that a small portion of intestine was strangulated at the internal opening of the inguinal canal, but could not be detected by external examination. Mr. Fowler accordingly operated in the usual way. No stricture was found in any part of the canal, and the bowel passed freely into the abdominal cavity. The wound was closed quickly, and covered with a pad of lint and a bandage. Just before the operation, an injection had been thrown up the bowel, but failed to bring away any fæcal matter. The patient was placed in bed, and a grain of opium given every four hours. The next morning she appeared rather better, she had not been sick, but the tongue was very foul and dry, and there was still considerable pain and tenderness over the bowels. Towards evening the sickness returned, the pulse became weaker; brandy and beef-tea were given frequently throughout the night; but she died the following day, about thirty-six hours after the operation.

A *post mortem* examination shewed that there had not been any stricture of the inguinal rupture; but, in the lower part of the omentum, and on the right side, was a small hole about the size of a shilling; and through this, a loop of intestine, several feet in length, had passed. The strangulation occurred at that part of the loop which was doubled upon itself. There was very extensive peritonitis.

Case iii.—*Strangulated Femoral Hernia: Operation: Recovery.*—A. F., aged 46, married, was admitted into the Infirmary February 13th. In the morning, while engaged in her usual work, she felt a pain in her right groin, and found a hard swelling exceedingly tender to the touch. Soon afterwards she became very sick, and was compelled to go to bed. A surgeon attended her the same afternoon, who, finding it to be a rupture, attempted the reduction of it, but was unsuccessful; he, therefore, advised her removal to the Infirmary. She was admitted about six in the evening, the rupture having occurred between nine and ten o'clock the same morning. Her symptoms were those of strangulation. The hernia was femoral, but not large, and she was becoming very exhausted. Mr. Fowler made an incision on the inner side of the swelling about an inch in length. Gimbernat's ligament was divided, but the bowel still remained immovable. The sac was therefore opened, when a strong band of adhesion was found tying the gut down to the side of the sac. This was easily divided, and the bowel returned without further difficulty. The wound having been dressed in the usual way, and the patient placed in bed, forty drops of laudanum were given at once, and a pill containing a grain of opium every four hours. Her condition was much improved the next day. Her diet was beef-tea alone for three or four days. A dose of castor-oil was then given and acted freely; after which she was allowed meat diet and porter. The wound healed by the first intention, and she was discharged quite well about three weeks after the operation.

Case iv.—*Strangulated Femoral Hernia: Operation: Death.*—In April 1867, a woman arrived at the Infirmary one morning almost in a state of collapse, having travelled nearly thirty miles. The previous morning, about 10 o'clock, while lifting a heavy weight, she felt something give way in her groin. Almost immediately afterwards, a small swelling appeared at the upper part of the right thigh, and gave much pain. A surgeon pronounced it to be a rupture, and attempted to reduce it, but without success. She was ordered to remain in bed and to foment the part. He saw her again in the afternoon; and, finding that symptoms of strangulation had occurred, he persuaded her to go to the Infirmary. On admission, there was a small hernia about the size of a walnut in the femoral region beneath Poupart's ligament. It was exceedingly tender, and hard. Her general symptoms were those of strangulation, which, there was reason to believe, had existed since the previous afternoon. Mr. Fowler made an incision on the inner side of the swelling. On opening it, the sac fluid which escaped was of a much darker colour than is usually the case. The bowel also appeared of a dark cherry colour, and was very tightly constricted by Gimbernat's ligament. Mr. Fowler divided the stricture, and returned the bowel without any difficulty. The wound was closed and dressed in the usual way, and opium given every four hours. The patient, however, never rallied; the tenderness over the bowels considerably increased; the tongue was very dry; the pulse small and intermittent; delirium supervened; and the patient died about thirty-six hours after the operation.

On examination after death, about three inches of the small intestine was found to be gangrenous, and the indentation caused by Gimbernat's ligament was exceedingly well marked. There was, in addition, considerable peritonitis; and the whole of the small intestine was much inflamed. This evidently proved that strangulation was too far advanced to be relieved by any operation.

Case v.—*Strangulated Femoral Hernia: Operation: Recovery.*—Maria C., aged 59, married, was admitted on June 11th. She had been suffering from rupture for several years, and always wore a truss. The evening before her admission she found that the rupture was becoming very painful, and could not be returned. As her bowels had not acted since the previous day, she took a couple of opening pills. The next morning she was brought to the Infirmary. She had a quick pulse, white coated tongue, anxious expression, vomiting, but not stercoraceous, and tenderness over the lower part of the bowels. The hernia was femoral, and about the size of a pigeon's egg; it was quite irreducible and very painful. Ice was applied, and she was left for three or four hours, in order to give her a chance before resorting to an operation. At the end of that time, Mr. Fowler made a small incision on the inner side of the tumour, and then introduced the finger down to Gimbernat's ligament, which he divided with the ordinary hernia-knife. The sac was also opened, and two or three very tight bands of adhesion broken down and divided. The bowel (which was of a very dark colour) and a small portion of omentum which had descended, were returned. The wound was closed with two sutures, and covered with lint and a bandage. A hot linseed poultice was applied over the bowels, a grain of opium ordered to be taken every four hours, and a little milk and beef-tea occasionally. The wound healed by the first intention. The patient progressed most favourably; a dose of castor-oil was given after four days and operated very freely. The patient was discharged quite well seven days after the operation.

CASE VI.—*Strangulated Femoral Hernia: Operation: Recovery.*—Jane C., aged 33, married, was admitted February 14th, 1869. She had had a rupture for nine years, but had felt no inconvenience. She had never worn a truss, nor had she ever attempted to return it herself, but when she was pregnant it always went up, and remained there until her confinement. The day before her admission she fell down with a bucket of water in her hand. She immediately felt very sick, and the rupture pained her considerably. The next day, as she was much worse, a surgeon was called in, who, finding the rupture irreducible, at once sent her into the Infirmary. She had occasional vomiting, but the tongue was clean, and the pulse remarkably good. There was no tenderness over the bowels, but the hernia, which was femoral, was rather painful, and could not be reduced. Ice was ordered to be constantly applied, and a grain of opium to be given every four hours. She was admitted about 8 P.M. On the following morning she appeared a little better; the sickness had quite left her, and the rupture was less painful, but still irreducible. The treatment was continued. In the afternoon, however, the sickness returned, the pulse became quick, and her general aspect worse. In the evening, chlororoform having been administered, Mr. Fowler made an incision about two inches in length, a little on the inner side of the swelling. Gimbernat's ligament was divided, and also a tight band at the upper part of the hernia. The sac was not opened, but the bowel passed freely into the abdomen. A portion of the omentum appeared to be adherent to the sac, and was not returned. The wound was closed with two or three sutures, and dressed in the usual way with lint and bandage. Opium was given every four hours. The sickness left her immediately after the operation, and no unfavourable symptoms of any kind occurred. Castor-oil was given five days after the operation. The wound healed rapidly, and at the end of a month she was perfectly well.

CASE VII.—*Cancer and Stricture of the Rectum, with some Symptoms of Strangulated Hernia.*—Jane W., aged 58, married, was admitted on the 12th of April, 1868. She was nearly in a state of collapse, and suffering from all the symptoms of strangulated hernia. Her bowels had not acted for fourteen days, and stercoraceous vomiting had been incessant for forty-eight hours. The tongue was loaded with a dark brown fur; the pulse small, wiry, and 120. She had a clammy skin, and anxious expression. The bowels were exceedingly tender, the slightest pressure causing considerable pain. The day before her admission an injection was thrown up the rectum, but returned immediately. She stated that she had never suffered from rupture; and, on examination, no hernia could be detected. As peritonitis, no doubt, existed to some extent, Dr. Bullar ordered her a pill containing half a grain of calomel and a grain of opium to be taken every three hours; a large linseed poultice to be applied over the bowels; and beef-tea every two hours. The next day she was much worse. Mr. Fowler attempted to introduce an O'Beirne's tube into the rectum for the purpose of giving an injection, but it would not pass in further than ten inches, and there appeared to be a decided stricture. An artificial anus was proposed; but the patient would not give her consent to any operation. She gradually became more exhausted and died the same night; the sickness continuing till within a few minutes of her death.

On examining the body, lymph was found covering the peritoneum and bowels, and a great quantity of serum in the peritoneal cavity. A large mass of malignant disease was discovered, connected with the rectum just below the sigmoid flexure of the colon. The bowel at this part was almost impervious and it was with great difficulty that a probe could be passed through the strictured part. The whole of the colon was loaded with hard lumps of fæcal matter. On a microscopical examination of the diseased bowel, some very characteristic cancer-cells were distinctly shown.

REMARKS.—Four of these cases were successful, and the recovery after the operation was rapid. In all four, the operation was performed as soon as it was evident that the hernia could not be reduced. In each, opium was given at stated intervals after the operation, and castor-oil was administered at the end of four or five days, no attempt being made earlier to open the bowels by aperients. There were two fatal cases: in one, the patient had travelled thirty miles just before the operation, and the intestine was found tightly strangulated and in a state approaching gangrene; in the other fatal case, which is one of great interest, the symptoms were those of strangulated hernia, but the strangulation was through an opening in the omentum.

REVIEWS AND NOTICES.

THE JOURNAL OF ANATOMY AND PHYSIOLOGY. Second Series. No. IV. May 1869.

THE *Journal of Anatomy and Physiology* is, we trust, now thoroughly established. The thanks of the whole profession are due to its energetic conductors and their accomplished staff, for the great service which they have rendered to anatomy and physiology in this country. The fate of this journal has been watched by many a curious eye both here and abroad. Few even of its most sanguine supporters in this country believed that it would be able to live amid the cold indifference to any thing but "practical" medicine, which everywhere prevails around us; while such was the torpor into which this land of Harvey, Bell, Reid, and Goodsir, seemed to have fallen, that our German friends believed it scarcely possible that a sufficient band of workers could be found to maintain a periodical. These fears must, ere this, have subsided.

One of the most notable features of the journal since its commencement has been the report on the "Progress of Anatomy and Physiology" by Professor Turner, Drs. Rutherford, Gamgee, Fraser, and Moore. The admirable manner in which it is executed shews how pure and noble is the scientific spirit which prompts the undertaking of work which every one knows is of the most arduous description.

This present number is one of the best that has yet appeared. It contains most interesting Anatomical Memoirs on the Myology of the Limbs of Pteropus, by Professor Humphry; on the Homologies and Notation of the Teeth of Mammalia, by Mr. Flower; on the Mechanism of Perching in Birds, by Dr. Watson. Dr. Fraser gives an account of some interesting experiments on the action of Atropia on Frogs. He thus summarises his results.

"1. Atropia produces in frogs well-marked convulsant and tetanic symptoms, which, when present in an extreme degree, form a separate stage in the poisoning succeeding that of paralysis.

"2. Tetanic symptoms follow the subcutaneous administration of a dose of sulphate or acetate of atropia, equivalent to the $\frac{1}{1000}$th of the weight of the frog, and of doses a little greater and less than this.

"3. These symptoms are due to a direct action of atropia on the medulla oblongata and spinalis.

"4. The differences in the paralysing and convulsant symptoms that occur in frogs and in various mammals may be explained by the greater susceptibility of the former to the action of a paralysing agent, and by the amount of paralysing being greater than the amount of spinal stimulant action in atropia.

"5. The different symptoms that are produced by different doses of atropia in animals of the same species may be explained by its paralysing being greater than its convulsant action.

"6. The paralysing and convulsant actions of atropia can be imitated in both frogs and mammals by a combination of a paralysing with a convulsant substance."

Dr. Rutherford contributes a short account of a most elaborate investigation on the Influence of the Vagus upon the Vascular System. We have derived much instruction from the perusal of this ingenious and philosophic production. He handles a profoundly difficult subject in a way which cannot fail to gratify all who are interested in the future of Physiology in this country. We subjoin the conclusions at which the author has arrived.

"1. The inferior cardiac branches of the vagi are inhibitory nerves of the heart, and their function cannot in any sense be regarded as motor.

"2. There is no evidence that they are in constant action, as Von Bezold and others have supposed; indeed, a state of activity seems to be the exception.

"3. The increased rapidity of movement which often follows division of the vagi in the neck may be owing to increase of the blood-pressure merely.

"4. The increased blood-pressure which often results from section of the vagi is not in general due to increased rapidity of the heart's action, but to contraction of the gastric blood-vessels.

"5. Additional support is given to the theory that the contractile elements of the entire vascular system are presided over by two kinds of nerves—one motor, the other inhibitory; the former brings about contraction, the latter throws the motor nerves and contractile elements into a state of rest.

"6. The vessels of the stomach are dilated during digestion chiefly by the vaso-inhibitory action of incident filaments of the vagi upon the splanchnic nerves."

There are also interesting papers by Dr. Foster, on the Epithelium of the Frog's Throat, and on the Action of the Interrupted Current on the Ventricle of the Frog's Heart; and by Engelmann on Ciliary Motion, translated by Dr. Moore.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

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THE ORIGIN OF LIFE.

II.

THE notion of a "spontaneous generation" of life is one of great antiquity. According to Plutarch, rats were capable of being evolved out of the soil of Egypt; and Virgil, in his *Georgics*, speaks of bees originating from meat in a state of putrefaction; whilst even Aristotle himself believed in the spontaneous generation of eels and other fish out of the slime of rivers. But it is almost needless to say that this old and crude belief has totally disappeared, and that the doctrine of "spontaneous generation", which has been handed down to our own times, is an infinitely sublimated product, having little in common with the old view, save its name. Nevertheless, this old crude notion as to the possibility of the new evolution of even complex and highly organised animals out of decaying organic and inorganic material, without ordinary parentage, did survive in great part on the authority of some of the old writers, till far on into the middle ages.

The first serious adversary who attacked this old doctrine of heterogeny was Rédi, a Florentine physician, who announced and demonstrated before one of the learned academies, of which he was a member, that "the worms which appear in flesh are produced in this situation by flies, and not by the flesh itself." This demonstration gave rise to much discussion amongst the pioneers of microscopical research, and undoubtedly shook the faith of many in the truth of the old doctrines. In 1745, Needham, an English physician, and a Fellow of the Royal Society of London, came forward with much additional evidence in favour of the doctrine of spontaneous generation, and affirmed that, if the mere putrefaction of meat could not of itself engender insects, as Rédi had shewn, it could at least give origin to myriads of microscopic animalcules. Four years after the publication of Needham's researches, the great naturalist Buffon expounded his view concerning organic molecules, and the universal origination of the lowest forms of animal life, by a process of heterogenesis, answering to what is now badly termed "spontaneous generation." But the experiments of Needham more especially aroused one who was for a long time the most celebrated opponent of this doctrine of heterogeny—the renowned Spallanzani, who entered into a controversy with Needham on the subject. He maintained that the air of our atmosphere bears with it everywhere the germs of infusorial animalcules and other organic forms, and that Needham had not taken sufficient account of this fact in his experiments. In this view he was supported by Bonnet, and their doctrine—know by the name of *panspermism*—has received the most powerful support in our own times. Successive advocates were continually springing up in favour of one or other of the adverse doctrines till the commencement of our own century, when Tréviranus made known an important fact in favour of the doctrine of heterogeny, to the effect that the species of animalcules found in the infusions varied with, and seemed to depend upon, the different plants employed in their preparation. In 1809, appeared the *Philosophie Zoologique* of Lamarck, in which he declared most strongly in favour of the spontaneous origination of life—declaring that matter was continually changing, not only in regard to its states of combination, but also changing in its nature—now passing from the living state into a lifeless one, and now again assuming the forms and properties of living beings under the combined and mystic influence of heat, light, electricity, and moisture. He said:—"Ces passages de la vie à la mort, et de la mort à la vie, font évidemment partie du cercle immense de toutes les sortes de changements auxquels, pendant le cours des temps, tous les corps physiques sont soumis." Soon afterwards, two philosophers, Cabanis and Oken, also declared their belief in the possibility of a new evolution of life out of dead inanimate matter. Then followed other naturalists, amongst whom we may mention Bory St. Vincent, Bremser, Tiedemann, J. Müller, Dumas, Dujardin, and Burdach, who were all more or less in favour of the doctrines of heterogeny, though these received their fullest and most complete exposition from the last of these eminent men, in his celebrated *Traité de Physiologie*. After him, however, came Pineau in 1845, who declared that he had watched, step by step, the mode of origin and of development of several microscopic animalcules.

Advocates of the opposite or panspermic doctrine, however, were abundant enough also during the first half of the present century; amongst the most distinguished of these must figure the names of P. Gervais, Schwann, Schultze, and Ehrenberg. The latter, in his remarkable *Mémoire sur le Développement et la Durée de la Vie des Infusoires*, endeavoured to establish the fact that the generation of infusoria takes places normally by means of eggs, whilst Schultze and Schwann sought to undermine the position of the heterogenists by adducing experimental proofs in support of their own doctrine of panspermism. Schultze alleged that no organisms of any kind were produced in a fermentable solution which had been raised to a temperature of 212° F., provided the air which was allowed access to this fluid had been previously made to traverse concentrated sulphuric acid, so as to free it from all possible germs; and Schwann stated that the experiments were marked by the same sterility when calcined or highly heated air only was allowed access to the vessel containing the previously boiled solution of organic matter. The heterogenists, of late years, however, have stated over and over again that they have obtained contrary results from experiments conducted under these same adverse circumstances.

In the intervening years, the subject was still worked at from time to time; but almost a new epoch may be said to have commenced about ten years ago, since which time, and in France almost exclusively, the doctrines of "spontaneous generation" have formed the subject of a most vigorous discussion. This new stage was initiated by the communication of a paper by M. Pouchet to the Academy of Sciences of Paris, entitled *Note sur des Proto-organismes végétaux et animaux nés spontanément dans l'air artificiel et dans le gaz oxygène*, the results of which were warmly repudiated by men so distinguished as MM. Milne-Edwards, Payen, de Quatrefages, Claude Bernard, Dumas, and Lacaze Duthiers. Nevertheless, Professsor Mantegazza very shortly afterwards also communicated to the Academy of Sciences the results of his researches upon the generation of Infusoria, which he had previously laid before an Italian academy in 1852. The results at which he had arrived agreed perfectly with those which M. Pouchet had obtained; and in the following year the latter published a treatise on *Hétérogénie*, in which much new matter was added in support of his doctrines. But it would be in vain for us now to attempt to follow out all the intricacies of the discussion which has raged so fiercely since this time. We will only state that early in the following year M. Pasteur entered the field, and henceforth became the most prominent objector to the doctrines of heterogeny. Although many others have taken part in the contest, still it has been one in the main carried on between M. Pasteur on the one hand, backed at least by the immense moral support of the Academy and of the Institute, and by M. Pouchet, aided by his two friends MM. Joly and Musset, on the other. Many other workers and thinkers have appeared upon the scene from time to time, and have lent more or less powerful support to the arguments of the one side or of the other, but the persons named have always been the central figures of the group.

We will now state, first of all, the views of the heterogenists as to the conditions which are necessary or favourable for the occurrence of "spontaneous generation"; we will then mention the kinds of living things evolved, and their mode of development under these conditions; and we will finally give a statement of the various objections which have been made to the views and experiments of the heterogenists, and of the replies which they give to the same.

The first requisite for this method of generation is the presence of organic matter either in mass or in solution, the second is water, and the third is the access of atmospheric air or oxygen to the solution containing the organic matter. Then this mixture must be subjected to a proper temperature; and the influence of a certain amount of light and electricity is said to be only subsidiary in importance to the influence of heat itself. Variation of any one of these conditions, even to the most trifling extent, is said to produce a distinct influence upon the kinds of organisms which are produced in the solutions: even the shape of the glass or vessel containing the fluid, and consequently its extent of surface in comparison with its depth, is not without its effects. The existence of an organic or putrescible substance in solution is the first requisite; and in proportion as its putrescibility is destroyed, so is it the less suitable as a nidus for spontaneous generation. Hence it is that the more a solution has been boiled, the less is it fitted to develope the rudimentary forms of life. Just as these low forms of life are themselves utterly disorganised in such a boiling fluid, so it may be imagined that some of the organic matter in a solution at this temperature would cease to exist as such, owing to the decomposing power of heat over complex and unstable chemical compounds. Then the putrescible fluid must be brought into contact with some suitable gaseous medium—either with the atmosphere, with artificial air, or with oxygen, but not with hydrogen or with nitrogen alone, with air too much vitiated by carbonic acid gas, or with the mephitic gases of putrid fermentations. The influence of these last would not be favourable to, or would actually prevent, the new evolution of life. Then the effects of temperature have long been recognised—since the times of Spallanzani, in fact; and M. Pouchet states that he believes spontaneous generation to be no longer possible with a temperature below 40° F. Different degrees of temperature not only hasten or retard the process; they are capable, also, of giving rise to different species, even where all the other conditions are the same. With regard to the influence of light, different opinions have been expressed. Burdach believed that the evolution of the forms of life was numerous and rapid in direct proportion to the degree of light; but the more extensive experience of M. Pouchet leads him to say that the evolution takes place better in a diffused light, whilst it is even possible in complete darkness, so long as a due amount of heat be present. He says, too, that the different coloured rays have a distinct influence over the kinds of organisms which are developed, and that in these respects the conditions which are found most suitable for the evolution of low animal organisms are just the reverse of those which stimulate the origination of the lowest forms of vegetable life. M. Pouchet is convinced, also, that an atmosphere highly charged with electricity is extremely favourable, when combined with other suitable conditions, to the rapid development of animalcules in organic solutions. The development of these seems often favoured, also, by the addition of small quantities of certain saline substances to the organic menstrua, such as carbonate and phosphate of soda, or the phosphates, nitrates, and oxalates of ammonia and other bases. Mantegazza maintains, moreover, that the organisms evolved vary, according to the alkalinity or acidity of the putrescible fluid. In the latter case vegetables, for the most part, are said to appear; whilst, when the mother liquid is neutral or alkaline, the lowest animal forms are most apt to be evolved.

In the next article, we will turn our attention to the actual phenomena which are said to take place in organic solutions.

INFANT MORTALITY.

Some time since, Dr. Farr, of the Registrar-General's Office, communicated to the Obstetrical Society his desire to obtain information as to the treatment and management of infants in this country, so as to ascertain the extent and causes of infant mortality. The Council of the Society accordingly appointed a Committee, and a series of questions was sent to each Fellow. A large number of answers have been received, which have been analysed by Dr. Gervis, one of the Honorary Secretaries of the Society. The following is a summary of the Report, read at the last meeting of the Society.

After some introductory remarks, the Report proceeded to consider *seriatim* the answers given by those Fellows of the Society who replied to the circular. The first question asked related to the proportion of births attended by medical men and by women respectively; to the amount of instruction possessed by the women; and to the mode of procedure adopted with the infant immediately after its birth. From the replies given, the following general statements were deduced. Among the poor population of villages, a large proportion, varying from 30 to 90 per cent., were attended by midwives. In the smaller provincial towns, attendance by midwives prevailed (with a few exceptions) to a much less extent, not more than 5 to 10 per cent. In the large provincial towns, and especially in the large manufacturing towns, it occurred in almost as large a proportion as in the agricultural villages. And, lastly, in London, attendance by midwives varied in amount, according as the replies came from the east or the west end, or the suburbs. In the east of London, it rose as high as 30 to 50 per cent.; in the west, it amounted to but 2 per cent., or even less; and in the suburbs it averaged about 5 per cent. To the question, "Are the women instructed?" answers in the negative came from all parts of the country, with very few exceptions; and from many districts the replies indicated not merely a want of any special education, but gross ignorance and incompetence. In London, on the other hand, it appeared that there were many women practising midwifery who had received a certain amount of instruction at various institutions, and who were fairly competent in ordinary cases, but still unequal to any of the emergencies of obstetrics. Regarding the mode of procedure with the infant after birth, nothing of much new interest had been ascertained. The general management of the case is that usually followed. An abdominal binder is commonly applied; and it would seem that it often is applied too tightly, so as sometimes even to induce convulsions. The custom of giving an aperient to the infant shortly after birth still largely prevailed, more so in the country than in London. The aperient varied much in kind: butter and sugar, milk and sugar, gruel, castor-oil, treacle, a teaspoonful of cold water, were among the favourites. No report was received of any great delay being common in putting the child to the breast.

Among the married poor, suckling appeared to be the rule, and was often unduly protracted; but artificial food was generally also given from an early date. Illegitimate children were rarely suckled. In both cases, however, the food given was generally improper either in quality or quantity, of too substantial a consistence, and too exclusively farinaceous. Among the upper classes, it appeared that the tendency for mothers not to suckle their children was on the increase; but, either from wet-nurses being employed, or from the food given being much more judiciously arranged, the injurious results of improper feeding were not seen as among the lower classes. On that topic, Mr. Curgenven remarked that a large number of women in London failed to properly suckle their children through a deficient secretion of milk.

Both in agricultural and manufacturing districts, it would appear that the custom prevailing among the poor of letting their children spend the greater part of the day in the open air compensated to some extent for the smallness of their dwellings; but that, during the night, the evils resulting from overcrowding and ill ventilation were very serious. Sleeping was encouraged to the utmost obtainable extent, and by means, some of which, such as the administration of cordials and narcotics, were most injurious. Washing, during the earlier months of infancy, was fairly attended to. In dress, the error was on the side of insufficiency, especially in winter. Much additional evidence was also returned in the answers to this question on the question of food; and no doubt could be entertained that much of the fatal bowel and mesenteric diseases prevalent among infants was directly due to the effects of improper feeding. Except in the case of illegitimate children and the children of the poorer class of mill-workers, putting out children to nurse did not appear to be a very prevalent practice. In agricultural districts, it scarcely prevailed at all. Baby-farming, in the sense of an accumulation of babies in one room or house, did not, out of London, appear to be much carried on: where it was, in London and its neighbourhood, the testimony was invariable as to its prejudicial effects on the children.

It would appear that in the country there are much less ill treatment of children, desertion, concealment of birth, and infanticide, than in London. In the case of country villages, this appeared partly to arise from the willingness of the father to marry the mother of the child where possible; and, in the case of the large manufacturing towns, it was to some extent due to the shamelessness with which illegitimacy is regarded, it being very common for one or other of the grandparents to attend to the illegitimate child or children of the daughter. Of indirect ill treatment, however, there was much every where to complain of—of the ill treatment, that is, arising from the poverty, ignorance, and intemperance of the parents; from the want of comforts and necessaries in their houses; and from consequent exposure, insufficient or improper feeding, and neglect. One variety of this indirect ill treatment, to which attention was called by Mr. Fowler of Wakefield, consisted in the neglect which prevailed in some towns to call in medical advice, in the case of the illness of the infants, until medical advice was too late; the only object of the medical man's visit being to secure the necessary certificate in case of the child's death. The desertion of illegitimates in London was frequent; less so in the large provincial towns; still less so in the small towns and villages. With respect to concealment of birth and infanticide, again, the replies from the country intimated that neither of these crimes was common; while in London, on the other hand, there was too much reason to fear that the opposite was nearer the truth.

Regarding the annual number of illegitimate births known to the Fellows of the Society in their respective districts, a large amount of information was obtained, but of unequal value, through not being given (as requested) on a common basis. The returns, however, from Cornwall and Norfolk confirmed the previous impression which existed as to their preeminence in illegitimacy among English counties; and as regarded towns and villages, in this inquiry country towns appeared to have the advantage over villages, and even probably London itself; and between sparsely populated agricultural villages and densely populated manufacturing towns, it was difficult to decide. As to the number of illegitimates who live over one year, in spite of such an exception as Padstow in Cornwall, where Mr. Marley reports that half the illegitimates die under one year, in the strictly rural districts it would appear that the lives of illegitimate infants are as good as those of the legitimates; in the manufacturing towns, at least 35 per cent. die under one year of age; and in London, as many as 75 per cent.

The circular dealt with the possibility of preventing so large a mortality among infants, and invited suggestions from the Fellows on the subject. These were arranged under two heads; the first including those suggestions in which all agreed; the second, those which were advocated by particular Fellows. The first dealt chiefly with questions of improved hygiene; the second included numerous and valuable suggestions, tending for the most part to an improvement in the law. Some concluding observations expressed the wish of the Council to receive from the Fellows present any suggestions they might be inclined to offer, so as to incorporate them in their final Report, and expressed their opinion that there were few subjects to which the Society could devote its attention and influence more usefully than that which formed the subject of the present inquiry.

The thanks both of the public and of the profession are due to the Council of the Obstetrical Society for having, at the instance of Dr. Farr, undertaken this laborious inquiry. The report, when it appears in full, will no doubt be a most important and valuable document; and we hope that any Fellows of the Society who may as yet have not sent replies to the queries, will do so, so that the fullest possible amount of information may be obtained.

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DR. KELLY and Dr. Yeo were appointed Assistant-Physicians to King's College Hospital on Friday last week.

THE Marquess of Westminster has given £200 to the Stockport Infirmary.

DR. THOMAS BUZZARD, late Assistant-Physician to the National Hospital for the Paralysed and Epileptic, has been appointed Physician.

WE understand that Dr. A. W. Edis, Dr. Heywood Smith, and Dr. Charles Squarey, are candidates for the vacant post of Physician at the Endell Street Lying-in Hospital.

THE Cardiff Infirmary being about £1,100 in debt, a number of working men have held a meeting, and formed a Committee of thirty-five to raise sufficient money to clear it off.

M. KŒBERLE, of Strasburg, has performed ovariotomy in twenty-five cases, from June 1868 to April 1st, 1869; twenty of the patients have recovered, and five have died.

THE thirteenth operation of ovariotomy in Italy was performed on May 2nd, by Professor Vanzetti of Verona. There were extensive adhesions; and, notwithstanding the skill of the operator, the patient died at the end of three days, from peritonitis.

AT the meeting of the Academy of Medicine in Paris on June 8th, M. Devergie called attention to the results obtained in the School of Practical Anatomy by injecting bodies with a mixture of three parts of glycerine and one of carbolic acid. Bodies thus prepared had been preserved several months without giving off any offensive odour.

THE *Times of India* announces that cholera has made its appearance among the European troops at Kamptee. The outbreak cannot yet be termed serious. At Baroda, cholera has increased to such an extent, that it has been deemed necessary to interdict all communication between the camp and the city.

THE Academy of Medicine in Paris has its hands full of work. It has been lately engaged in a discussion on purulent infection; and, at a recent meeting, M. Boudet reminded the Academy that there was a discussion on the mortality of new-born children not yet completed; while M. Depaul claimed priority for a discussion on vaccination which was commenced two years ago.

THE CLINICAL SOCIETY.

A SPECIAL general meeting of this Society was held on Friday, the 11th instant—Mr. Paget in the chair—to consider the resolutions adopted provisionally by the Royal Medical and Chirurgical Society as a basis of a scheme for effecting an union with the Clinical and other Medical Societies in London. The following motions were carried. 1. Proposed by Dr. Greenhow, and seconded by Mr. Cooper Forster, "That the resolutions adopted provisionally by the Royal Medical and Chirurgical Society be accepted by the Clinical Society as a basis of a scheme for effecting an union between the two Societies." 2. Proposed by Mr. Kesteven, and seconded by Dr. Anstie, "That Mr. Paget, Dr. Greenhow, and Mr. Callender, be appointed to represent the Clinical Society at the General Committee." 3. Proposed by Dr. Southey, and seconded by Dr. Burdon Sanderson, "That the members representing the Clinical Society be instructed, in framing a complete scheme for the union of the Societies, to ensure that due provision is made for carrying on the work of the Clinical Society, and for the publication of its *Transactions*." The meeting was unanimous as to the first and second resolutions, and almost so as to the third. There was a strong expression of opinion among the members present, that the therapeutical character of the Society should be especially maintained; so much so that the meeting drifted into a discussion on the propriety of adopting the name of Therapeutical instead of Clinical. The mode in which the *Transactions* should be published, and other details, were also considered.

COLOURED WAFERS.

A GERMAN chemist has been lately examining the various kinds of wafers manufactured at Munich and Nuremberg. He found that the colouring materials in them were copper salts, red lead, ultramarine, Prussian blue, chromate of lead, and some other of a harmless nature. White wafers sometimes contained oxide of lead and sometimes sulphate of baryta.

ST. GEORGE'S HOSPITAL.

MR. E. MACKENZIE, of New Burlington Street, has sent a cheque for £50 to the hospital; promising that, if £45,000 be raised before the 15th of July, so as to replace the amount by which the invested capital has been lessened, he will send another cheque for £1,000. A concert will be given by the Gillespie Band in aid of the funds on Saturday evening at the Hanover Square Rooms.

THE BALY MEDAL.

OUR readers are aware that a medal in honour of the memory of the late Dr. Baly has been founded in the Royal College of Physicians; and that it is to be awarded biennially to the physiologist who has done most for his science, especially in the preceding two years. The time for making the adjudication is, we believe, close at hand; and, as this will be the first occasion of the award of the medal, it will behove the authorities of the College to be exceedingly circumspect. There is a large choice of men who have done good service to physiology; and we confidently expect that the award will be one which will give a *prestige* to the medal, while it maintains the credit of the College, and does honour to the memory of Baly.

TYPHOID FEVER IN THE BEDDINGTON ASYLUM.

AN outbreak of typhoid fever has occurred in the Asylum for Female Orphans, at Beddington, near Croydon. The first cases appeared about the end of January last. In the first week of the outbreak, ten children were ill; and up to the middle of May, when the epidemic may be considered to have ceased, about fifty cases had occurred amongst a total number of 170 children. The outbreak is ascribed to defective sewerage and drainage. The outfall of the sewers is so placed in the bed of the river as to be always under water, so that any escape of the sewer-gas is prevented. The first point where it can escape is at a large cesspool in a place where the children play; and the other parts where a sort of ventilation takes place are either in the house itself or in places in close contiguity. In the latrine, a pipe, which was intended as a waste-pipe, also acted as a ventilator, and conveyed a great portion of the gas. The washing places in the dormitories also seemed to act as ventilators to this bad system of drainage; though it is stated that the arrangement in the latrine had prevented this particular portion of the arrangements from being so hurtful as it otherwise would have been. In fact, everything inside the house, of the nature of a drain, seems to have been made to communicate directly with the sewers; and, as these were effectually trapped at their outlet, and without ventilators, the gas must have made its escape within the building. The report states, in connexion with the drainage, that "everything has been so carried out as to ensure the attack of illness from which the children have suffered. The plan totally ignores the possible—nay, certain—presence of sewer-gas, and makes every arrangement for its conveyance into the sleeping rooms and loitering places of the children, as well as into the school-room itself." There seems to be quite sufficient to account for the outbreak, even without further causes; but the well whence the water is drawn receives its supply from percolation, and is placed in a porous soil, in close proximity to the cesspool, and surrounded with the pipe-sewers, which are themselves liable to be flooded. These are matters which require the immediate attention of the governing body of the institution; for a grave responsibility rests upon them in this matter, more especially if it be true (as stated in the Report) that the medical officer of the institution has on several occasions called their attention to the want of proper sanitary arrangements, but that no heed has been given to his complaints.

THE CONVALESCENT HOSPITAL, WALTON.

A NEW wing, affording accommodation for sixty additional patients, has just been completed. This will increase the total number of beds to three hundred. The expenses of the new wing have been defrayed out of the proceeds of the interest derived from a handsome legacy left by the late Mr. Marner of Oxford Street. The wards are similar to those already in use; and in the wing a complete system of baths has also been furnished. This will enable the governors to increase largely the benefits of their excellent charity; for we understand that, although the number of patients admitted weekly averages as many as one hundred, still numerous applications have been hitherto constantly refused. In addition to the erection of this wing, a chapel has been built in the grounds of the hospital, at a cost of about £1,260. We believe also that, if the necessary funds be forthcoming, a children's convalescent hospital will be built in the neighbourhood of Mitcham, for boys and girls, instead of the two at Hendon and Mitcham, at present in use; and that a gentleman has promised to subscribe a considerable sum towards the object, which will at least enable the governors to purchase ground to the extent of several acres. The benefit which many convalescent patients, discharged from our large metropolitan hospitals, derive from a few weeks' residence in the country, is incalculable. We therefore trust that the governors of the Metropolitan Convalescent Institution will succeed in raising the necessary funds to enable them still more to enlarge the accommodation at present afforded.

THE DIFFICULTIES OF A MEDICAL OFFICER OF HEALTH.

MR. DYKE, the able and energetic Officer of Health for Merthyr Tydfil, has lately reported to the Board of Health of that place, that no return of fever cases had been received by him from the parochial medical officers during the month of May; although the inspector of nuisances had ascertained that, during that time, fourteen cases had occurred within the district. It appears that, in compliance with a request made by the Board of Health, the Merthyr guardians in December of last year directed their medical officers to furnish Mr. Dyke with all particulars of fever cases; and that this has been done up to a certain period only. Mr. Cresswell, the medical officer of one of the Merthyr union districts, is also the surgeon to the Dowlais Ironworks; and there seems to be some confusion as to the question whether certain fever-patients attended by him were or were not persons receiving parish relief. This instance is one of those which prove the necessity of a thorough inquiry into the working of our sanitary laws. It shews how a medical officer of health, however desirous to do his duty, may be defeated in his endeavours by being obliged to depend on various, and, it may be, conflicting authorities. At Merthyr, Mr. Dyke is obliged to apply to the Board of Health to ask the Board of Guardians to request their medical officers to give him notice of the occurrence of cases of fever—cases occurring in parish practice only being capable of being comprehended in this instruction. The guardians have no jurisdiction over the labourers of the Dowlais Ironworks, however wretched may be their living; and Mr. Dyke cannot enforce the reporting the occurrence of fever among them. Hence, were it not that he is aided by an efficient inspector, fever might go on to a frightful extent before he could trace out the cases.

METROPOLITAN POOR-LAW DISPENSARIES.

We have no doubt that the Council of the Poor-law Medical Officers' Association were mistaken in their interpretation of Mr. Göschen's remarks in the House of Commons on metropolitan dispensaries. We have every reason to believe that the President of the Poor-law Board is favourable to the establishment of these dispensaries. No better proof of this could be given than the clause introduced by him into the Metropolitan Amendment Bill now before Parliament, to which we last week called attention. This clause is, in fact, a compulsory clause, enabling the Poor-law Board to enforce the setting up of dispensaries by guardians. As we then stated, the Metropolitan Poor-law Act of Mr. Hardy does not enable the Poor-law Board to compel boards of guardians to set up dispensaries. What Mr. Göschen probably alluded to was, that there was a difference of opinion amongst Poor-law medical officers as to whether they should see their patients at the dispensaries or at their (the medical officers') houses. There is no doubt a desire on the part of many medical officers not to leave their homes every morning to attend at the dispensaries. They would prefer prescribing for the poor at home, and then sending the patients with the prescription to get their medicines at the dispensary. Still we have no doubt that there are many other medical officers who would gladly have the attendance of their pauper patients transferred from their private houses to the dispensaries. Naturally there will be difficulty in the way of meeting the opposite wishes of medical officers in this matter.

EVELINA HOSPITAL FOR SICK CHILDREN.

On Tuesday last, the above named hospital was opened for the reception of sick children. It is situated in Southwark Bridge Road, in the midst of a poor and well-populated district. It has been erected at the expense of Baron Ferdinand de Rothschild, who has thus by his liberality supplied a want which has long been felt in that part of London. The hospital has been constructed to hold one hundred beds; but at present not more than from thirty to forty will be occupied. Dr. Arthur Farre has taken an active part in the general construction of the hospital and in the arrangement of the wards, and the interior seems thoroughly adapted for the purposes of a children's hospital. The building, externally, is plain, and built in a curve, owing to the site being limited. It is made of brick, and consists of four stories: of these, two will be devoted to the little patients, while the remainder will be occupied by the house-surgeon and matron, and by the ladies who will undertake the nursing: the board-room and medical officers'-room are also on the same floor. The attic storey will contain bed-rooms for the nurses and servants; and—what is very useful—a quarantine ward for doubtful cases coming in the house. The two storeys which the children will occupy are both built on the same plan. Each storey consists of a single ward, one hundred feet long by twenty-four feet wide, which runs along the length of the building. A corridor runs parallel to each ward, with a double set of windows; some open into the ward, and others into the fresh air: by this arrangement an excellent system of ventilation can be kept up. Each ward has nine windows, and these are so constructed as to open into three swing compartments, so that they can be partially or completely open, as may be required. Each ward can be further divided, if needful, into four smaller ones; and each will have a fire-place of its own. One ward on each floor will be set apart for Jewish children, while the rest of the building is intended for general occupation. At one end of the building is a large play-room; and beyond, two large rooms into which cases of whooping-cough and the like will be admitted. All the arrangements for bath-rooms, closets, lavatories, etc., seem to have been well carried out. In the basement storey are the kitchens and offices, together with a *post-mortem* room, dead-house, disinfecting oven, etc. Leading from the ground-floor is a detached wing, in which the out-patient work will be carried on; and here, too, the dispensary will be situated. The nursing will be taken charge of by a lady superintendent, who will have other ladies and nurses under her. The following is a list of the officers of the institution:—*Consulting Physician*, Dr. A. Farre; *Consulting Surgeon*, Mr. Prescott Hewett; *Physicians with care of in-patients*, Dr. Playfair and Dr. Hilton Fagge; *Physicians with care of out-patients*, Dr. Kelly and Dr. Douglas Powell; *Surgeons*, Mr. A. Willett and Mr. Morrant Baker; *Resident Medical Officer*, Mr. Goodheart. On the occasion of the opening, a religious ceremony took place. Amongst those present were the ladies' visitors Baroness de Rothschild, Lady de Rothschild, Lady Herbert of Lea, Mrs. Gladstone, and Mrs. Lucas, with the General Committee and Medical Staff.

THE LONDON INSTITUTION.

The annual report of the Committee of Management of this institution announces that the Board have it in contemplation to adapt the chemical resources of the establishment to the practical teaching of chemistry, with a view to the more direct advantage of the proprietors. It can scarcely be supposed that a pecuniary advantage is thereby contemplated, though there can be little doubt that, in many respects, the application of the resources and influence of this institution to the practical teaching of science, and especially of chemistry, would be eminently calculated to provide for one of the greatest wants of the present time, consistently with modern views as to the utility of such institutions. It is satisfactory to find that, since the remarks which appeared in the Journal, no mention has been made of abolishing the laboratory, where so much has been done to the credit of British chemistry. We therefore trust that the Board of Management has entirely abandoned an intention which would ill accord with the name which the whole Institution has gained in scientific circles from its work in chemical science.

PHARMACEUTICAL EDUCATION.

The case of accidental poisoning at Dublin, mentioned in last week's Journal, is calculated to illustrate very forcibly not only the great need there is of a much higher general education of pharmaceutists in this country, but also the necessity for such scientific culture and training in habits of observation as would render the mistaking of cyanide of potassium for carbonate of ammonia, or similar mistakes, almost impossible. Unfortunately, the British idea of a chemist is incongruously associated with that of a druggist, though the persons who assume this twofold designation seldom know anything of chemical science beyond a smattering of names and phrases. On the Continent, the same class of persons are almost always well acquainted with chemical principles and practice, and sometimes they are highly accomplished chemists; but they are content with the more becoming and modest title of pharmacien or apoteker. The desultory and accidental manner in which chemistry has been cultivated in this country, either as a science or in its applications, has led to a very vague appreciation of the qualifications which entitle a man to be considered as a chemist, and has not afforded the public any means of distinguishing between those who have a right to that title and those who have not. It is to be hoped that in this respect the new legislation affecting pharmaceutists, and the influence of the Pharmaceutical Society, may do much to improve the state of things.

THE SCIENTIFIC WORLD.

The *Chemical News* says, in a late number, "that in the so-called scientific world we find a large number of men who do not work. The reasons why they do not work are not always so obvious as one would imagine. Some, including among them many of our most influential and successful men, do not work simply because they find it unnecessary. Fluent, strong in voice and in nerve, ambitious, and perhaps, if not the least thing in the world, intriguing, they find it far more easy to acquire a position in scientific societies by criticising the researches of others than by working themselves. It is men like these who so mercilessly cross-examine the laborious workers who venture to read their papers before scientific bodies. These cross-examinations are, moreover, often carried on in a semi-bantering tone, as if the stude had taken a liberty in bringing his results before a body, some of whose most august members found work unnecessary. And how often, in all countries, do we find the mantle of the greatest workers placed on the shoulders of these very men!" We congratulate the well-known and amiable editor of the *Chemical News* on the foregoing evidence of transition from the milk and water that has long sustained the energies of our only chemical periodical, to the strong meat requisite for independent criticism, and for so happy a delineation of many familiar characters as that we have quoted above.

ISLINGTON DISPENSARY.

We hear that in future the work of this institution is to be entirely carried on by one or more resident paid officials. The payment of those who do the work of many of the so-called medical charities is undoubtedly a step in the right direction; but in this case the Committee seem quite determined to have the full value for their money, one medical officer being considered sufficient to carry on the work which formerly was thought to require in addition the partial services of six honorary officers.

A NEW HOSPITAL AT WEST BROMWICH.

We learn that it is in contemplation to establish a new hospital at West Bromwich, near Birmingham; and that, in connexion with this project, a question deeply affecting the interests of the profession in the locality has arisen. It seems that there is already in the town an infirmary, under the professional charge of two surgeons, who have hitherto received a small yearly remuneration for their services. Some of the promoters of the new hospital, however, expect that the institution is to have the advantage of gratuitous medical aid; and, relying on the probability of competition, they suggest that, rather than lose the improved opportunities of acquiring surgical knowledge and skill, the present surgeons of the infirmary will be glad to work for nothing. In addition to this assumption, one speaker, at the meeting when the formation of the hospital was considered, suggested that the payment of £100 for medical attendance on the men belonging to certain works should be discontinued, if the owners took part in the new hospital movements. We trust that the members of the profession in West Bromwich will act with determination in this matter, and will not allow the proper value of their assistance to be underrated; and that they will have the unanimous support of their neighbours in Birmingham and other adjacent localities. They have close at hand, and within brief memory, an instance of the good results to be effected by determined action, in the case of the medical staff of the Birmingham Dispensary. The *Birmingham Gazette* of last Saturday, in an excellent article on the subject on which we have commented, has the following pertinent remarks.

"The public have no right to exact the indefinite prolongation of a state of things equally opposed to common sense and to every rule of business. As for the credit derived from the work being a sufficient reward, it is well to bear in mind that every man, whether a banker or a lawyer, a manufacturer or an artisan, seeks two kinds of reward for the investment of his capital and labour—reputation and payment. Twenty per cent. would be deemed dear profit, if it entailed loss of character; and no amount of credit derived from the conduct of a transaction is held sufficient recompense by business men, to the exclusion of tangible reward in the shape of money gain. To take the particular case of the West Bromwich Hospital: the architects entrusted with its erection doubtless hope thereby to increase their reputation; but no one supposes they will forego their commission for the honour of doing the work. Of course not; they are business men, and will expect to be paid. Why should the surgeons be an exception?"

PURE AERATED WATER.

The idea of using distilled water for the manufacture of the various kinds of aerated or artificial mineral water is very happily calculated to remove the disadvantage originally pointed out in this Journal as attaching to ordinary soda-water, and to meet any objection that may be made to the use of artificial mineral water on the ground that the water commonly used for its production is very likely to contain objectionable impurities, resulting from contamination of the sources it is derived from. We are, therefore, glad to notice that a company has been formed, under the title of the Pure Water Company, for the purpose of manufacturing aerated and artificial mineral water on this principle, as stated in our advertising columns, and we trust that the excellence of their productions will in every respect justify the claims to consideration put forward by the Company, and fully sustain the character for purity which they appear to have received. We must, however, mention, in regard to this point, that Dr. Letheby's views as to the significance of the presence of organic substance in water, and the possibility of detecting it, are of too latitudinarian a nature to satisfy the scruples of the medical profession generally.

THE ELECTION AT THE ROYAL COLLEGE OF SURGEONS.

The forthcoming election is, of course, the principal topic of interest at present among the Fellows of the College. Mr. Henry Lee will, we have reason to believe, have the support of a large number, especially of those who know well the soundness of his views on the policy of the College. His position in the ballot is expected to be good; as, also, is Mr. Erichsen's. Mr. Solly has declined to express his opinion on the questions asked by Dr. Morris; but he will no doubt be supported by many who are unwilling to shut him off from that Promised Land of a College Councillor—the Presidency—now that he has almost arrived at it. His high professional character and labours for the advancement of anatomy and surgery will also have weight.

THE ROYAL SANITARY COMMISSION.

Mr. Leonard Armstrong of South Shields writes to us as follows.

"I can fully support the conclusions to which you have come in your articles about the Royal Sanitary Commission. Unless some investigation is made, and evidence taken, as to the competency of nuisance authorities as at present constituted, little benefit can result from the inquiries of the Commission. The consolidation of the Sanitary Acts can be of no practical use, if the parties who are entrusted with their application are too ignorant to comprehend their importance, or too much interested in vested abuses to enforce their provisions. We have a glaring instance of these defects in the borough of South Shields, where the increasing pollution of the atmosphere by smoke and chemical vapours is destructive to vegetation, and in various ways injurious to the health and property of the inhabitants. In attempting to secure even moderate cleanliness, they are taxed, in washing alone, at least £17,000 a year more than it would cost in a town less smoky and dirty. These nuisances might be removed or abated, if the Nuisances Removal Acts, etc., were enforced by the corporation, which is the Local Board of Health and nuisance authority. Although the rates are charged with the salary of an inspector of nuisances, who has held office for the last eighteen months, no steps have been taken to enforce the provisions of the Sanitary Acts against the smoke and chemical vapour nuisances; and he has lately been driven to ask, in all simplicity, that the Council would define his duties, and tell him, I suppose, what nuisances are, and what nuisances are not, to be reported. From this I conclude that sanitary legislation should not be permissive, nor should such Acts be left to the interested care of local authorities. I should have been glad to give evidence of these failures and defects in our national sanitary supervision; but, in these remote places, we can seldom make our grievances heard as far as the metropolis. Perhaps the local schedules you mention may give us the opportunity of laying our case before the Royal Commission."

A NEW DISTRICT SOCIETY.

We insert with much gratification, at another page, a brief report of a meeting held on the 3rd instant at Uckfield, in Sussex. The special importance of the meeting lies in its being, to all appearance, the foundation of a new District Society in connexion with the South-Eastern Branch of the Association. It is now more than ten years since the first District Society—that of West Kent—was founded in connexion with this large Branch; and its operation, and that of the other District Societies which have since been founded in Kent and Surrey, has been most valuable in increasing the strength of the Association in the respective localities, and in enabling the members of the Branch to meet together for professional intercourse and instruction more frequently than would have been otherwise possible. The plan of forming District Societies has not, we believe, been adopted elsewhere; but, from the success which has attended it in the South-Eastern Branch, it is most worthy of being taken into careful consideration by other large Branches. In the interest of the Association, we would impress this subject on the attention of the members who will be present at the Branch meetings now about to be held.

THE SHARPEY MEMORIAL.

In a preliminary notice just issued by the Committee, it is proposed, with the money collected, which already amounts to fully £800, to endow a Physiological Scholarship in University College, to be called "The Sharpey Physiological Scholarship", the holder of which, "The Sharpey Physiological Scholar", must be a student of the College, and will have duties assigned to him in the laboratory of practical physiology, under the supervision of the teacher or professor in that department. These duties, so far as they can now be defined, will consist essentially in aiding the professor of practical physiology, in helping to instruct the pupils of that class, and, as opportunities arise, in undertaking original physiological and anatomical researches. Dr. Sharpey has liberally offered to present to the College, during his lifetime, his anatomical and physiological library, on condition that proper accommodation shall be provided for it—a condition to which there is reason to believe the Council will readily accede. The books will be placed in the "Sharpey Physiological Laboratory and Library" to be formed; and it is proposed, also, to place here a portrait of Dr. Sharpey. The idea of a bust to be presented to the college, and a medal, have also been entertained.

SCOTLAND.

MR. SYME.

We are very pleased to be able to state that the marked improvement in Mr. Syme's health daily continues.

WEST OF SCOTLAND RIFLE ASSOCIATION.

The meeting of the West of Scotland Rifle Association, at Irvine, passed off without any accident of consequence. Dr. Dunlop was in attendance to give medical assistance, and a tent was set apart as a temporary hospital for his use. The only cases reported were a few superficial wounds of the face and hands among the markers from bullet splinters.

ANDERSONIAN UNIVERSITY, GLASGOW: CHEMICAL INSTITUTION.

The munificent gift of £10,000 has been presented by Mr. Young of Kelly, the earliest manufacturer of coal paraffine, for the endowment of an institution for the study of practical chemistry. The gift has been formally accepted by the managers of the Andersonian Institution, and steps are being taken to have suitable premises set apart for carrying the scheme into effect. It is proposed that, in the meantime, the adjoining building, lately added to the Institution property by Mr. William Euing, at an expense of £2,100, should be given over for the new laboratory. The generous gift is peculiarly appropriate, as it was within the walls of the Andersonian Institution that the donor first listened to lectures and witnessed experiments in that science, a knowledge of which has brought him a world-wide fame and a princely fortune.

THE ABERDEEN ROYAL INFIRMARY: PROPOSED NEW FEVER WARDS.

At a quarterly meeting of the managers of the Royal Infirmary, held on Monday, Dr. James Roger was appointed Pathologist and Curator of the Museum. A subject of great importance was also brought before the meeting; viz., the providing of proper accommodation for fever patients. It will be remembered that, an influential movement, originating in the medical staff of the hospital, was set on foot eighteen months ago to obtain a suitable hospital to meet the wants not only of the ordinary—or rather, we should say, the extraordinary—number of fever cases generally under treatment, but the frightful epidemics which every few years visit Aberdeen, and carry off their thousands. The idea was at first taken up in a liberal spirit, and hopes were high that the usual squabbling in matters of Infirmary reform would slumber in an undertaking of so much vital importance to the city. But alas, that British bugbear, the ratepayer, ever true to his cause, preferred filth and fever, and would not be quieted. And now we hear that another attempt is being made to carry out the object in some shape or other. In a report from the Committee of Management it was stated that the grounds of the Infirmary were very limited, and that the present fever accommodation did not provide for the separation of patients labouring under the various types of fever or other contagious diseases. The committee proposed as a remedy that additional fever wards be erected on the ground immediately behind the Infirmary buildings, presently occupied by property belonging to the Hospital. According to a plan which the committee had before them, it was calculated that the proposed improvements could be effected at a total cost of £1,150, exclusive of an income of £80 to £90, the free yearly rents of the old houses which would be demolished by the operations. It was agreed to allow the report to lie over till a future meeting. Now, however, that the subject has been once more mooted, we earnestly trust that the managers will go straight ahead, determined to carry out so good a work, and convinced, as every sensible man must be, that the present means of effectually meeting an epidemic are shamefully inadequate, and that unless they take speedy measures to afford ample, and nothing less than ample, accommodation for the purpose, they will find themselves ere long in the midst of another epidemic which will carry off its hundreds of victims, and cause grief and distress to thousands of the inhabitants.

IRELAND.

SANITARY STATE OF SLIGO.

The Medical Officer of Health, Dr. Tucker, has issued an important report showing the urgent need which exists for a fit water-supply and well organised system of sewerage in that town. The Improvement Bill comes before the House of Lords next week.

THE DUBLIN HOSPITALS.

The grants and electoral systems of the hospitals in Dublin supported out of public funds will be under consideration in the Statistical Society (35, Molesworth Street) on Tuesday evening. Dr. Mapother will read a paper on the subject, and the fullest opportunities will be given to any one desiring to take part in the discussion.

IRISH MEDICAL MATTERS IN PARLIAMENT.

The Common Law Courts Bill, under which fees for medical witnesses may be paid, is fixed for second reading on Monday, and the Superannuation Bill for Wednesday next. We trust no event will occur to prevent the passing of these just and important measures. The College of Surgeons has sent over a deputation to procure the support of Irish members.

DR. CAMERON'S LECTURES ON PUBLIC HEALTH.

These important lectures terminated on Tuesday last, the final discourse having been an eloquent description of the Irish medical charities. He also advocated the extension of the Contagious Diseases Act to the civil population. Votes of thanks were passed to the lecturer and to the authorities of the College. The admission has been heretofore gratuitous; but, following the example of University College, a small charge might well be made next year.

Method of taking away the Bitter Taste of Epsom Salts.—When, in a solution of 30 parts of this salt in 300 parts of water, 10 parts of roasted and ground coffee is boiled, and the fluid filtered, the bitter taste of the salt is entirely taken away, and the fluid is pleasant to take.—*Chemical News.*

REPORT
ON
THE PREVENTABLE DISEASES OF THE INDUSTRIAL CLASSES.

VII.—Indoor Workers.

The effect of indoor work on health—The excessive amount of consumption among in-door workers—Ventilation of workrooms—Shop and home work—Results of sanitary work—The licensing of workshops.

The majority of dwellers in cities and towns are so accustomed to stay "indoors;" some from the nature of their occupation; some from the distances they live from parks and green fields; and others from natural torpidity; that but a small proportion of them take sufficient open-air exercise to preserve robust health. Were the rooms in which they spend so much of their time, so perfectly ventilated that the air within should be as pure as that out-of-doors, the small amount of muscular exercise taken by the occupiers, and their sedentary habits, would sufficiently account for some few of the maladies from which they suffer. Owing, however, to the bad construction of many of the rooms, or to the overcrowding of them, or to the inmates' dread of draughts, the air the dwellers breathe is not thoroughly wholesome. Such places, from being loaded with gaseous impurities, or from being overheated, cause many maladies otherwise preventable.

This indoor life influences all classes; it increases with our nation's commercial prosperity, and the consequent growth of towns and cities. The excessive amount of consumption which stands out so conspicuously in the tables of mortality is due mainly to this cause. The result of Mr. Simons's experience, the fruit of extensive inquiries as to the habits and health of indoor workers in all parts of England where manufacturing operations are carried on extensively, is, that commonly when many persons are employed together at any indoor industry, the ventilation of the workplace is likely to be so bad, as to convert the employment, which perhaps, in its own nature, is not of hurtful tendency, into an employment seriously dangerous to life. And here, he says, lies the explanation of a fact most deplorable for the working classes of our country, that in proportion as a people of a district are attracted to any indoor occupation, in such proportion, other things being equal, the district death-rate by lung diseases will be increased. This generalisation is fully supported by the results of special inquiries into the condition of several classes of London indoor workers which have been conducted under his direction. The facts drawn from these inquiries were, in brief, that workmen were obliged to work in shops much overcrowded, many of the workshops having been built without any regard to ventilation, some having been converted from ordinary dwelling-rooms and cellars; the temperature of many such rooms being found to rise after the gas was lit as high even as eighty or ninety degrees. The condition of London printers, tailors, and dressmakers came under this general rule. Indeed, Dr. E. Smith found that both for printers and tailors lung-diseases were notoriously in vast excess; he had reason to believe that among the printers, consumption in proportion to other diseases was twice as prevalent as among the general male population of London; and that among the tailors consumption and other lung-diseases constituted two-thirds of the causes of death.

In tracing the effects of indoor life on certain classes of workfolks, the following points should be considered:—

The overcrowded conditions of workrooms; the impediments to the entrance of fresh air and light and to the egress of respired air.

The effects of gas on health.

The temperature of workrooms; and the effect of long-continued exposure to heat.

The character of the work itself; and the effect on health of unvarying work.

Dr. John Sutherland, who has made important researches on the subject of ventilation, especially as it relates to barrack-life, holds that for sedentary occupations not less than 500 cubic feet of active ventilation, for each person, should be allowed; the minimum amount of cubic space for each person considered necessary by the health officers of London for common lodging-houses is 300 feet. How far short of these requirements for the keeping of tolerable health are the majority of London workrooms, Dr. E. Smith tells in his report. The amount of overcrowding, he says, will be properly estimated, when it is known that the largest cubic space in these ill-ventilated rooms allowed to each operative and his gas-burner is 270 feet, and the least 105 feet, and the whole average 156 feet per man. Nor was the experience of Mr. H. W. Lord, Sanitary Commissioner to the Children's Employment Commission, more favourable. The following are selected from his notes of different trades, and tell of some workrooms intermediate between the factory and the dwelling-room. These he pronounces as typical of the very numerous cases in which the common sitting-rooms or bed-rooms of a small private residence, have been appropriated solely to purposes of work; a state of things, not wholly confined to small employers.

Occupation.	Locality.	Number of persons.	Cubic feet per head.
Tailor	Whitechapel . .	13	70
Chenille-net maker . .	Cripplegate . . .	10	72
Boot-finisher . . .	Leicester . . .	13	73
Boot-closer . . .	City Road . . .	10	83
Bonnet-maker . .	Goswell Road . .	9	85
Boot-closer . . .	Norwich . . .	24	90
Shirt-maker . . .	Hoxton . . .	10	90
Tailor	Chatham . . .	30	108
Hatter	Southwark . . .	13	176

Such rooms kill as certainly as did the notorious Black Hole of Calcutta, the only difference being that the inmates of the shops die slowly by disease instead of dying suddenly by asphyxia. Nothing can compensate for this unnaturally small amount of breathing space. Some masters urge that they cannot afford to increase the size of their workshops. This, probably, is true. It is certain, however, that much of the work that is now done in shops might be done in the workmen's homes, many of which might be in the suburbs, instead of being in the heart of London. We will instance the tailors; for we have recently made inquiries on this point, and we are convinced that nearly all the work that is now done in workrooms might be done at home. No object is gained in having clothes made under the master's roof. Some master tailors allow most of their workmen to take the work home, an arrangement which will soon be followed, we trust, by all the masters of London. There is no reason why it should not be; for the men are paid according to the work they do, and not according to the time they take in doing it.

As specimens of very modest, but very comfortable little suburban homes for workmen, we would point to the Lower Norwood Cooperative Cottages, a class of buildings which will be before long, we hope, very largely dotted around our great city. Under one roof are four distinct houses, each with several rooms apiece, each with a separate entrance and a separate garden. Besides many advantages to the workman's health, such suburban dwellings offer these important ones to his pocket: that a whole house is often less expensive than one room in London; and that, as they are built by provident societies, the workman, by being provident, may become at last the owner of the house he lives in, since the leading principle of such a society for self-help among workmen is, to sell the buildings on favourable terms to the members of the society and then—to build again. The Norwood Society has been a marked success. We heartily wish all such societies similar prosperity.

It must not be thought that the rapid circulation of air through small overcrowded workshops would mitigate the evils arising from overcrowding. The workmen, many of whom are insufficiently nourished, and employed in sedentary work, would be unable to bear such rapid currents of air, and the yearly sum total of disease among them would be but little, if at all, diminished. Our space will not permit us to enter fully into the subject of the obstacles to ventilation existing in many workshops. In some, even in those where ample provision is made for the exit of foul air, no provision is made for the entrance of a sufficient supply of fresh air; in others, owing to the closing around of the workshops by other building sufficient fresh air is altogether unattainable. In many there must be always too small an amount of daylight.

No better proof of the effect of bad ventilation on health can be adduced than this: before the Crimean war, the English infantry of the line yielded an annual death-rate of 17.9 per 1000 living. In the year 1858 great sanitary improvements were commenced, the ventilation of the soldiers' barracks being the most important. The mortality since the inauguration of this health reform in 1858 has averaged about 8.56 per 1000 living *per annum*, or not much more than one-half of the former mortality. It has been estimated that the number of lives saved annually in the British army since this praiseworthy reform is equal to an entire regiment.

We would defend, as jealously as any one, that national right, summed up by the adage that "an Englishman's house is his castle;" but when an Englishman employs other Englishmen, and when there is evidence that their health is likely to be injured on *his* premises, when they are doing *his* work, and are under *his* control, it is but fair that some provision should be made for their protection. The premature death of a man is a national calamity, since the nation has to do for his family that which he could have done had his health been good, and his life an average one.

We would suggest, therefore, that any person employing six or more persons to work on his premises, should have his workshop duly licensed; the licenses to be granted by justices of the peace under the advice of the district medical officer of health; and that in case of dispute the master should have the right of appealing to the Home Secretary—or better, a Secretary of Public Health, who would be advised by the chief medical officers of the government. At present the attention of a local medical officer is seldom directed to the unhealthy condition of a workshop unless a formal complaint is made. It would be far better for all concerned if such evils were prevented; and prevented they would be if the licensing system we have suggested were adopted.

MEDICAL MEETING AT UCKFIELD, SUSSEX.

A MEDICAL meeting and dinner took place at the Maiden's Head Hotel, Uckfield, on Thursday, June 3rd; HENRY HARLAND, M.D., of Mayfield, in the chair. The objects of the meeting were the friendly discussion of medical subjects, general and local, comprising Medical Benefit Clubs, Cottage Hospitals, Poor-law Amendment, Vaccination Amendment, and other recent Acts of Parliament. Its promoters hoped by its means to secure the more perfect cooperation of medical men in that neighbourhood. The Committee was composed of George Holman, Esq. of Uckfield, Richard Gravely, Esq. of Newick, Henry Harland, M.D., Mayfield, F. C. Mudd, Esq., Uckfield, and Edwin Fence, Esq., Fletching. The attendance was good, and the arrangements were most satisfactorily carried out. After the usual loyal and other toasts, letters were read from leading members of the profession in Brighton, Tunbridge Wells, and other neighbouring towns, regretting their inability to attend the meeting, but expressing their entire sympathy with the objects of the meeting, and the hope that it would result in the formation of a District Branch of the British Medical Association. It was proposed by Mr. Cordy Burrows of Brighton, seconded by Mr. Wallis of Hartfield, and carried unanimously:—"That this meeting cordially supports the efforts of the South Eastern Branch of the British Medical Association to establish District Branch Meetings in the Eastern Division of the County of Sussex." The subject of Medical Benefit Clubs was discussed. The meeting considered that no club should be attended at less than five shillings a year for each member, and that every effort should be made to prevent advantage from being taken of medical charities by persons able to pay the usual medical fees.

A resolution, proposed by Mr. Prince of Uckfield, and seconded by Mr. R. Gravely of Newick, intended to establish a rule of action with regard to benefit clubs in future, was withdrawn; and the following amendment, by Mr. Wallis of Hartfield, seconded by Mr. Thomas Holman of East Hothly, was substituted, viz.: "That the subject of medical clubs and their rules be deferred to the next meeting of this Association."

The subject of cottage hospitals was then introduced by Mr. Gravely, surgeon to the recently established Newick Cottage Hospital. He afforded the meeting much interesting information concerning them; and especially adverted to certain regulations expressly devised to prevent the possibility of ill-feeling arising from the occasional introduction of cases removed from adjacent districts. The absence of Mr. Napper of Cranleigh was much regretted; and the further discussion of the subject of cottage hospitals deferred until the next district meeting. The Poor-law Amendment Acts received due attention. Few of the union surgeons present derived the advantage recommended by the Poor-law Board, that cod-liver oil, quinine, and other expensive medicines, should be provided by the Board of Guardians. The partial acquiescence of Local Boards was considered to be unjust, and those gentlemen who had not received this benefit were advised to state their claims to their respective Guardians without delay. It was also considered desirable that the arrangements for medical attendance on the sick poor should be placed entirely under the direction of the Board of Health, or some similar body, instead of being managed by local authorities. The Vaccination Amendment Act was discussed, and its inefficiency pointed out, especially in reference to the certificates required. Attention was invited to the Bill now before the House of Lords by the Marquis Townshend for the amendment of the Vaccination Act, but it was thought too absurd for any action to be taken upon it.

Mr. Cordy Burrows having mentioned that an active Honorary Secretary was required for the proposed new East Sussex District, it was resolved that Mr. Frederick Charles Mudd of Uckfield be requested to act in that capacity; and that gentleman most kindly acquiesced in the wishes of the meeting.

Other objects of interest engaged attention until a late hour. The meeting dissolved with the feeling that its time had been well spent in the interests of the profession, and of the British Medical Association; and that it was really the inauguration of a new District Branch. Several new members embraced the opportunity of joining the Association.

ASSOCIATION INTELLIGENCE.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-seventh Annual Meeting of the British Medical Association will be held in Leeds, on Tuesday, Wednesday, Thursday, and Friday, the 27th, 28th, 29th, and 30th days of July next.

President—H. W. ACLAND, M.D., LL.D., F.R.S., Regius Professor of Medicine in the University of Oxford.

President-Elect—CHARLES CHADWICK, M.D., F.R.C.P., Senior Physician to the Leeds Infirmary.

An *Address in Medicine* will be delivered by Sir WILLIAM JENNER, Bart., M.D., F.R.S., Physician in Ordinary to Her Majesty, and Physician to University College Hospital.

An *Address in Surgery* will be delivered by THOMAS NUNNELEY, Esq., F.R.C.S., Surgeon to the Leeds Infirmary.

An *Address in Midwifery* will be delivered by T. E. BEATTY, B.A., M.D., Dublin.

The business of the meeting will be conducted under *five* sections:

Section A. MEDICINE.—*Presidents*, W. T. Gairdner, M.D. *Vice-Presidents*, J. T. Banks, M.D.; and J. D. Heaton, M.D. *Secretaries*, T. Clifford Allbutt, M.D.; and H. Charlton Bastian, M.D., F.R.S.

Section B. SURGERY.—*President*, William Hey, Esq. *Vice-Presidents*—George Southam, Esq.; and W. Stokes, jun., M.D. *Secretaries*, W. Fairlie Clarke, M.B.; and T. R. Jessop, Esq.

Section C. MIDWIFERY—*President*, Arthur Farre, M.D., F.R.S. *Vice-Presidents*, S. Berry, Esq.; and W. O. Priestley, M.D. *Secretaries*, G. H. Kidd, M.D.; and J. Thorburn, M.D.

Section D. PHYSIOLOGY—*President*, J. Hughes Bennett, M.D., F.R.S. *Vice-Presidents*, Lionel S. Beale, M.B., F.R.S.; and A. T. H. Waters, M.D. *Secretaries*, E. Chapman, Esq., M.A.; H. Power, M.B.

Section E. PUBLIC MEDICINE.—*President*, W. Farr, M.D., D.C.L., F.R.S. *Vice-Presidents*, E. D. Mapother, M.D.; and A. P. Stewart, M.D. *Secretaries*, G. H. Philipson, M.D.; and A. Wiltshire, M.D.

The following notices of motion have been given.

Dr. DAVEY: To alter Law VIII, by substituting the word "twenty" for "ten" members, to be elected members of the Committee of Council.

Mr. GAMGEE: That a Committee be appointed to inquire into the income and expenditure of the British Medical Association, with a view to ascertain if its resources admit of being more efficiently employed, than they now are, for the advancement of science and for the promotion of the material and social interests of the medical profession.

Gentlemen desirous of reading papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

T. WATKIN WILLIAMS, *General Secretary*

13, Newhall Street, Birmingham, June 1st, 1869.

SOUTH WESTERN BRANCH.

THE annual meeting of the above Branch will be held by direction of the President-elect, C. BARHAM, M.D., on Tuesday, June 22nd, at the Royal Cornwall Infirmary, Truro. The Chair will be taken at half-past Two o'clock precisely.

The dinner will be held at the Royal Hotel, Truro, at Five o'clock P.M. precisely. Dinner and dessert (exclusive of wine), 7s. 6d.

Exeter, June 1869. STONARD EDYE, *Secretary.*

SHROPSHIRE SCIENTIFIC BRANCH.

THE next evening meeting will be held at the Museum, Shrew on Wednesday, June 23rd, at 6 P.M.

A discussion on the Treatment of Epilepsy will be opened.

SAMUEL WOOD, F.R.C.S., *Hon. Sec.*

CUMBERLAND AND WESTMORLAND BRANCH.

THE annual meeting of the above Branch will be held at the New Crown Hotel, Penrith, on Wednesday, June 23rd, at 1.30 P.M.; T. BARNES, M.D., Carlisle, President; M. W. TAYLOR, M.D., Penrith, President-elect.

Dinner will be on the table at 4 P.M. punctually.

Carlisle, June 1869. HENRY BARNES, M.D., *Hon. Sec.*

LANCASHIRE AND CHESHIRE BRANCH.

THE annual meeting of the above Branch will be held at the Town Hall, Lancaster, on Thursday, June 24th, at 12 o'clock. The chair will be taken by Dr. HALL, the President-elect.

Refreshments will be provided at the Town Hall, at 11.30. The dinner will take place at 3.45 P.M., at the King's Arms. Tickets, 7s. each, exclusive of wine.

Gentlemen intending to read papers, are requested to communicate with the Honorary Secretary by the 12th inst. Gentlemen intending to dine, will facilitate arrangements if they will kindly give their names to C. Johnson, Esq., 36, Castle Park, Lancaster, a few days before the date of the meeting. HENRY SIMPSON, M.D.,

Manchester, June 1869. *Honorary Secretary.*

SOUTH MIDLAND BRANCH.

THE thirteenth annual meeting of the above Branch will take place at the Northampton General Infirmary, on Tuesday, June 29th, at 1.30 P.M.: WILLIAM NEWMAN, M.D. (Stamford), President, in the Chair.

Dinner will be provided at 4 P.M., at the George Hotel, for all those who send answers stating their intention to be present: 6s. 6d. each, including dessert and waiters.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same, forthwith, to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Secs.*
G. P. GOLDSMITH, Esq., Bedford }

Northampton, May 1869.

NORTH WALES BRANCH.

THE annual meeting of the above Branch will be held at the Royal Hotel, Rhyl, on Tuesday, July 6th, at 1.16 P.M., under the presidency of W. MAUGHAM, M.D., Carnarvon.

Members of the Council of the Branch will meet at 12.30 P.M.

Dinner at 4 o'clock. Tickets, including wine, etc., 12s. each. To be had at the bar of the above hotel.

Gentlemen who purpose reading or communicating papers and cases, and who intend dining, will please to give an early intimation to

Beaumaris, June 1869. D. KENT JONES, *Hon. Sec.*

MIDLAND BRANCH.

THE annual meeting of the above Branch will be held in the Board Room of the Leicester Infirmary, on Thursday, July 8th, at 2 o'clock; T. W. BENFIELD, Esq., President, in the Chair.

Dinner at the Bell Hotel at 5.30 P.M. Tickets 7s. 6d. each, exclusive of wine.

Gentlemen intending to read papers, are requested to communicate, without delay, with JOHN SLOANE, M.D.,

Leicester, June 1869. *Honorary Secretary.*

METROPOLITAN COUNTIES BRANCH.

THE seventeenth annual meeting of the above Branch will be held at the Star and Garter Hotel, Richmond, on Monday, July 12th, at 3 o'clock P.M.; JOHN E. ERICHSEN, Esq., in the Chair.

Dinner at the Hotel at 5.30 P.M. Tickets (exclusive of wine), 10s. 6d. each.

A. P. STEWART, M.D. } *Honorary Secretaries.*
ALEXANDER HENRY, M.D. }

75, Grosvenor Street, June 1869.

NORTHERN BRANCH.

THE annual meeting of the above Branch will be held in the Library of the Newcastle Infirmary, on Tuesday, June 29th. President for 1868-69, JOHN JOBSON, F.R.C.S.; President-elect for 1869-70, DENNIS EMBLETON, M.D., F.R.C.P.

Gentlemen intending to read papers or describe pathological specimens, are requested to communicate with the Secretary without delay.

G. H. PHILIPSON, M.D., *Honorary Secretary.*

Newcastle-upon-Tyne, June 1869.

WEST SOMERSET BRANCH.

THE annual meeting of the above Branch will be held at Meeten's London Hotel, Taunton, on Thursday, July 1st, at 2.30 P.M.; H. J. ALFORD, Esq., President-elect, will be in the Chair.

Gentlemen wishing to read papers, or to join the dinner at 5 o'clock, are requested to give early notice to the Honorary Secretary.

Taunton, June 1869. W. M. KELLY, M.D., *Hon. Sec.*

REPORT OF MEETING OF COMMITTEE OF COUNCIL:

Held in London, June 9th, 1869.

PRESENT:—Dr. Sibson, F.R.S. (in the Chair); Mr. Bartleet; Dr. Bryan; Mr. Ceeley; Dr. Chadwick; Dr. Chevallier; Mr. Clayton; Dr. Falconer; Mr. Fowler; Dr. Radclyffe Hall; Mr. Hodgson; Dr. Jeaffreson; Dr. Latham; Mr. May; Mr. Nunneley; Dr. Philipson; Dr. Procter; Dr. Simpson; Mr. Heckstall Smith; Mr. Southam; Dr. Stewart; Dr. E. Waters; Mr. White; Mr. Wheelhouse; Dr. Wilkinson; Mr. Wood; and Mr. T. Watkin Williams (General Secretary).

The following resolutions were adopted.

1. That the Laws of the Gloucestershire Branch be approved.
2. That, in future, the General Secretary's cash account, which includes the Local Secretaries' returns, be included in the audit of the accounts of the Association; and that the said returns of the Local Secretaries be universally made in the same kind of form as supplied by the General Secretary.
3. That the President of the Council, the Treasurer, Dr. Stewart, and the General Secretary, be requested to prepare the Annual Report.
4. That the warmest thanks of the Committee be given to Dr. Philipson for the cordial invitation which he has presented from the members of the profession in Newcastle-on-Tyne to meet there in 1870, and for the very able manner in which he has supported it.
5. That new members be admitted after the 1st of July on payment of *half* a guinea for the remainder of the year; it being distinctly understood that they will continue members for at least one year after.

T. WATKIN WILLIAMS, F.R.C.S., *General Secretary.*

13, Newhall Street, Birmingham, June 16th, 1869.

METROPOLITAN COUNTIES BRANCH: SPECIAL GENERAL MEETING.

A SPECIAL General Meeting of the Metropolitan Counties Branch was holden at 37, Soho Square, on Friday, June 11th, at 4 P.M. The Chair was first taken by ROBERT DUNN, Esq.; and subsequently by the President, JOHN ERICHSEN, Esq. The object of the meeting was to consider the constitution of the Royal Sanitary Commission.

Dr. STEWART, in introducing the subject, reminded the members that at the meeting of the Association in Dublin, the state of the Laws concerning Public Health was brought forward for consideration by Dr. Rumsey; and a Committee was appointed to consider the question in conjunction with the Social Science Association. Two meetings of the Committee were held in Dublin; and Dr. Rumsey and himself were requested to draw up a schedule of questions, to be circulated if a Royal Sanitary Commission could not be obtained. The latter body, it was however considered, would be enabled to obtain information which any Committee of a private body could not get; and the information obtained by such a Commission would be more valid. In May of last year, an influential deputation waited on the Government, and obtained from Lord Devon, the Duke of Marlborough, and Mr. Hardy, a promise of compliance with the request for a Commission. Dr. Stewart could not refrain from expressing, in the strongest terms, the value of the exertions and influence of Dr. Acland of Oxford in this matter. Certain things were thought essential; especially that the inquiry should be extended to all parts of the United Kingdom, and should be full and complete. In October, Mr. Hardy decided that this should be; and the Commission was appointed. After the change of Government, five months elapsed before any steps were taken; and, on April 20th, when the new Commission was appointed, it was found that London, Scotland, and Ireland were excluded from its consideration. The reason for this restriction might have been an economical one. It appeared as if the authorities confounded the inquiry asked for with the legislation which should spring from it—an important mistake. What was needed was information concerning the action of the sanitary laws; for this knowledge was still wanting. Laws had been passed, but no one knew how they worked, or even if they were worked at all. Indeed, there was much reason to believe that, in a large number of great towns, officers of health were only nominally appointed; in many, they were receiving but small salaries or none at all; and in others, their recommendations were received, but seldom or never attended to. The Royal Commission had held six or eight meetings; and, up to the present, had heard little but from official witnesses—servants of the bodies charged with the putting in force of the Sanitary Laws. He feared that the amount of evidence would be very small. But this was certain; that those witnesses who were at their very doors, and who could give most important information, viz., the officers of health and others connected with the metropolis would be excluded, so far as their own personal knowledge was concerned. The information to be derived from them was most important, and most extended; for it concerned a population of three millions, and without it the evidence taken would be sadly deficient. He would be prepared to propose that a deputation of the Branch and of the Committee of the British Medical and Social Science Associations should go to the Home Secretary, to ask that the powers of the Royal Commission should be extended so as to embrace the whole Kingdom. He would, however, before proposing a resolution, like to hear the opinions of others.

Mr. Lord had listened with great interest to Dr. Stewart. He thought that Mr. Bruce ought not to be judged harshly. It was most important to make the inquiry as extended as possible. He believed that there would be a great opposition from the Metropolitan Board of Works to any interference. He would advise caution in any steps taken; so that important bodies might not be rendered jealous of interference with their rights.

Mr. Heckstall Smith said that the sanitary state of the rural districts was very wretched. The laws in relation to them were complicated and ineffectual. What improvement had taken place, was effected not by the action of these laws, but by the generally increased intelligence of the people, and specially by the zeal of individual medical men. He agreed with Dr. Stewart, that the present limited Commission would be worse than useless, for the information obtained would be partial and limited, and yet it would be appealed to by the public as if it were complete. It would be a clog on future sanitary progress.

Dr. Ramsay felt that now was the time to press the Government to enlarge the scope of the Commission, and to clear up the matter once and for ever; so that all that could be known, might be.

Mr. Hunt wished to know if Dr. Stewart intended to point out any mode in which the information might be obtained. He thought it very desirable that there should be some plan. The Metropolitan Medical Officers of Health were the most capable persons to afford information to the Commission.

Dr. Stewart then moved the following resolution:—"That the terms of the appointment of the Royal Sanitary Commission, indicating, as they do, an intention either to legislate separately and on different principles for the different divisions of the Kingdom, or to legislate for the whole Kingdom on evidence drawn only from a portion of it, are highly unsatisfactory.

"That application be made by this Branch, in cooperation with the Joint Committee of the British Medical and Social Science Associations, to the Home Secretary and the Chancellor of the Exchequer, to receive a deputation for the purpose of urging the extension of the inquiry to the Metropolis, Scotland, and Ireland."

Mr. Heckstall Smith seconded the motion.

Dr. Sieveking thought that, as the question concerned the Chancellor of the Exchequer, it would be well to consider him; if it could, as he believed it could, be proved to be an economical proceeding to extend the bearings of the Commission. It was of importance to the nation at large that London and Ireland should be considered, whether they were in good or in bad condition. These places, if the former, would be a good and useful contrast; and, if the latter, would derive great benefit from the inquiry. He suggested the drawing up a memorial embodying the reasons for the proposed extension and the advantages accruing from it.

The resolution was carried unanimously.

Dr. Ramsay proposed—"That a memorial be drawn up by the President of the Branch (Mr. Erichsen), Dr. Sieveking, Dr. Stewart, and Mr. Heckstall Smith, embodying the terms of the resolution agreed to at a meeting of the Branch, held on Friday, June 11th, 1869, and giving in detail the grounds on which they urge on the Home Secretary and the Chancellor of the Exchequer, the necessity of extending the inquiry of the Sanitary Commission so as to embrace Scotland and Ireland, and the Metropolis; and that the gentlemen named have full power to make the necessary arrangements for securing a deputation to support the memorial on its presentation."

Dr. Day Goss seconded the proposal, which was carried unanimously, the names of the proposer and seconder being added.

The proceedings of the meeting then terminated with a vote of thanks to the President, proposed by Dr. Ramsay.

BIRMINGHAM AND MIDLAND COUNTIES BRANCH.

Pathological and Clinical Section.

The second ordinary meeting was held on March 25th, 1869. Present: T. P. Heslop, M.D., in the Chair, and thirty-seven members and visitors.

Mr. Furneaux Jordan was unanimously elected Treasurer of the Section.

Dr. Heslop exhibited an adult female patient affected with well marked Leucoderma.

Mr. Vincent Jackson (Wolverhampton) presented a healthy looking boy, aged 12, suffering from a large Tumour, occupying nearly the whole of the posterior triangle of the neck. It had been first noticed only nine months previously, and was completely movable. Mr. Jackson promised to report the results of the proposed operation.

Mr. Furneaux Jordan presented a patient with Enlargement of the Thyroid Gland, which was being treated with good effect by the application of iodine liniment to the back of the neck, and pressure to the surface of the tumour.

Mr. Vose Solomon exhibited a Tumour of the Orbit removed from a woman aged 48; the eyeball had been previously enucleated. The tumour was hard, lobulated, of the size of a filbert, moderately vascular, and melanotic in spots. The periosteum to which it adhered was pulpy, and easily detached from the bone. The microscope shewed many granular cells, broken-down granular matter, pigment-cells, and oil-globules, but no fibrous tissue. The growth of the tumour was referred to injury.

Dr. Sawyer shewed a Heart, in which a firm Fibrous Mass, of the size of a filbert, grew from one of the aortic valves. The affected valve was lacerated, and the growth was probably the result of inflammatory change following rupture.

Dr. Sawyer also exhibited a Kidney, containing a Calculus weighing eighty grains, which had produced no symptoms during life.

Mr. Oliver Pemberton shewed the parts removed after death from a patient on whom Colotomy had been performed for Cancerous Stricture of the Rectum. A secondary growth was found on *post mortem* examination in the bladder. The specimen was referred to the Subcommittee on Morbid Growths.

Mr. Thomas Underhill (Great Bridge) exhibited a remarkably fine specimen of Miners' Phthisis, taken from a man aged 67, who had worked from boyhood in coal-mines. Both lungs were intensely black, except the lower third of the left, which was mottled. They were dense, consolidated in parts, and one section had the appearance of charcoal. There was a vomica in the right apex, containing black fluid. Mr. Underhill spoke of the rarity of the disease in the coal-valley of South Staffordshire, and expressed his opinion that the condition was caused by a direct deposit of inhaled carbon, and was not due, as Virchow held, to an alteration of the hæmatin of extravasated blood. In support of this opinion, cases of Zenker's were quoted, in which a red coloration of the lungs was produced in persons who had worked in the dust of red oxide of iron.

Mr. Furneaux Jordan exhibited the Carious Head of a Femur which he had removed by excision from an adult male.

Mr. Vincent Jackson exhibited the portions of bones removed in Excision of the Knee-joint in an adult.

Mr. C. A. Newnham (Wolverhampton) exhibited an Uterus with Fœtus (of about the fifth month) *in situ*, and Placenta attached.

Mr. Newnham also exhibited a Polypus Uteri removed during labour. The polypus was referred to the Subcommittee on Morbid Growths.

BATH AND BRISTOL BRANCH: ORDINARY MEETING.

The sixth ordinary meeting of the session was held at the York House, Bath, on Thursday evening, May 27th; R. N. Stone, Esq., President, in the Chair. There were also present twenty-seven members and four visitors.

New Member.—B. P. Burroughes, Esq., of Bristol General Hospital, was unanimously elected a member of the Branch.

Papers.—The following were read:—1. Clinical Notes on the Treatment of Syphilis. By J. K. Spender, M.D. This led to discussion, in which Mr. Bartrum, Drs. Davey, Falconer, and Colborne, and Mr. Steele, took part.—2. Tympanitis with Intestinal Puncture. By J. G. Davey, M.D. This elicited remarks from several members.—3. History of several Cases of Membranous Scarlatinal Angina. By C. Steele, Esq.

EAST YORK AND NORTH LINCOLN BRANCH: ANNUAL MEETING.

THE thirteenth annual meeting of this Branch was held on May 28th, 1869, at the Hull General Infirmary; Sir H. COOPER, M.D., President, in the Chair.

Mr. H. Gibson, having terminated his year as President, retired.

The proceedings of the last annual meeting, and the report of the Committee upon the fortnightly meetings, were received and adopted.

New Members.—The following gentlemen were admitted members of the Branch:—E. D. Des Forges, Esq., South Cave; G. Hudson, M.D., South Cave; T. Newby, M.D., Grimsby; Palemon Best, Esq., Louth; R. Grieve, M.D., Howden; W. K. Roberts, Esq., Barnetby; W. A. Rudd, Esq., Hull; H. S. Shaw, Esq., Louth.

Officers, etc.—The following officers for the ensuing year were then elected:—*President-elect*—K. King, M.D. *Committee*—W. J. Lunn, M.D.; R. M. Craven, Esq.; J. F. Holden, Esq.; H. Gibson, Esq.; J. H. Gibson, Esq.; O. Daly, M.D.; G. F. Elliott, M.D. *Treasurer*—J. A. Locking, Esq. *Secretary*—R. H. B. Nicholson, Esq. *Representatives in the General Council*—Sir H. Cooper, M.D.; K. King, M.D.

Papers.—The following papers were read:—The New Nomenclature of Diseases. By Sir H. Cooper, M.D.—Case of Retroversion of the Uterus. By Henry Gibson, Esq.—Two Cases of Tetanus, with Remarks. By K. King, M.D.—The Induction of Premature Labour by Warm Water Injections. By W. H. Eddie, Esq.—Two Cases of Fracture of the Os Calcis. By R. M. Craven, Esq.—Case of Thoracic Aneurism. By G. F. Elliott, M.D.—Benzol as a Remedy in Hooping-Cough and Asthma. By R. H. B. Nicholson, Esq.

Dinner.—After the meeting, a dinner was held at Glover's Hotel, to which upwards of thirty of the members of the Branch sat down. Sir H. Cooper, during the evening, made some remarks as to the advisability of direct representation of the profession in the Medical Council.

REPORTS OF SOCIETIES.

OBSTETRICAL SOCIETY OF LONDON.

WEDNESDAY, JUNE 2ND, 1869.

GRAILY HEWITT, M.D., President, in the Chair.

THE PRESIDENT gave some particulars of the recent Deputation to the Home Secretary (see JOURNAL, May 15th, p. 447). The representations made were carefully listened to by the Home Secretary; and he believed that the attainment of the object which the Society had in view would be materially advanced in consequence of the interview.

Dr. ROUTH exhibited a new Vesico-Vaginal Speculum-Holder, made by Mr. Coxeter. An instrument for the same purpose had been devised by Mr. Weiss, at Dr. Savage's instigation, and under Dr. Rogers' direction, and had been exhibited by Mr. Spencer Wells before the British Medical Association. This was a very ingenious instrument, but it had certain disadvantages. There were but two movements allowed; one upwards and downwards, and the other forwards and backwards. In the one exhibited there were, in addition, a circular motion of the speculum, and one from side to side. These two additional movements enabled a more ready exposure of the fistula for operation, if not in the middle line. The buttock piece was flatter and wider, and so more comfortable to the patient. By means of two straps, it could be used when a woman was on her side. Lastly, owing to the movement upwards and downwards being effected by a slide, instead of a slowly working screw, it was most readily applied and removed. Dr. Routh had added another portion to it, by which an ordinary speculum could be placed *in situ* in lieu of Sims' speculum, and, when so placed, could play or be fixed in all the four positions before named. In private practice, with lack of assistants, its advantages would be at once recognised.

Dr. J. F. ROGERS exhibited a specimen of Conjoined Twins, and gave particulars of the delivery. The mother, a primipara, was confined on May 17th. The presentation was footling, and the delivery was effected by steady traction, without much difficulty, the head of the posterior child passing first through the pelvis. They were stillborn. Both were females. The connecting band between them extended from the upper end of the sternum to the umbilicus. Into this band one umbilical cord entered, common to both. The mother made a good recovery.—Dr. PLAYFAIR said that cases of conjoined twins were not rare: but an accurate description of the mechanism of delivery was rarely given. This particular instance well illustrated a remark which he had made in a paper on the subject in the eighth volume of the *Transactions*, that presentation by the feet was by far the most favourable that could be met with; for not only did this allow us to diagnose the cases more readily, but the bodies were able to pass through the pelvis without much difficulty, and then, by lifting them well over the abdomen of the mother, one of the heads became engaged in the cavity, while the other remained *in utero*. If, therefore, we are able to determine the nature of the case soon enough, we should convert it into a footling presentation by turning. If one of the hands pass first, it is necessary that the body belonging to it should undergo a process of spontaneous evolution, a very tedious and hazardous termination.

Dr. BARNES described and demonstrated a new method of Embryotomy, by which a mature fœtus could be extracted through a pelvis measuring not more than an inch in the conjugate diameter. In the case of a pelvis contracted to three inches in the conjugate diameter, embryotomy was justified by the presumption that by it the mother was saved from danger; and, in the case of contraction to two inches or one inch, it was on the same principle justifiable. The difficulty was to carry out the proceeding with reasonable safety to the mother. He had long felt that the problem, how to extract a mature fœtus through a pelvis, narrowed to one inch, without injuring the passages, ought to be solved, so that the Cæsarean section might at any rate be further restricted. Van Huevel's forceps-saw cut up the child's head by making a chain-saw travel up from the shanks of the forceps blades. But in extreme distortion, there was not room for the blades to pass. Dr. Barnes' operation consisted in passing a loop of strong steel wire over the head by means of Weiss's ecraseur, and then making sections. He shewed the operation on a pelvis nearly two inches in diameter, and a seven months' fœtus. Dr. Barnes first perforated the head, then introduced the crotchet to steady it; then passed the wire-loop into the uterus, which could be done by compressing it; and when the loop was sufficiently high, by removing the compression, it opened by its elasticity, and was made to seize the head in its circumference at the occipital end; then, by working the screw, the wire made a clean section of the head, taking off all the posterior part; this part was then removed by craniotomy-forceps. The wire was then reapplied in the longitudinal direction of the head, seizing under the jaw and ear, and another section was made through the base of the skull. The remains of the head were then seized by Dr. Barnes' craniotomy-forceps, and easily drawn through the pelvis. He then perforated the chest, hooked the crotchet in the axilla of one arm to draw it down within reach of the embryotomy-scissors; then the chest-walls were cut up by the embryotomy-scissors, and drawn through the pelvis, the other arm being previously cut off or not. The operation involved little or no pressure or contusion, or dragging upon the uterus, or other soft parts. The wire buried itself immediately in the head, and no bulky instruments or manœuvres bruising the soft parts were necessary.—In answer to Dr. TYLER SMITH, Dr. Barnes said he had not yet performed the operation on the living subject.—Dr. CLEVELAND thought that in cases of high distortion, after removing the bones of the cranium, the real difficulty had still to be encountered; for, in a recent case of the kind to which he alluded, he had, after long perseverance, removed every particle of the skull, as well as all the cervical vertebræ, and was then foiled in the attempt to bring down the rest of the body within operative reach. After death, the child was found to weigh about eight pounds, without its head, and the shoulders, when compressed into as small a space as possible, were out of all proportion to the size of the pelvic inlet.—Dr. BARNES could but repeat his conviction, based upon experience, that he could bring not only the head, but the trunk of a mature fœtus through with nearly as much facility and accuracy as the Fellows had seen done in the experiment.—Dr. HICKS considered Dr. Barnes' method a clear means of reducing the head to a minimum.—The PRESIDENT observed that the value of the procedure must be tested by experience; but, for the originality of the operation, Dr. Barnes deserved the greatest credit.

The Report of the Infantile Mortality Committee was then read. [The abstract will be found at page 570.]

After some remarks from Dr. Barnes on the interesting character of the Report, Dr. FARR said that the result of the inquiry had fully realised what he had hoped to ascertain through its medium. The treatment of children at an early age was most important, adult health depending largely upon the state of health in childhood. Infant mortality was much higher in the southern countries of Europe than in the northern. It was greatest in Italy, lowest in Norway. He would have liked to have more details as to the dress of infants, particularly as this Report would doubtless be widely circulated on the Continent, in many parts of which bandaging was carried out to much too great an extent. He wished to return thanks to the Society for this important contribution to the natural history of the British Baby.

Dr. ROGERS moved, and Mr. GASKOIN seconded, the adjournment of the discussion.

The PRESIDENT, in putting the resolution (which was carried unanimously), said that he judged, from the manner in which this paper had been received, that the time and money expended in the production of the information now conveyed to the Society would prove not to have been thrown away. The Society had successfully inaugurated a new work, from which humanity would derive great benefit.

CLINICAL SOCIETY OF LONDON.

FRIDAY, MAY 14TH, 1869.

C. J. B. WILLIAMS, M.D., F.R.S., in the Chair.

DR. BURDON SANDERSON related a case of Uncomplicated Diabetes Mellitus, in which he had employed the treatment recommended by Dr. Pavy at a previous meeting of the Society—that of administering opium for a long period in gradually increased doses. At the period of his admission into Hospital, the patient had suffered from diabetes for about seven months; he was emaciated and excessively weak. He was at first placed for six weeks on the usual diet of diabetes, without any medicine. During this period he improved in health and rapidly gained weight, although there was no diminution either of the daily quantity of urine or in the excretion of sugar. At the end of this period, the opium treatment was commenced, the daily aggregate dose being gradually increased from one grain to twenty grains. No marked improvement was observed until as much as ten grains were taken in the twenty-four hours, but from that time the quantity of urine excreted daily rapidly diminished. The patient was shown. Notwithstanding that he was taking so large a quantity of opium, he showed no signs of narcotism. In confirmation of the recent observations of Dr. Foster, it was stated that the bodily temperature of this patient was always below the normal. The arterial tension, as estimated by the sphygmograph, was far below the average; but was increased with the general improvement of the patient's health.—Dr. ANSTIE wished to know if any of the members had met with patients who had become opium-eaters from being treated for diabetes with large doses of opium. He had known one man in whom diabetes had lasted for twenty years, and he was taking nearly 100 grains of opium.—Dr. WILLIAMS knew of a patient who had taken a drachm and a half of acetate of morphia for a dose. He believed that, after a certain amount, people can take almost any quantity.—Dr. PAVY referred to the case of an elderly woman he had brought forward early in the session, which was being treated with opium and mixed diet. At the beginning of April, the patient was passing no sugar but the normal amount of urine. His experience was, that opium, without the restrictive diet, in young persons, will not remove the sugar, but it will with it. Opium, however, was of use in mild cases amongst elderly patients. He had published a case treated with ozonic ether, in which there was no effect, and afterwards with morphia, with good results. This patient was on restricted diet. Another case he had treated with carbonate of ammonia and restricted diet, and the sugar disappeared. In one case he had put the patient on restricted diet and camphor water. He got rid of the sugar, and the patient was now taking four ounces of bread without any reappearance of the sugar. He had not been so successful in the case of opium with private patients, as they were not able, from the superior mental development, to bear the drug.—Dr. WILLIAMS' experience as to the effects of restricted diet agreed with that of Dr. Pavy.—Dr. SANDERSON and Dr. PAVY, in answer to Dr. Williams and Dr. Anstie, said they had observed no effect on the pupil in cases treated by opium. Dr. Sanderson's object was to separate the effects of restricted diet from that of opium. In his patient there was no diminution on restricted diet, but immediately the opium was given an effect was produced.

Dr. GEE communicated a series of important observations as to the properties of Apomorphia, the new basis recently obtained by Dr. Matthiessen by the prolonged action of strong hydrochloric acid on the chloride of morphia. An account of the chemical properties of this alkaloid, which differs from morphia as to composition by the elements of a molecule of water (the formula of morphia being $C^{17}H^{19}NO^{3}$, that of apomorphia $C^{17}H^{17}NO^{2}$) will be found in the *Proceedings* of the Royal Society. Dr. Gee's observations showed that apomorphia was a certain and promptly acting emetic, and that as such it possessed the following advantages over all others at present in use. 1. It acted in extremely small doses, one-tenth of a grain being sufficient when injected subcutaneously to produce vomiting in ten minutes, while by the mouth twice as much would act in twenty minutes. 2. It possessed no irritant properties, and could therefore be injected under the skin without the slightest inconvenience. 3. It acted with unfailing certainty. 4. The vomiting produced was not followed by nausea. When employed in larger doses it produced in animals symptoms referable to the nervous system, particularly epileptiform convulsions, preceded by great excitement and followed by muscular relaxation and death. In one case, that of a patient affected with chronic Bright's disease, the emetic action of one-tenth of a grain of apomorphia was succeeded by slight and very transient delirium. He also stated that it was tolerably soluble, and suitable for subcutaneous injection, and that it produced as good dilatation of the pupil as atropia.—Dr. ANSTIE remarked that morphia itself produced violent epilepsy.—Dr. MATTHIESSEN said its reactions were altogether different from those of morphia.

Dr. ANSTIE related a case of Epilepsy of between eight and nine years' duration, which had been under his observation during nearly the whole of this period. The paroxysm could always be arrested if quinine were administered directly on the occurrence of a sensation of numbness in the left hand, which sensation was always the precursor of an aura preceding the fit. So well aware was the patient of this circumstance that he invariably sought advice on the very first occurrence of symptoms, and in this way had been able entirely to ward off the paroxysms for nearly five years, although he had had repeated premonitory symptoms. The quantity of quinine required was remarkably small. One or two doses of two grains each had often entirely arrested the fit. The paroxysms, when left to themselves, were of a true epileptic character, attended with complete unconsciousness and biting the tongue. At the time of his first application for advice, the patient's intellectual faculties were impaired, but the total freedom from fits had resulted in improvement of his mental condition. Dr. Anstie pointed out that the therapeutical history of the case no doubt suggested a suspicion of malarious origin of the disease, which was strengthened by the fact that the first fits occurred at a time when the patient was a sailor off the coast of China. There were, however, no other evidences in confirmation of this view. In answer to Dr. Douglas Powell, he stated that there was no neuralgia.—Dr. CLAPTON had treated nearly all his cases of epilepsy at St. Thomas's Hospital by quinine. He ordered them to take twenty grains when they felt the attack coming on. He had seen the excellent effects of this treatment in a patient in the out-department. He believed the same treatment would check the fits of tetanus.—Dr. GREENHOW wished to know if the quinine tended to cure the disease or only to stop an attack. He had known two cases where he thought he could trace a malarious origin. He then related several cases treated by bromide of potassium, in which no fit recurred for a lengthened period.—Dr. CLAPTON never gave quinine alone, as he did not believe it would cure the patient, but always combined it with bromide of potassium or other remedy.—Dr. WILLIAMS thought arsenic might prove useful.—Dr. ANSTIE referred to the advantage of subcutaneous injections of quinine where an immediate effect was desired.—Dr. HILTON FAGGE had found quinine without acid readily digested and absorbed by the stomach.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF OXFORD.

MEDICAL EXAMINERS.—In a Convocation held on June 11th, the names of the following gentlemen, who have been nominated to the office of Medical Examiners, were submitted to the house and approved:—T. K. Chambers, D.M., Christ Church; J. W. Ogle, D.M., Trinity; T. P. Teale, B.M., Brasenose; W. S. Church, D.M., Christ Church; A. G. Vernon-Harcourt, M.A., Christ Church; and R. B. Clifton, M.A., Wadham.

GRANTS TOWARDS EXPENSES.—At a Convocation holden on the 3rd instant, it was agreed that £1,000 be placed at the disposal of the Professor of Experimental Philosophy, for the purpose of providing apparatus to be set up in the physical laboratories now building at the University Museum. It was also agreed that a sum of money not exceeding £350 be granted to the Waynflete Professor of Chemistry for one year; viz., for a demonstrator in the laboratory, £100; for assistants at lectures, apparatus, and chemicals, £250.

EXAMINERSHIP IN NATURAL SCIENCE.—The name of Edward Chapman, M.A., of Merton College, who has been nominated to the office of Examiner in the room of Gilbert Child, M.D., Exeter College, "*in scientiâ naturali*" *pro hâc vice*, was, on the 3rd instant, submitted to Convocation and approved.

NATURAL SCIENCE EXAMINATIONS.—The Examiners in the Natural Science School have issued the following class list:—Class I. W. H. A. Jacobson, Corpus; Class II. F. B. Howell, Merton; Class III. F. C. Woodforde, Exeter; Class IV. *Nil.*

JESUS COLLEGE.—An open Scholarship will be awarded in October next, for proficiency in physical science. Papers will be set in chemistry, physics, and physiology; but answers will be expected from each candidate in one subject only. Candidates (who, on the day of election, must not be full twenty-four years old) are requested to call on the Principal, on the morning of Thursday, October 14th, to bring with them certificates of their baptism, and testimonials of their past good conduct. The annual value of the Scholarship is £80, and is tenable to the close of the twentieth term from the scholar's matriculation.

UNIVERSITY OF CAMBRIDGE.

NATURAL SCIENCE TRIPOS.—Professor W. H. Miller, M.A., Foreign Secretary to the Royal Society, has been elected the Fifth Examiner for the Natural Sciences Tripos.

NON-COLLEGIATE RESIDENCE.—Persons desirous of obtaining information respecting entrance as non-collegiate students, may apply to the Rev. R. B. Somerset, Cambridge.

NON-RESIDENT STUDENTS.—Gentlemen desirous of entering as non-collegiate students are requested to apply to the Rev. R. B. Somerset, Trumpington Road, Cambridge, who has been appointed to superintend and advise them, and from whom they may obtain information.

NATURAL SCIENCE SCHOLARSHIPS.—T. Calliphronas, of Caius College, has been elected to a Scholarship for Chemistry; and W. Simpson, of the same college, has been elected to a Scholarshap for Anatomy and Physiology. This gentleman is a son of Sir James Simpson. Hicks, Lee, and Adams, have all obtained prizes for Natural Science in Sidney College. These gentlemen are already Natural Science Scholars of the College.

THE POOR-LAW MEDICAL SERVICE
OF
GREAT BRITAIN AND IRELAND.

DURHAM UNION.

THE election of a medical officer to the Tudhoe District of the Durham Union took place on May 29th. There were three candidates: Mr. Wharton of Durham; Mr. Heffernan of Spennymoor; and Mr. Blandford of Coxhoe. After a keen discussion on the merits of the candidates, Mr. Wharton was elected by 15 votes: Mr. Heffernan obtaining 7, and Mr. Blandford none. It appears that Mr. Wharton has lost one hand, and that its place is supplied by an artificial limb. This caused much discussion as to the possibility of his being able to perform his duties efficiently; and it was intimated by some of the speakers that the appointment would not be sanctioned by the Poor Law Board.

*THURSTON, Edward W., L.R.C.P.Lond., M.R.C.S., to be Medical Officer and Public Vaccinator for No. 2 District of the East Ashford Union, *vice* *Henry Whitfeld, Esq., resigned.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, June 11th.

THE MEDICAL STAFF AT THE MAURITIUS.—Colonel SYKES asked the Secretary of State for War whether orders had been sent to the Mauritius to diminish the medical staff, although the inspector of hospitals had reported that, in consequence of the reappearance of fever in a more virulent form than last year, he needed additional assistance; also, what was the number of men and officers of the 86th Regiment fit for duty out of the total strength of the regiment on the 6th day of May, when the mail left.—Captain VIVIAN replied that no reduction in the medical staff of the Mauritius was contemplated. On the 1st of May, 1869, the date of the last return, there were fit for duty in the Mauritius 16 officers and 493 men of the 86th Regiment, and at the Cape of Good Hope four officers and 92 men. There were three men in prison, and two officers and 21 men sick, making a total of 22 officers and 609 men.

OBITUARY.

JOHN DIXON FIDLER, M.D., WHITEHAVEN.

AT his residence in Whitehaven, on May 14th, Mr. Fidler died of broncho-pneumonia, after an illness of little more than a week. His attack was attributed to over-work, through his assistant being laid up with typhoid fever. In the course of a practice extending over a quarter of a century, Dr. Fidler had come to be regarded as one of the local chiefs of his profession. He was one of the medical visitors of the Whitehaven Infirmary, and, at the time of his death, Assistant-Surgeon to the Royal Cumberland Militia. Dr. Fidler took an active part in the promotion of the Cumberland and Westmorland Branch of the Association, and was a regular attendant at all the meetings. Dr. Fidler was one of the representatives in Whitehaven Board of Trustees. Every movement of a social or educational kind, in which as a loyal churchman and a conservative he could consistently take part, had his support. He was President of the Scientific Association, President of the Tonic Sol-fa Society, and Vice-President of both the Volunteer Life Brigade and the Horticultural Society. His temperament was genial, tolerant, and kindly. He was only 50 years of age.

BRUCE BARCLAY, M.D.

DR. BRUCE BARCLAY, the eldest son of the venerable Principal of the University of Glasgow, died on the 8th instant, at his father's residence in the College, after an illness of only a few weeks, resulting from a cold caught, it is stated, in New York. He had been for several years professionally engaged in the Chinese Seas; but, his health giving way to some extent, he returned home. Preferring sea life to settlement on shore, he engaged with Messrs. Handyside and Henderson to act as medical officer on board of one of their Transatlantic Line, and in this capacity has been for several years usefully employed. He was one of the saved in the boat of Captain Munro when the *Hibernia* was lost; and on the appointment of Mr. Munro to the command of the new steamship *India*, Dr. Barclay accompanied his friend as surgeon in the first two voyages of that steamer to New York. Dr. Barclay was a gentleman of varied accomplishments, of frank and agreeable manners, and was held in great regard by all with whom, professionally or otherwise, he came into contact.—Abridged from *Glasgow Citizen*.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 10th, 1869.

Holland, Neville, St. Ives, Huntingdonshire
Kidd, John George, Shepherdess Walk, N.
Roberts, Robert, Barcelona, Spain

At the same Court, the following passed the first examination.

Allnutt, William, King's College
Morris, John Edward, St. Thomas's Hospital

As an Assistant in compounding and dispensing medicines.

Holt, William Henry, Altrincham, Cheshire

UNIVERSITY OF CAMBRIDGE (Easter Term, 1869).—The following gentlemen have passed the undermentioned examinations:—Final Examination for M.B. Degree.

Airy, Hubert (M.A.), Trinity College
Anningson, B. (B.A.), Caius College

Second Examination for M.B. Degree.

Earle, B.A., Jesus College
Johnson, —, Jesus College
Semple, B.A., Caius
Smart, B.A., Caius
Underhill, B.A., Caius

First Examination for M.B. Degree.

Burnett, M.A., Queen's
Connolly, B.A., Caius
Galabin, M.A., Trinity
Hughes, B.A., Jesus
Humphreys, B.A., John's
Penny, B.A., Caius
Shuter, B.A., Corpus
Smith, —, Downing

MEDICAL VACANCIES.

THE following vacancies are declared:—

BIRMINGHAM AND MIDLAND EYE HOSPITAL—House-Surgeon (£80 per annum, apartments, board, and attendance).
BIRKENHEAD BOROUGH HOSPITAL—Assistant-Surgeon (£40 per annum, with board and residence).
BRITISH LYING-IN HOSPITAL, Endell Street—Physician.
BRIXTON, STREATHAM HILL, AND HERNE HILL DISPENSARY—Resident Medical Officer.
DARLINGTON UNION, Durham—Medical Officer and Public Vaccinator for the Haughton-le-Skerne District.
DEWSBURY UNION, Yorkshire—Medical Officer for the Dewsbury District (£55 per annum).
DOVER HOSPITAL AND DISPENSARY— Resident Medical Officer (£80 per annum, with furnished apartments, coal, candles, and attendance).
DROGHEDA UNION, co. Louth—Medical Officer for St. Peter's (East Ward) Dispensary District (£80 per annum, and Registration and Vaccination Fees).
GOWER UNION, Glamorganshire—Medical Officer for the Eastern District (£20 per annum, and fees); Medical Officer for the Western District and the Workhouse (£35 per annum, and fees).
HAWARDEN UNION, Flintshire—Medical Officer for District No. 2 (£20 per annum, and fees).
KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND—King's Professor of the Institutes of Medicine.

KING'S COLLEGE, London—Professor of Physiology.
KINGTON UNION, Herefordshire—Medical Officer and Public Vaccinator for the New Radnor District (£80 per annum, and extra fees).
KNIGHTON UNION, Radnorshire—Medical Officer and Public Vaccinator for the Knighton District (£40 per annum, and fees).
LINCOLN COUNTY HOSPITAL—Physician.
LIVERPOOL DISPENSARIES—Medical Officer to the South Dispensary.
LONDON FEVER HOSPITAL—Assistant-Physician.
MERTHYR TYDVIL UNION, Glamorganshire—Medical Officer for the Merthyr Tydvil District (£25 per annum).
NATIONAL HOSPITAL FOR PARALYSIS AND EPILEPSY—Assistant-Physician.
NEW ABBEY, Dumfries—Parochial Medical Officer.
NEWCASTLE-UPON-TYNE INFIRMARY—House-Surgeon; Junior House-Surgeon.
NEWMARKET UNION—Medical Officer for District No. 9 (£75 per annum, and fees).
NORTHAMPTON GENERAL INFIRMARY—House-Surgeon (£30 per ann., with Board, Lodging, and Washing).
NORTH STAFFORDSHIRE INFIRMARY, Etruria—Surgeon.
NORTHWICH PROVIDENT DISPENSARY—Surgeon.
ROMFORD UNION, Essex—Medical Officer for District No. 3 (£40 per annum).
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL—House-Surgeon.
ST. GEORGE DISPENSARY, Mount Street, Grosvenor Square—Physician.
ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Manchester—Honorary Physician.
SPALDING UNION, Lincolnshire—Medical Officer and Public Vaccinator for the Moulton District (£45 per ann., and Surgical, Midwifery, and Vaccination Fees).
SUNDERLAND INFIRMARY AND DISPENSARY—Assistant to the House-Surgeon (£30 per annum, with board and residence).
TORRINGTON UNION, Devon—Medical Officer for District No. 4 (£42 per ann.)
TRIM UNION, co. Meath—Medical Officer for the Athboy Dispensary District (£100 per annum).
UNIVERSITY COLLEGE, London—Professor of Medical Jurisprudence,
WESTMINSTER HOSPITAL—Resident House-Physician.
YORK DISPENSARY—Resident Medical Officer (£100 per annum, furnished apartment, coal, gas, and allowance for servant).

BIRTHS.

BROSTER.—On June 9th, at Woolwich, the wife of Edward B. Broster, Esq., Assistant-Surgeon Royal Navy, of a daughter.

LEES.—On May 29th, at Walworth Road, the wife of Joseph Lees, M.D., of a son.

MACNAB.—On June 7th, at Bury St. Edmunds, the wife of Robert Macnab, M.D., of a son.

STEVENS.—On June 4th, at Connaught Square, the wife of N. Henry Stevens, Esq., Surgeon, of a son.

MARRIAGES.

*BRIDGES, John H., M.D., Halifax, to Mary Alice, eldest daughter of G. B. HADWEN, Esq., of Keybroyd, near Halifax, at Ripponden, on June 1st.

*WHITMARSH, William M., M.D., of Hounslow, to Harriet Jewell, daughter of the late John BLUNDELL, Esq., of Timsbury, Hants, at St. George's Hanover Square, on June 9th.

WILKINS, John C., Esq., Surgeon, of Brixton Road, to Emma Vosper, eldest daughter of Isaac N. JAKINS, Esq., Surgeon, of Osnaburgh Street, on June 10th.

DEATHS.

BARCLAY, Bruce, M.D., fourth son of the Rev. Principal Barclay, of the University of Glasgow, on June 8th.

*GREEN, David, Esq., Surgeon, of Leigh, Lancashire, on June 6th.

GREVILLE, Richard, Esq., Surgeon, at Clevedon, aged 80, on June 4th.

KEY, David, Esq., Surgeon, of Brixton, aged 72, on June 7th.

PARSONS, Samuel, L.R.C.P., at New Cavendish Street, aged 61, on June 11th.

SAVAGE.—On June 15th, at Nenthead, Alston, Cumberland, Margaret, wife of G. H. Savage, M.D., aged 24.

WHITE.—On June 8th, at Wotton-under-Edge, aged 71, Eliza Jane, wife of F. B. White, M.D.

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RICH BEEF-TEA.—The addition of a small tablespoonful of *cream* to a teacupful of beef-tea renders it richer to the taste and more nourishing.

ODONTOLOGICAL SOCIETY OF GREAT BRITAIN.—At the ordinary monthly meeting of the Society, held on Monday, June 7th, 1869, J. H. Barrett, Esq. in the chair, Mr. Alfred Coleman read a paper on "The treatment of Periodentitis by Replantation," and Mr. Snape, of Chester, read a paper on "Electricity as a Local Anæsthesia."

BEQUESTS.—The late Thomas Openshaw, Esq., of Bury, Lancashire, has left £500 to the Bury Dispensary.—The late Mrs Marion Grandison of Leith has left to the Royal Infirmary of Edinburgh £100, and to the Leith Hospital £100.—By the will of the late Mr. T. Brown, of the firm of Longmans and Co., the well-known medical and scientific publishers, St. George's Hospital, the Royal Free, St. Bartholomew's, St. Mary's, and the Cancer Hospitals, receive each £500, free of legacy duty.

TESTING WATER FOR ORGANIC SUBSTANCE.—DR. R. A. Smith of Manchester has lately read a paper on this subject before the Philosophical Society of Manchester, in which he says, referring to his plan of using the permanganate test, "I am not aware that any one endeavoured to distinguish the various conditions of the organic matter." He explains very fully the grounds on which his application of the permanganate test is based, and criticises the methods introduced by Professors Frankland and Wanklyn.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Roya Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY ....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

TUESDAY.—Royal Medical and Chirurgical Society, 8.30 P.M. Mr. Hilton, Mr. Birkett, and Dr. Hilton Fagge, "Cases of Aneurism"; and other papers by Mr. Hutchinson, Mr. B. Carter, Dr. Dickinson, and Dr. John Harley.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the JOURNAL, *to be addressed to the* EDITOR, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

WE CANNOT UNDERTAKE TO RETURN MANUSCRIPTS NOT USED.

CORRESPONDENTS not answered are requested to look to the Notices to Correspondents of the following week.

TO PURCHASERS.—To insure attention, it is requested that all orders sent to the Office for extra copies of the JOURNAL, be accompanied with stamps for the amount.

CORRESPONDENTS, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

FELLOWSHIP OF THE COLLEGE OF SURGEONS.

DR. M. (Manchester).—There is no difference in the examination of senior and junior candidates for this distinction. All alike have to submit to the same ordeal, except in the case of those candidates who possess a medical degree, in which case they are exempted from an examination in medicine. Perhaps it will be interesting to our correspondents, and to others contemplating taking this distinction, to give the *modus operandi*. Assuming the original certificates of an extended professional education to be complete, the candidate will have submitted to him a paper containing six questions on anatomy and physiology. The time allowed is from 1 to 5 P.M.; and at least four questions must be answered. At the examination just completed, the following paper on Anatomy and Physiology was given on Saturday, viz.:—"1. State the position which the heart and the arch of the aorta have in reference to the walls of the thorax and to the lungs. 2. Describe the ossification of a long bone (the femur) from the earliest or primitive condition to its completion. 3. The process of the digestion of food consisting of bread and meat (lean and fat):—State the changes which take place; and explain how they are effected. 4. State the views generally entertained respecting the mode or channels by which, and the direction in which the sensory and motor impulses are respectively conveyed through the spinal cord to and from the brain. 5. Mention the structure common to secreting glands generally; and describe the modification the structure undergoes in different classes of glands. 6. Describe the physiological phenomena attending death from asphyxia, the order in which they occur, and the condition of the internal organs after death."

On the following Tuesday, each candidate had a *vivâ voce* examination on the dissected subject and preparations. Those who were successful in this examination were admitted to the pass examination on the succeeding Saturday, when the following paper on Pathology, Therapeutics, and Surgery was submitted to the candidates. Answers to any four of the questions were required. "1 State the morbid conditions which render necessary partial amputation of the foot—tarso-metatarsal and median tarsal, respectively—as well as the condition requiring removal of the entire foot. Describe in detail tibio-tarsal amputation, and the subsequent local treatment. Refer in illustration of your statements to any case or cases that have been under your observation. 2. State the phenomena of ulceration of the skin: and describe the process by which the ulcer is healed. 3. Describe the morbid conditions of the retina which have been observed to produce different degrees of dimness of sight or entire blindness. State the treatment to be resorted to where any might be expected to be useful; and mention in illustration any case or cases you have observed. 4. In a case of strangulated hernia in which the swelling has been removed by the taxis, but the strangulation still continues, state what may be the cause of the continued strangulation, the circumstances which would influence your judgment as to its nature, and the operation to be resorted to in different cases. 5. Describe in detail the means to be used for restoring suspended animation for immersion in water. State the duration of the immersion up to which the efforts for restoration are likely to be successful, with the facts in support of the judgment you form. Mention the results of the examination in fatal cases. 6. State the different forms of congenital malformation or defect in the lower bowel which cause difficult evacuation or complete obstruction to the discharge of fæcal matter. Mention the plan of treatment to be adopted in different cases. Describe any necessary operation."

On Monday, the candidates were examined on cases in some of the metropolitan hospitals. On Tuesday, the examinations were concluded by operations on the dead body, and a *vivâ voce* examination on Surgery.

Notice to Advertisers.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

M.D.Aber.—We shall take up the subject next week.

A.M. (Liverpool).—As there are nearly three hundred candidates for the Arts Examination at the Royal College of Surgeons, the result cannot be known for at least three weeks.

Spear *v.* Doidge.

The following subscriptions have been received since the last insertion:—G. W. Trenery, Esq., Penryn, 10s. 6d.; Rev. Maitland Kelly, Abingdon, £2:2; Dr. Ford, Chumleigh, 5s.; Mr. Solomon Perry, Tavistock, 10s. 6d.; Mr. Wm. Perry, Thurselton, 10s. 6d.; Mr. John Perry, Lew Down, 10s. 6d.; Mr. Palmer, Tavistock, 10s.; Mr. W. Midland, Lifton, 3s. 6d.; Mr. Jas. Blomfield, Kelly, 2s; J. Kempthorne, Esq., Callington, £1:1; S. Clogg, Esq., Liskeard, 10s. 6d.; Messrs. Gale and Co., Wholesale Druggists, London, £2:2; A Cheltenham Friend, £1:1; Messrs. Risdon and Mitchell, £1:1; Mr. R. Prout, Milton Abbot, 10s.

Subscriptions may be paid by Post-Office Order, Postage Stamps or Cheque, at the offices of the British Medical Journal and *Medical Times and Gazette*; Edward Pethybridge, Esq., Treasurer, Launceston Bank; or to Mr. G. M. Gifford, Bellevue, Launceston, Honorary Secretary.

Extracts of Meat.

Sir,—Referring to the article in your impression of May 22nd, on "Meat Extracts and Essences", we beg to call your attention to a sentence which we think is calculated to do us harm. You say: "Some other varieties of Extractum Carnis are of excellent quality, and we should hesitate to state that they are at all behind the real Liebig's Extract." Now, there is no real Liebig's Extract other than that answering to the tests given by Liebig; and our Extract, as manufactured by Mr. Robert Tooth, of Sydney, answers these tests, and is not only equal, but, as shewn in the comparative analysis made by Dr. W. A. Miller, of King's College, is superior to the Extract made by the Liebig's Extract of Meat Company, and we must, on these grounds, take exception to the sentence.

Trusting you will kindly insert this in your next issue,

We are, etc., W. J. Coleman and Co.,
Sole Consignees of Liebig's Extract of Meat, manufactured by R. Tooth, Esq., Sydney.

13, St. Mary-at-Hill, London, E.C., June 9th, 1869.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, June 16th; The New York Medical Gazette, May 29th; The Lincoln Journal, June 15th; Aris's Birmingham Gazette, June 12th; The Western Daily Press, June 15th; The Indian Medical Gazette, May 8th; The Glasgow Morning Journal, June 14th; The Boston Medical and Surgical Journal, May 27th; the Newry Commercial Telegraph, June 15th.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. Gillespie, Edinburgh; Dr. C. D. H. Drury, Sunderland; Dr. W. B. Bullar, Ely; Messrs. W. J. Coleman and Co., London; Dr. C. Burnett, Biggleswade; Dr. F. T. Roberts, Liverpool; A Provincial Hospital Physician, Norwich; Dr. A. P. Stewart, London; Miss Garrett, London; Dr. T. P. Heslop, Birmingham; Mr. A. W. Moore, London; Mr. W. F. Morgan, Bristol; Dr. Gervis, London; Dr. J. M. Bryan, Northampton; Mr. E. Lund, Manchester; Mr. Leonard Armstrong, South Shields; Mr. E. Bentley, Leigh, Lancashire; Dr. Christison, Edinburgh; Mr. R. Bryden, Uffculme; Dr. R. Dunlop, Irvine; Dr. T. M. Edwards, Glastonbury; Mr. R. M. Stuart, Florence, Italy; Mr. J. Barber, Manchester; A.M., Liverpool; M.D.Aber.; and the Secretary of the National Hospital for Epileptics.

LETTERS, etc. (with enclosures) from:—

Mr. H. Hancock, London; Dr. Eustace Smith, London; Mr. J. F. West, Birmingham; Mr. G. F. Hodgson, Brighton; Messrs. Letts, Son, and Co., London; Mr. W. Cottle, London; The Secretary of the Howard Association, London; Dr. Harland, Mayfield; Dr. R. P. Cotton, London; Dr. J. Rogers, London; Professor Longmore, Netley, Southampton; Dr. J. K. Maconchy, Downpatrick; Dr. Symes Thompson, London; Dr. T. Savage, Birmingham; Dr. Gibbon, London; Mr. G. M. Gifford, Launceston; Mr. E. W. Thurston, Ashford; Mr. J. Johnson, Bootle; Dr. H. Johnson, Shrewsbury; Mr. J. Gay, London; Dr. Lomas, London; The Honorary Secretary of the Obstetrical Society; Mr. Holmes Coote, London; The Honorary Secretaries of the Ethnological Society of London; Dr. Hewitt, Dublin; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Mr. R. H. Nicholson, Hull; Messrs. F. C. Calvert and Co., Manchester; Dr. J. Hughes Bennett, Edinburgh; Dr. Procter, York; Mr. M. Moore, London; Dr. J. B. Bradbury, Cambridge; Mr. W. Burt Shorto, Southampton; Mr. E. Cheatle, Boston; Dr. C. J. Fox, London; Dr. Paul, London; Mr. T. W. Jones, London; Dr. E. Mackey, Birmingham; Dr. Mapother, Dublin; Dr. Heaton, Leeds; Mr. E. T. Hale, Newport; Mr. S. Edye, Exeter; Mr. E. Chapman, Oxford; Mr. E. G. Gilbert, Bilston; Dr. Roberts, Liverpool; Mr. Hulke, London; Dr. A. Walker, London; Mr. T. Jones, London; Mr. T. Watkin Williams, Birmingham; Dr. A. Farre, London; the Honorary Secretary of the Royal Medical and Chirurgical Society of London; Mr. H. Robinson, Alston, Cumberland; and Mr. J. Higginbottom, Nottingham.

BOOKS, etc., RECEIVED.

On Counter-Irritation. By James Ross, M.D. London: 1869.

A Manual of Orthopraxy. By Henry Heather Bigg, Assoc. Inst. C.E. Second Edition. London: 1869.

Mawson and Swan's Book of Chemical Labels. Newcastle-upon-Tyne: 1869.

Statistical Tables of Patients under Treatment at St. Bartholomew's Hospital during 1868. By Reginald Southey, M.D.Oxon., F.R.C.P., and Alfred Willett, F.R.C.S. London: 1869.

The Report of the North Riding of Yorkshire Lunatic Asylum for 1868.

The Report of the Cheshire Lunatic Asylum.

Results of Meteorological Observations, for the week ending Saturday, June 12th, 1869.

Names of Stations and Observers.	Barometer. Reduced to 32 deg. F. & mean sea lev.		Mean Temperature.			Mean degree of Humidity (sat. -100)	Self-Registering Thermometers.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	Wind. Number of days it blew in certain directions.									Wind.	Rain.	
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
Bath Dr. Barter, F.M.S.	30.116	0.578	60.5	57.2	54.4	81	86	42.8	43.2	72.8	48.6	124.5	..	4.7	4	0.3	1.3	0.3	0.4	0.4	1	0.4	0.3	2.6	2	0	0
Bournemouth Dr. Compton, F.M.S.	30.153	0.530	57.4	53.8	50.5	78	72.7	44.0	28.7	66.6	49.4	154.0	42.0	1.7	4.4	1.3	..	0.3	2.3	1	0.7	0.3	0.7	0.3	1.3	0	0
Dublin Dr. J. W. Moore.	30.180	0.621	55.1	51.0	47.1	75	68.8	41.8	27.0	62.4	48.1	..	33.5	5.1	..	0.7	1	0.9	0.5	0.3	1.7	0.3	1.6	..	1.8	1	0.07
Kew Dr. Treutler, F.L.S., etc.	30.119	0.559	59.7	54.9	50.6	72	86.2	*	..	74.3	52.0	*	38.4	3	7	..	0.7	0.3	..	0.3	2	0.3	2	1.3	2.3	0	0
Llandudno Drs. Nicol and Dalton.																											
Malvern Messrs. W. and J. Burrow.	30.118	0.602	58.9	53.2	48.2	68	85.0	44.3	40.7	70.9	49.3	139.0	41.2	3.0	4.3	2	0.6	..	..	..	1.6	1.3	1.3	..	1	0	0
Scarborough Dr. C. Fox, M.R.C.P., etc.	30.094	0.611	57.7	51.7	46.3	66	80.0	42.5	37.5	65.8	49.4	129.7	36.9	4.4	1.4	3	..	..	..	0.7	1.3	0.7	1.3	..	4.7	0	0
Sidmouth Dr. Mackenzie, F.M.S.	30.142	0.636	57.3	54.0	51.0	79	69.4	45.2	24.2	68.1	47.3	..	..	0.5	5.4	..	..	..	..	2	1	4	..	..	2	0	0
Worthing W. J. Harris, Esq., M.R.C.S.E.	30.131	0.590	57.5	53.4	49.7	75	73.6	44.4	29.2	64.9	50.8	..	38.5	3.2	4.9	0.7	0.7	1	1	0.3	1	1	..	1.3	1.4	0	0

* Instruments out of order.

REMARKS.—There has been a general but very small decrease in atmospheric pressure during the week, but the range has been rather extended. Temperature has risen very considerably, and its range has been correspondingly greater; and the degree of moisture has been much below that of the previous week. Winds have been variable, chiefly S.W. and N.W., and of moderate force. There has been less cloud, while ozone has been more abundant. No rain fell at any station excepting Dublin. The public health is generally good.

Chief Plants first seen in flower at Kew and in its vicinity.—Lysimachia nemorum; Lathyrus macrorhizus; Carduus pratensis; Cornus sanguinea; Orchis latifolia; Potentilla reptans; Scrophularia nodosa; Scrophularia aquatica; Geranium dissectum; Cynosorus cristatus; Chaerophyllum temulum; Valeriana officinalis; Lychnis diurna; Festuca ovina; Oenanthe crocata; Malva sylvestris; Iris Pseudacorus; Symphytum officinale; Sedum acre; Lotus corniculatus; Vicia sativa; Vicia hirsuta.

Kew, W., June 16th, 1869.

W. J. Treutler.

REMARKS
ON
PERFORATING ULCER OF THE FOOT.*

By HENRY HANCOCK, F.R.C.S.,
Surgeon to Charing Cross Hospital.

In July 1866, I was consulted by a young man aged 24, who, twenty years before, was attacked with swelling and inflammation of the great toe of his right foot. As this condition was attributed to frost, no especial attention was paid; but, after this state had continued for some time, an opening formed on the under surface of the metatarso-phalangeal joint, which continued to discharge; and a peculiar excrescence formed round the opening, and gradually increased, but gave him so little pain that he was able to go to school and move about his father's farm with little inconvenience, although there was always more or less discharge. For three years the disease was confined to the great toe, when the same mischief appeared on the under surface. On the metatarso-phalangeal joint of the little toe of the same foot, a similar excrescence formed to that on the great toe; but it was removed by caustic, and the part healed up. Soon afterwards, however, a fresh wound appeared in the neighbourhood, and remained to the time when I saw him. Five years subsequently, the disease attacked the sole of the foot near to the tarsal bones; and abscesses formed on the leg at different times and in various places; but these all yielded to treatment, so that for several years the mischief was confined to the foot. Until two years previously to my seeing him, his walking had not been materially interfered with; but since then it had become much more difficult, from acute pain in the region of the heel and ankle. When admitted into the hospital, the foot was swollen and somewhat distorted, the soft parts presenting a brawny hardness. The great toe was enlarged and misshapen; and there were various ulcerated openings, discharging offensive matter, at the situations already indicated, as well as on the dorsum of the foot.

No plan of treatment, either local or general, having hitherto been of service, I removed the foot by a modification of Pirogoff's amputation, and the patient recovered.

Some months after this, Mr. Wilkes of Salisbury sent me the particulars of the following interesting case.

James G., aged 39, a labourer, from West Knoyle, Wiltshire, was admitted into the Salisbury Infirmary on April 20th, 1867, for diseased metatarsal bones of his right foot of twenty years' duration, commencing in a painful corn under the ball of the great toe, preventing him from walking. It afterwards gathered, and discharged for four years, when the first piece of dead bone was removed, and then it nearly healed. Since that time to his admission, pieces of bone had been constantly coming away from the foot, each time preceded by abscess; and, as the dead bone was thrown off, the wound would close; but the foot was never well for more than two or three months at a time. The left foot became affected in a similar manner. About ten years previously, pieces of bone came away at various times; but it was now in a quiescent state. Its great toe, however, was withered; the second and third were mere stumps, without nails; the fourth had been amputated; the fifth was as yet natural, and the metatarsal bones appeared to be sound. From the commencement of the disease (twenty years ago), his feet had always been sweating, whether winter or summer; and, although often cold to the touch, he had never felt cold in them. His feet sweated when no other part of his body did; and, when the wounds were discharging, they were always very offensive. He was a dark and tolerably healthy-looking man, and had never had any other complaint than these bad feet. His mother and two sisters suffered in a similar manner; they were all dead. The mother was about sixty when she died; all her toes were gone, and her feet were diseased and discharging as long as he could remember. His two sisters' feet were more extensively affected than his were now; the younger of the two sisters was twenty-two years of age when she died. His father, brother, and two other sisters, are living, and at present are healthy. Partial removal of the foot by Mr. Coates having failed in a previous case to arrest the return of the disease, whilst Syme's amputation was successful, Mr. Wilkes performed this operation, and the patient did well.

More recently, Mr. Wilkes has kindly sent me the particulars of two other examples of this malady.

A gardener, aged 21, a native of Salisbury, was admitted into the Salisbury Infirmary, under the care of Mr. Wilkes, on September 5th, 1868. His feet have been diseased for three years, commencing in hard corns in each foot, under the first joint of the great toe, and under the heads of the metatarsal bones of the middle and little toes. These corns increased in hardness, became tender, suppurated, and continued as running sores. When the corns came, the feet began to sweat, but not so the rest of the body. On his right foot are three corns; those under the great and middle toes have been running sores, but that under the little toe has not become so as yet. The left foot presents a cicatrix and withered great toe, from loss of bone after a running sore on its under surface. The middle toe has just been amputated by Mr. Wilkes for caries, and there is a corn on the under surface of the little toe.

The other case is that of H. M., aged 20, first cousin to the preceding patient, and a native of Grinstead, a village six miles from Salisbury, who was admitted under the care of Mr. Wilkes on August 15th, 1868. His feet have only been bad four months, and consequently are not so much affected. The disease began in a similar manner in hard corns, with offensive sweating, followed by tenderness, suppuration, and sinuses. By rest, the sinuses have closed; but he has still thickening of structures at the heads of the metatarsal bones of the right foot, chiefly in the ball of the great toe; and three corns in each foot, on the under surface of the heads of the metatarsal bones of the middle and little toes.

Both the patients are large-formed lads, rather tall, fair, delicate, and strumous-looking. The mother of the first says that her husband had a weeping corn under one of his great toes for four or five years before he died of consumption, at the age of forty. She has buried two children, aged respectively three and six years, from decline; and has one daughter living, with scrofulous glands of the neck. Her own feet have not been affected; but her sister, the mother of the last patient, has had bad feet for years, with discharging corns and diseased bones. She is now a cripple, and unable to move about.

This peculiar and serious affection has scarcely been recognised in this country, but appears to have been first noticed in France by M. Cloquet in the year 1837; subsequently, by M. Boyer and Marjolin; and more recently in a clinical lecture delivered by Nélaton, and published in the *Gazette des Hôpitaux* in January 1852, under the title "Affection singulière des Os du Pied". Nélaton describes it as commencing with phlyctæna on the pad of the foot. The epidermis is raised by a small quantity of purulent serum. When this is opened into, the subjacent dermis appears of a rose-colour; and, when touched, is highly sensitive. This state may continue for some time, when the dermis in its turn gradually ulcerates, and a small fistulous opening is established in the subcutaneous cellular tissue, which will not heal, but continues to discharge serum slightly tinged with pus. If, after some five or six weeks, the sinus is examined by a probe, the subjacent bone is felt rough and necrosed; and a sequestrum subsequently forms. Such are the phenomena which occurred over and over again in the same patient for a period extending over twelve years, and always in the same order. From this patient, Ricord in 1840 removed the sequestrum of the head of the fifth metatarsal bone of the left foot. Two years afterwards, Blandin removed a sequestrum from the first phalanx of the second toe of the left foot. Some time later, Nélaton removed a sequestrum from the first phalanx of the fifth toe of the right foot. Eleven months after this, he performed the same operation on the fourth toe of the right foot. Soon after this, the patient applied to Boyer at the Hôtel Dieu for a greyish-coloured excavation over the head of the first metatarsal bone of the left foot. Boyer removed the whole of the exposed bone, with the surrounding soft parts; and applied the actual cautery to the bottom of the wound. Somewhat later, Michon removed the first toe of the left foot; and, later still, Malgaigne removed the first toe of the right foot. Notwithstanding these numerous operations, the disease was not eradicated; for, in a few months, the patient returned to the Hôtel Dieu with several fistulous openings over the heads of the metatarsal bones of the left foot, for which Malgaigne amputated through the bodies of the bones. Thirty-five days afterwards, the patient left the hospital, to return again in a few months with the same mischief on the face of the stump; and for this the entire foot was removed. Thus, during the twelve years, the patient underwent six operations on the left foot, the last of which was its entire removal; and three on his right. But in 1852, when Nélaton published the case, the patient was still suffering from the same complaint; there were phlyctænæ opposite the heads of the second and third metatarsal bones of the right foot, and the patient regarded these toes as virtually lost.

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* Read before the Medical Society of London, January 4th, 1869.

The publication of Nélaton's lecture was shortly followed by a paper from M. Vesigné of Abbeville in the same journal, dated February 5th, 1852. He states that, up to that time, he had searched in vain for an account of this singular affection. His description differs from that of Nélaton, inasmuch as Nélaton asserts that the disease commences in phlyctena. Vesigné, on the contrary, describes it as originating in a bunion or flat corn with callous thickening; and in this he coincides with Mr. Wilkes, who describes it as commencing in an ulcerating corn in the sole of the foot, gradually invading all the metatarsal bones and phalanges until they are destroyed.

This apparent discrepancy probably arises from these gentlemen having seen the disease at an earlier stage than Nélaton was able to do in his patient, particularly as Vesigné admits the existence of phlyctenæ in his patient. Be this as it may, the following are the particulars of his case.

"It is more," he says, "than twenty years since I was called to a man named Josse, then about twenty years of age, a hard-working gardener, almost insensible to pain, and of robust constitution. He could scarcely walk or bear upon the sole of his right foot, from pain in the metatarso-phalangeal prominence of his great toe, arising from what at first might be taken as a bunion or flat corn, in the centre of which was a brownish spot, a little depressed, and equally dry. Thinking that fluid blood or pus was confined, I carefully scraped off the epidermis until I exposed the dermis and recognised its rose colour. This was followed by an excavation, the edges of which were rounded and smooth, and entirely void of granulation. These edges could be raised all round; and the bottom of the excavation was equally smooth, and resembled dermis more than cellular tissue: whence I judge that the disease originated in the substance of the skin." No benefit resulted from this little operation; and M. Vesigné lost sight of his patient for seventeen years, when he again applied to him. His foot was now attacked with phlegmonous swelling, situated more especially in the soft parts covering the metacarpal bone of the great toe (right). A large pale sanious ulceration, surrounded by thick callous epidermis, replaced the original mischief. With a probe, a piece of loose bone was felt. This was removed; and the patient, considering himself cured, left the hospital.

Two years later, however, or in 1851, he again applied. The inner border of the right foot (that which had been diseased) was extremely deformed. The right toe and first metatarsal bone were shorter; so that the second toe projected beyond it; and an oval wound existed in the plantar region, over the metatarso-phalangeal joint of the second toe; whilst the disease is appearing at a corresponding point on the little toe, in a flat callosity, with its brown centre.

In the three years' interval since last seen, the left foot had been attacked in the same way and at the same situation, but had progressed with greater rapidity. A large fungoid ulcer, surrounded by callous edges, occupied the sole of the foot; whilst another existed on its dorsum, both discharging fœtid serous fluid; whilst necrosed bone could be distinctly felt.

Now what is the nature of this disease, to which Nélaton gives no name, and Vesigné that of "perforating ulcer of the sole of the foot"? Is it, as Mr. Wilkes considers, one of the many developments of scrofula allied to phthisis? Is it, as Vesigné imagined, a variety of palmar psoriasis? Is it due to syphilitic taint in the system? I fear that our knowledge of this remarkable affection is too limited to answer these questions definitively. All agree as to the locality of origin being the pad of the sole of the foot, corresponding to the heads of the metatarsal bones, especially that of the great toe—due, doubtless, to the pressure exerted on this part by the superimposed weight of the body. At the same time, it is evidently constitutional, as, in the first case which I have here narrated, the patient's hand was similarly affected; whilst Nélaton informs us that his patient, a cabinet-maker, was frequently obliged to leave off his work for a time, in consequence of his hands being threatened with similar mischief. Again, the disease is hereditary. Nélaton's patient was one of six brothers, of whom, in 1852, two were still suffering, and one had already died from the complaint. Among the six, the first, third, and fifth were free; whilst the second, fourth, and sixth were victims to this affection. In Mr. Wilkes's first case, as already stated, the mother and two sisters, all of whom are dead, had the same complaint. The mother was about sixty when she died; all her toes were gone; whilst the sisters' feet were extensively affected, pieces of bone continually coming away. The subjects of his second and third cases were cousins; the father of the second suffered from the malady for four years before his death from consumption; whilst the mother of the third is now a cripple, and unable to move about, having for years had bad feet, with running corns and diseased bones.

The results of treatment have been most unsatisfactory. All sorts of remedies, local as well as constitutional, are stated to have been tried, and to have failed. Vesigné, who, as we have seen, regarded the mischief as a variety of palmar psoriasis, prescribed Fowler's solution of arsenic in doses not exceeding eight drops a day; and continued this treatment for some considerable time, apparently with good results, so much so that, when the patient left the hospital, the wounds were almost entirely closed, although dead bone remained. But, five days afterwards, he again returned to the hospital with an opaque phlyctæna by the side of the original wound, presenting all the characteristic symptoms of the disease. Notwithstanding, M. Vesigné vaunts this remedy, asserting that, "though a cure cannot be hoped for by simple and constitutional treatment, still the patient may be restored to a state of comparative comfort; whilst the case related by Nélaton would seem to prove that all mutilation is contraindicated, since operations do not prevent a return of the disease." Nélaton also deprecates operation. Are we to continue to amputate? he asks. "He thinks not. We see that, after amputation, the mischief reappears in every part exposed to pressure, the skin of the heel alone excepted; and consequently the whole weight of the body should be made to fall upon the heel exclusively."

It is exceedingly difficult to understand how a patient with a weeping sore in the sole of the foot (nearly closed though it may be), communicating with dead bone, can be said to have been restored to a state of comparative comfort by constitutional treatment, especially when we read that the patient so restored returned to the hospital after so short an interval of cessation of such treatment as five days, with phlyctæna and all the other characteristic symptoms of the disease.

If, therefore, we accept the doctrines of Nélaton and Vesigné, nothing remains but to leave the patient to his fate as a hopeless cripple, and to amuse him with palliative treatment. Both these surgeons appear to me to have overlooked facts of the greatest importance in arriving at their conclusions: first, that the disease invariably commences in the region of the anterior extremities of the metatarsal bones and their joints with the toes; that its tendency is to confine itself to this region; and that its progress towards the tarsal bones is marked by extreme tardiness: and, secondly, the complete immunity of the region of the heel. We are left in doubt by Nélaton whether constitutional treatment was employed antecedent to, or combined with, the various operative procedures. Consequently, in the first instance, it would undoubtedly be our duty to remove the sequestrum and diseased soft parts, and to give the patient the benefit of constitutional remedies combined. But if, notwithstanding, the disease returns, there can no longer be a question, considering the complete success that attended Pirogoff's amputation in my case, and Syme's amputation performed for this malady in the Salisbury Infirmary by Mr. Wilkes and Mr. Coates, as well as the immunity of the heel-region already alluded to, that although, as a general rule, we should sacrifice as little of the foot as possible, this is an exceptional disease; and that, when once perforating ulcer of the sole of the foot is established and recognised, it is better at once to remove the whole of the metatarsal bones, either by Chopart's, Syme's, or Pirogoff's amputations, than, by palliative operations and remedies, condemn our patient to a succession of painful disappointments.

[The following letter, addressed to Mr. Hancock, has been forwarded for publication by the author. We insert it here on account of its having arisen out of the reading of Mr. Hancock's paper.]

Laverstock House, Salisbury, February 2nd, 1869.

Sir,—I have seen in the BRITISH MEDICAL JOURNAL of the 23rd ultimo, that on the 4th you read a paper, before the Medical Society of London, on "Perforating Ulcer of the Foot", and that—according to the report of your observations—you stated: "It commenced as a phlyctæna on the pad of the foot. . . . All writers agree that it commenced in the sole of the foot, corresponding to the head of the metatarsal bones, doubtless from the pressure exerted on the part by the weight of the body. . . . The disease commenced in the anterior part of the foot, and the heel never suffered." In your paper you mentioned that Nélaton, amongst others, had drawn attention to the disease.

My excuse for addressing you on this subject is the interest which I experienced in hearing M. Nélaton, in January 1866, describe what he termed perforating disease of the foot. He said: "It is an Eastern disease, for which no cure is known. It commenced by a little *induration* in the skin of the *heel*, between the tubercles of the os calcis. After about six weeks, the subject of it is unable to bear weight on it, and a small hole appears in its centre; a sero-purulent discharge takes place, and the aperture closes, to reopen very soon; then, pus escapes. The use of a probe soon gives indications of the os calcis being bare, and a partial amputation becomes necessary. Iodine, nitrate of silver, and other applications are useless. The head of the first metatarsal bone is the *next* osseous part diseased, and becomes affected in a precisely similar mode as the os calcis. Then one bone after another becomes affected, each seat of disease beginning in the skin as the first did. The excision of one bone is useless: five or six have been excised from one foot, but the disease has recurred in those left. The man at present in hospital with this is rather old (48) to have it, it being usually found in young men. In this case, the disease has not penetrated beyond the skin. The patient ruptured the gastrocnemius of the same side a year ago; the ends were not approximated, and the result—the tendo Achillis and muscle not acting on the heel—is that unusual weight has been thrown upon the diseased heel in walking." A week later, M. Nélaton spoke of the case, remarking upon the peculiar character of an opening—in the centre of a circular, depressed, black portion of skin, of the size of a shilling—which had formed, and looked "as if it had been cleanly punched out": there was not any puriform discharge. A stick of chloride of zinc was applied to the opening. A fortnight subsequently, the disease was in much the same state, but the edges of the opening were blue. I regret that my observation of the case then ceased.

I have italicised those portions of Nélaton's description in which it appears to me that you differ with him. That description was taken during a clinical lecture, and forms part of a paper which I read before the Southampton Medical Society on the 3rd September 1867.

I am glad you have given your attention to this disease, fully concurring with you that it has not been sufficiently recognised. My interest in the case now mentioned was partly due to the disease being a new one to me at the time. I then sought in vain in several British works on surgery for information or notice of the disease.

As my object in now writing has been to extend the knowledge of a locally intractable malady, I hope you will have no objection to my sending a copy of this to the BRITISH MEDICAL JOURNAL.

I am, sir, your obedient servant,
STANLEY L. HAYNES, M.D.
Henry Hancock, Esq., F.R.C.S.

ON THE VALUE OF TINCTURE OF CANTHARIDES IN SOME FORMS OF PYELITIS.

By EDWARD MACKEY, M.B.LOND., ETC.,
Joint Professor of Materia Medica in Queen's College, Birmingham.

TO Dr. Greenfield belongs the credit of having first drawn attention to the above subject; and his *Treatise on the Safe Internal Use of Cantharides*, published in London in 1706, contains some valuable observations, now not generally known. In our recent literature, good accounts of the disease may be found in Prout (*Diseases of the Stomach and Urinary Organs*, 3rd edit., p. 347) and in Roberts (*Renal Diseases*, p. 383); but neither there nor in any of a large number of authorities whom I have consulted do I find any notice of this remedy for it, except in Stillé (*Materia Medica*, 3rd edit., vol. i, p. 381).

The two following cases occurred to me some years ago, but I delayed their publication, in the hope of being able to support them by additional facts; but the disease is comparatively rare, and I relate them now, in the hope that a more extended trial may be given to the remedy, when the attention of the general body of the profession is redirected to it.

CASE I.—Agnes H., aged 34; married early; no children; by profession a musician. About the age of ten occurred the earliest symptoms she can remember; viz., smarting pain in the urethra, with frequent calls to pass urine, and violent pain in the right loin, darting downwards. After some days of suffering, she recovered for the time, but felt the same occasionally, though to no great extent, till the year 1862, when, being engaged to sing at Bristol, she caught cold. Then she had most severe smarting at the fourchette; pain up the urethra, made intense by the passage of urine, which became full of pus; and pain in the right loin. (Mr. Lang attended her; and, in addition to other treatment, removed from the meatus what seems to have been a vascular tumour, which had been cauterised once before.)

In the Bristol Hospital, under Dr. Fripp, she remained for four months, and by the end of that time was free from pain; the urine was clear, but she could not retain it longer than an hour.

At the end of the year 1862, she was in Leeds, when the above symptoms returned; and, in the course of the attack, she passed much dark blood *per urethram* for about a week. Later on, she was admitted into the Infirmary, when Mr. Teale sounded her for stone, without finding any; and she passed under the care of Dr. Hardwick, then of Mr. Wheelhouse. In addition to the other symptoms, paraplegia came on, and continued for two or three months. The part of her treatment that is most impressed on her memory is the application of three leeches to the fundament every other day for some time. It was nearly twelve months before she was able to return to her home in Birmingham (1864). Afterwards, she continued to suffer more or less, and came under the care of a large number of practitioners in this town.

In July 1865, I first saw her as a dispensary patient. Her symptoms had been much aggravated during the last few weeks; and she lay in bed, with the knees drawn up. She had rigors at times, and thirst; there was much mental depression. She had constipation, but was able to take a fair amount of food, and there was not much emaciation. The menses were regular, always inducing aggravation of the nephritic symptoms. Her greatest torment was a constant call to micturition, occurring literally every ten or fifteen minutes, day and night. She had pain down the right leg, and often felt a darting pain along the course of the right ureter; then a sudden flow; then a severe smarting, "as of an ulcer at the neck of the bladder;" then relief. Once or twice every day, she had paroxysms of violent pain, referred to the right kidney and "passages". A specimen of urine, taken from twenty-four hours' quantity of about two pints, was pale, slightly acid, of specific gravity 1015, with a precipitate of pure pus to the extent of two to four ounces. *On some days, there were passed numbers of soft whitish rolls, narrow, about a quarter of an inch long.* She described them as "skins"; and, under the microscope, they were found to consist of tessellated or polygonal epithelium. There would be, at times, much fulness of the renal region when these did not pass; and relief and subsidence of the fulness would follow the excretion of a large quantity. As to her treatment, she had already taken a great number of remedies without much relief. I saw prescriptions for iodide of potassium, copaiba, alkaline diuretics, and anodynes in every shape. She found temporary ease from drinking infusion of althæa with acacia, and from hot baths and poultices; but, after inquiring into the effect of all the medicines she could remember, I found that she attributed good effects to a mixture containing one drop of tincture of cantharides, to be taken three times in the day. It had been prescribed for her by my predecessor and friend, Mr. G. Elkington, at the suggestion of our mutual friend, Dr. Dyce Brown; but circumstances had not permitted her to continue its use for more than six weeks. I began it immediately in sugared water; but her pains were so intense, that I gave her also chlorodyne once or twice a day (this she had had for many months before). She took a colocynth and henbane pill once or twice in the week, and continued the althæa and poultices, but had nothing else as remedy. Soon I increased the dose to two drops of the tincture, and so gradually to fifteen, which she took thrice daily, well diluted. At the end of a fortnight, she was decidedly easier, and lay often as much as twenty minutes without a call to micturate. This frequency was the first symptom to be relieved; the discharge of pus continued, and the pain was bad. In September, the bladder was sounded, without detecting any stone.

We persevered with the use of tincture of cantharides, in doses varying from two to twenty-five minims, with occasional intermissions. After a time, I found that it agreed best when administered with small doses of magnesia—the sulphate and carbonate. She was able to omit her stronger purgative; and, at the end of a few months, two and a half grains of soap and opium pill, once a day, replaced her chlorodyne.

In the course of two months, she was able to go down stairs; but the *urgency of her symptoms returned whenever the remedy was omitted for a few days.* She herself had great confidence in its power to relieve her, and saw the necessity for perseverance in its use, which she continued for upwards of two years, under my direction. Before the end of that time, however, she was able, when wearing an urinal, to do her work, and to take journeys almost as long as before her illness. The dose which she took at this time was often as much as forty drops three times in the day; and this without any ill effects whatever.

In September 1867, the urine was straw-coloured, generally clear, though showing a deposit after extra exertion. She could retain it for two hours, and could omit her remedy occasionally without any relapse. No "skins" had been passed for a long time. She seemed, in fact, fairly well, and took an engagement to sing at Leicester: this she accomplished successfully, and then started on her usual professional tour. For ten months she was actively engaged, and only required her medicine (the prescription for which she always carried with her, as a treasure) for a week or so, during a slight relapse which occurred at Sheffield. In March 1868, she carried through a harassing lawsuit in Manchester, and seemed none the worse for it. In July 1868, she was returning to Birmingham, when the train left the metals, and she was thrown violently backwards and forwards in a second-class carriage, striking especially her back. She felt the concussion much. Vomiting came on soon afterwards; and, next day, blood passed with the urine in red streaks and in small dark clots, and the urine was blood-red. She suffered also from general symptoms of illness. Her new medical attendants prescribed at first, at her request, her old remedy, but without relief, though its use was continued for six weeks. The passing of blood ceased at the end of the first week; but the urine continued to be scanty and offensive, and with much stringy deposit, differing thus from its condition when cantharides was useful to her. In September, it showed crystals of triple phosphate; and her medicine was altered for the tincture of perchloride of iron with dilute hydrochloric acid, ten minims of each, but without benefit. She took also an effervescent alkaline mixture to allay the constant nausea. In November, she was seen by Mr. S——, her present medical attendant from the dispensary; and he informs me that she was then unable to sit up even for a few minutes, but that marked alleviation of the pain followed the use of mild diuretics. She was able to move about again in the course of two or three weeks, and has gradually improved up to a certain point. She took at first the dilute acids with juniper; then the acetate of potash with juniper, in decoction of pareira; and continued also her effervescent saline, and opiate and aperient pills. In February, she began the bitartrate of potash with scoparium. At present (April), she is able to go out a little, and can retain urine for half an hour, sometimes for an hour. The amount passed is about two pints in the twenty-four hours; it is slightly acid, of specific gravity 1008, with much purulent ropy deposit, no blood. The old "obstructive" pain, followed by passage of "skins", has occurred four times since the accident. She now suffers more aching throbbing pain than she formerly had over the left kidney and in the left groin, and has also pain over the position of the right ureter and in the "passages". This unfortunate present condition does not invalidate the evidence of relief afforded previously, but only suggests that some alteration has taken place either in the position of the calculi or in the kind of irritation existing; and proves, what is perfectly rational, that cantharides, though good in some forms of the disease, is not in all. Good, perhaps, it may be, in chronic irritation—not good in acute.

Case II.—Jane E., aged 28, married, when a child had pains in the back and right side. She remembers that, at the age of sixteen, pus was noticed in her urine; and then she had frequent and painful micturition. During such attacks, she had vomiting, pain in the back, and general illness. In the intervals, she was able to continue her work as a servant. Later, menstruation came on, and occurred slightly every two or three months. At various times, she came under the care of many medical men, to some of whom the disease appeared to be "rheumatism", to others "unknown"; but both Dr. Wade and Mr. Schofield considered that it was "abscess of the kidney, probably from stone."

At the age of twenty-two, she married, and had a miscarriage, then a premature confinement, then two living children. In January 1866, she had "inflammation of the bowels", and had been failing rapidly since. On September 5th, 1866, I saw her for the first time. She was much emaciated; her face was sallow, and bore an expression of constant agony. She had "nervous irritability", headache, vomiting, and cough (no special lung-sounds), numbness of the right leg, and intense pain over the right kidney, worse at times, when the urine was almost suppressed. These paroxysms had come on lately, at intervals of only a fortnight. The urine was usually offensive, and contained much pus and some blood. I ordered her, at first, bismuth and magnesia, with a little morphia; quiet and nourishment, and baths. When the stomach-symptoms were relieved, I added (September 15th) two minims of tincture of cantharides to the mixture. On October 6th, she was better, and increased her dose to three minims, congratulating herself that her bad attack had been deferred longer than usual. On October 8th, however, it began with intense prostration, pyrexia, and complete suppression of urine, with frightful pain. I stopped the above remedies, and gave opium with alkalies in effervescence, enemata, and poultices. On October 11th, she was exhausted, with sordes on the teeth, brown dry tongue, glazed eye, almost dying, when urine began to flow, and with it pus, and *many curious lumps, varying from the size of a pea to that of a hazel-nut, rolled up, soft, whitish outside, brown within, much like toadstools.* Many of the lumps contained gritty matter and small dark irregular masses, probably carbonate and phosphate of lime. On October 25th, she was able safely to resume three minims of tincture of cantharides thrice daily, in combination with quinine and a few minims of chlorodyne; and, under this treatment, she recovered more rapidly than usual. On November 10th, she had been up ever since, attending to her house-work. She had continued her last medicine, and considered herself better in health than for many years. She had still frequency of micturition, pain over the kidney, and numbness of the legs, though in less degree.

She remained under my care for a month or two longer, without another bad attack. Then she was obliged to remove to some distance, and I did not see her alive again. I heard that she frequently expressed to her family her wish for more of the medicine last mentioned.

She died in April 1867, in one of her attacks; and Mr. Schofield, who made an examination of the body, kindly invited me to be present. The ordinary results of former peritonitis were observable. The left kidney was atrophied, and was little else than a sac containing a pultaceous mass of pus and mineral matter. The right kidney was larger, and contained several calculi of phosphate and carbonate of lime, possibly of oxalate. The ureters were completely obstructed.

In estimating the value of cantharides in these two cases, I do not omit consideration of the possible good effects of other medicines taken during part or all of the same period—magnesia in the first case, chlorodyne (containing morphia, cannabis, and capsicum) in both; only, I would record that observation convinced me that tincture of cantharides was the principal, if not the only, agent which gave marked relief to the renal symptoms at certain periods of their progress.

CASE OF LOCKED TWINS.

By MARTEN PERRY, M.D., Evesham.

M. S., primipara, aged 28, menstruated last at the beginning of September, and expected her confinement at the end of May or beginning of June 1869. During the pregnancy she had enjoyed her usual health till the first week in March, when I was called in to attend her for severe muscular pains on the right side of the chest from incessant coughing. She was quickly relieved, and well again in a week or less. Slight labour-pains set in about three or four o'clock in the afternoon of Friday, March 19th, but did not become severe till about 2 P.M. on the following day. The membranes gave way spontaneously about four o'clock, and a midwife was then summoned. She examined her patient about five o'clock, and states that she found a foot presenting; but, considering herself competent to manage the case, did not send for assistance until she had in vain tried her skill at traction.

I first saw the case about 9.30 P.M., and ascertained that a breech was already born. There was no pulsation in the cord; the legs and body were cold and livid; and the child's head was looking towards the pubes of the mother. I proceeded to draw down first one arm and then the other, without encountering anything unusual, and, as the head did not even then follow, I introduced the forefinger of my right hand with a view of placing it in the mouth of the fœtus and thus expediting delivery. Instead, however, of meeting with a mouth, I found, to my great surprise, an eye. I then sought and readily detected its fellow, and above them the nose and mouth. Having withdrawn my right hand, I introduced the left at the back of the neck and fairly passed it up between the neck of one child and the face of another, this face looking also towards the pubes of the mother. My next step was to try whether I could press back above the brim the second head; but, not succeeding in this, and being satisfied that, though the pains continued very severe, no progress of moment had been made since the arms were brought down, I concluded that nature unassisted would be unable to effect delivery without great risk to the mother, and determined to have the opinion of another medical man before undertaking what I foresaw would be necessary to enable the children to be born. I thereupon gave the patient fifty drops of tincture of opium, and dispatched the husband to Evesham for assistance.

My friend, Mr. A. H. Martin, rode over at once, and was with me in about an hour. During the interval the pains had continued violent, but though the head of the second child had descended to the perinæum, it was but too evident that something must shortly be done. Mr. Martin agreed with me as to the steps to be taken in this emergency, and, at 0.15 A.M., seized the shoulders and forcibly drew them down. I then retracted the integuments of the chest and shoulders as much as possible, and (while he protected the maternal structure) divided them low down with a bistoury. The third and fourth vertebræ having been already dislocated by traction, there was a large flap to cover the bones, and protect the vagina from injury. The pains then subsided for some time, but on their return the second head began to advance. We then pressed upwards the disarticulated head, and retaining it during one pain as high as possible, the head of the second child came down more readily, distended the perinæum, and was speedily expelled with its face still towards the pubes. Mr. Martin then turned its face towards the right hip (upwards), and, at the next pain, the *detruncated head* descended at the back of the neck, distending the perinæum to an immense extent, and was at once expelled between the thorax of the second child and the coccyx of the mother. The body of No. 2 speedily followed, stillborn, and about ten minutes afterwards the two placentæ. These were perfectly distinct, and connected only by the membranes. The perinæum was not ruptured in the slightest degree. There was no hæmorrhage, and the uterus contracted thoroughly. We gave, however, a drachm of liquor secalis, applied a binder firmly, and left a few doses of laudanum to be given if required. The twins were both female; and each weighed four pounds and three quarters. The mother recovered without a bad symptom.

REMARKS.—The above case is, I think, of sufficient rarity to warrant my forwarding an account of it for publication in the BRITISH MEDICAL JOURNAL. Since I penned it I have consulted all the text-books at my disposal, and only one of them relates a case in which amputation had been resorted to. This is the case of Mr. Elton of Windsor, which is given by Dr. Murphy. In the columns of our invaluable JOURNAL, however, are several cases of locked heads, and it appears that the treatment above pursued is that which has been most frequently adopted. In neither of the recorded cases does it appear that both (if either of) the faces turned towards the pubes. Doubtless this position of the children increased the difficulty of the present case. Failure in the endeavour to accomplish the suggestion of Dr. Barnes, and apparent inability of natural powers to complete the delivery with safety to the mother, rendered necessary the amputation of the first head or perforation of the second. At my request, Mr. Martin had brought craniotomy instruments with him; but, as the first child was evidently dead, and we had nothing to indicate the death of the second, we decided on first trying the above means rather than run the risk of destroying life.

PROFESSOR HUXLEY'S HUNTERIAN LECTURES ON THE ANATOMY OF THE VERTEBRATA.

Delivered at the Royal College of Surgeons of England.

LECTURE XVIII.

PROFESSOR HUXLEY began his eighteenth and last lecture by remarking that the present was the seventh course given by him in the theatre of the College of Surgeons as Hunterian Professor; that some might imagine that considerable changes had been made as to the conclusions regarding the structure of the skull enunciated in his first course; but that, in reality, the changes now made were quite subordinate. Thus, in the first course, it was announced (1) that "all crania result from the modification of the anterior part of that 'primitive groove' of the embryo, the posterior part of which gives rise to the vertebral column; and at the very first there is no discernible difference between that part of the groove which will give rise to the vertebral column, and that from which the skull will be produced." This statement, made so long ago, remains as true as ever.

2. "The first changes which take place, in both the cranial and the spinal regions of the primitive groove, are also precisely similar; the dorsal laminæ growing up and uniting together in the middle line, so as to enclose a cavity, which is, on the one hand, the primordial brain-case, and, on the other, the primordial spinal canal; but the brain-case is not yet a skull, nor the spinal canal a vertebral column." This statement also cannot be contradicted.

Again, the statement as to the formation of proto-vertebræ in the spinal region, but not in the cranial one, remains unchanged; also, that the chorda dorsalis extends the whole length of the myelon, but is restricted to quite the hinder part of the skull, except in Amphioxus. This exception presented by Amphioxus is a very real one, a Russian observer having of late ascertained that the extension forwards of the notochord (beyond the anterior end of the central part of the nervous system) is a primordial character, and not one subsequently induced.

Other statements made in the Professor's first course may also be fully retained; *e. g.* (4): "When chondrification takes place in the spinal column, separate masses of cartilage are developed in each proto-vertebra; but, when chondrification commences in the base of the skull, it gives rise to a continuous body of cartilage, which never exhibits any trace of transverse division or segmentation, but is always divided under the pituitary body into the longitudinally arranged crura, the *trabeculæ cranii*;" and (5) "Hence it follows that, though the primordial brain-cases and the primordial spinal canal are identical in general plan of construction, the two begin to diverge as soon as the one puts on the special characters of a skull, and the other those of a vertebral column; the latter taking one road, while the skull takes another. The skull is no more a modified vertebral column than the vertebral column is a modified skull; but the two are essentially separate and distinct modifications of one and the same structure, the primitive groove." Also (6), "The skull, having assumed its special and distinctive characters, may pass through three successive states—the membranous, the cartilaginous, and the osseous—in the course of its development; and the order in which these states succeed one another is always the same; so that the osseous skull has a cartilaginous, and the cartilaginous a membranous, predecessor. Nor does any one of these states ever completely obliterate its predecessor; more or less cartilage and membrane entering into the composition of the most completely ossified skull, and more or less membrane being discoverable in the most completely chondrified skull."

Cranial bones arise in one of two ways—1. By ossification in the substance of the cartilage, replaced afterwards by bone formed and extending in the perichondrium; 2. By ossification directly from membrane. In Mammals and the higher Vertebrata, this distinction is, in all probability, constant. But Gegenbaur has lately raised some doubts as to the validity of the distinction in Fishes. He has found the alisphenoid of the Fish to be preformed in cartilage, but this cartilage to ossify, not by an intrinsic ossification, but by ossification at the surface. This superficial bone, however, is intimately connected with the subjacent cartilage, and cannot be easily stripped off as in true membrane-bone.

Again, "9. With the exception of Amphioxus, three sets of sensory organs—olfactory, optic, and auditory—are evolved in the walls of the skull of every vertebrate animal; and they are disposed, from before backwards, in the order in which they are named. All these sensory organs are originally developed in connexion with involutions of the integuments, which in the case of the olfactory organ remain open, but in that of the eye and ear become shut. Each sensory apparatus is, throughout the vertebrate series, related to the same nerves;" and "these relations" "are established antecedently to chondrification, or *à fortiori* to ossification; so that the cranial nerves and the sensory organs serve as fixed points by which the nature of the various ossifications can be determined."

"10. By the help of these landmarks, chiefly, it has been possible to identify the bones known as basi-occipital," etc., from the Pike to Man; so that, the parts of the auditory capsule being once determined, the other cranial homologies are most easily established. The auditory capsule gives rise to the prootic, epiotic, and opisthotic bones. The eye is not ossified; but the olfactory capsule developes the median and lateral ethmoids, with the nasals above it, and the vomers beneath it.

The mandibular and hyoidean arches are always suspended from the front and back of the auditory capsule respectively.

The Professor then recapitulated the facts (detailed in a former lecture) as to the nature and development of the malleus and incus of Mammals, and of their homologues in lower vertebrates; this being the one important change made as to the statements given in the course of 1863. He then proceeded to reconsider the "theory of the skull". A theory may be a generalised statement of facts, or it may be an enunciation of a speculative character. There can be no doubt as to the segmented condition of the skull, when it is fully ossified. This condition is a great fact, and gratitude will ever be due to Oken for having called attention to it as he did. But, granting the existence of four cranial segments, it is quite another matter how these segments correspond to four vertebræ. In 1863, Professor Huxley observed: "It is easy enough to enumerate four inferior arches to the skull, just as there are four superior arches—the premaxillæ forming the first of these arches; the palato-pterygoid and maxillary apparatus, the second; the mandible, with its suspensorium, the third; the hyoidean arch, the fourth: and it might be plausibly enough represented, that the first of these is united with the nasal segment of the skull, the second with the frontal segment; while the third and fourth, being connected respectively with the anterior and the posterior parts of the periotic capsule, might be fairly considered to belong to the parietal and occipital segments. But do they really belong to those segments? and, if so, why do they not remain attached to them? What relation, again, have the branchial arches to the skull? It is hard to see in what morphological characters the first branchial arch of a fish differs from its hyoidean arch; and, if so, is it an arch of the skull, or an arch of the vertebral column? What, furthermore, are the original connections of the palato-pterygoid arch? Does it grow out of the mandibular arch from behind backwards, as Rathke seems to think? or has it, primitively, that connexion with the prefrontal region which is so constant a character of the palatine bone?"

Now, considering the conditions presented by the cranial nerves, and their resemblance to spinal nerves—conditions described in earlier lectures of this course—it is difficult to avoid the conclusion that the branchial arches repeat and answer to the vertebral and sternal ribs, or the hard parts developed in the visceral laminæ of the trunk. It is equally hard, especially when the aortic arches are considered, not to predicate the same of the hyoidean and mandibular arches; but are we to stop there? May not the maxillo-palatine processes and the trabeculæ cranii be the most anterior members of the same lateral series? Both the arrangements of the nervous and vascular structures favour this view. Should such be accepted, we have then vertebrate structure at its anterior end, in the form of descending arches (one behind another) on each side of the most anterior part of the notochord. The most anterior part of these arches (one arch on each side) will then unite together in front of the pituitary space, and form the trabeculæ cranii; the next pair will form the maxilla, etc., on each side; the next pair, the mandibles; and the fourth pair will be the foundation of the hyoidean arches, behind which will come the branchial ones.

One singular fact of anatomy thus receives an explanation. This fact is the existence, in the Myxinoids, of but a single nasal sack, which is continued down between the trabeculæ, forming thus a cleft in the middle of the skull. This, then, would be the first visceral cleft between the most anterior pair of arches—viz., those which form the trabeculæ. If this view were to be accepted, the mouth must be regarded as the third visceral cleft of one side, joining uninterruptedly that of the other. The notion here promulgated was, however, presented to his audience by the Professor as a mere hypothesis, which perhaps might hereafter help towards an explanation of this *vexata quæstio* of comparative anatomy—the true nature of the skull.

DIABETES TREATED WITH CARBONATE OF AMMONIA, ADMINISTERED LARGELY.

By F. W. PAVY, M.D., F.R.S.

In a recent number of the British Medical Journal, I referred to a case of diabetes mellitus, that I was treating with carbonate of ammonia, administered to a larger extent than is usual; and I promised, a little later, to send for publication an account of the result. This I now propose to do. The history of the case is drawn from the notes furnished to me by my clinical clerk, Mr. W. B. Taylor.

William F. aged 50, No. 2, John Ward, Guy's Hospital, admitted March 24th, 1869, a married man, by occupation an engineer on board a steam-vessel, plying between London and Yarmouth, states that about two years ago he noticed that he was losing flesh rapidly, and becoming very weak, and that at the same time he experienced an unusual amount of thirst and hunger, and passed a large quantity of water. The medical man whom he consulted told him he was suffering from diabetes, and sent him to Guy's Hospital, where he was admitted and remained for six or seven weeks. During this time he much improved, and upon his discharge passed between three and four pints of urine in the twenty-four hours, which was much less than he had formerly voided. He afterwards attended for three months as an out-patient, and still continued improving. Whilst under treatment, and for some time afterwards, he kept to a restricted diet; but about a year ago he resumed an ordinary mode of living, except that he avoided sugar, and only partook of potatoes occasionally. He also resumed his employment, and continued well up to a week before Christmas last. At this time he was shipwrecked at Yarmouth, and narrowly escaped being drowned. Two days afterwards, he noticed a return of his old symptoms; his urine began to increase in quantity, and he became again very thirsty. He resumed his former diet, but his complaint continued unabated, and finding himself daily getting thinner and weaker, he applied for admission into the hospital.

It is interesting to notice that after the complaint had been subdued and kept under for several months, a return of it in a state of severity seems to have been brought about by the shock received from his exposure to shipwreck. It is a fair conclusion, I think, that this was so, and it agrees with what I have noticed in other cases. I have long been of opinion that the complaint is susceptible of being influenced in a marked manner by mental states.

For the first few days after admission into the hospital, the patient was put upon a mixed diet. The quantity of urine ranged from 8 to 10½ pints *per diem*, and the sugar from 6,000 to 8,000 grains. Without change of diet at first, he was ordered to take 100 grains of carbonate of ammonia during the course of the twenty-four hours. It was dissolved in a pint of water, and administered in small frequently repeated portions. The effect to begin with was to cause an increased quantity of urine to be passed, but the proportion of sugar being rather diminished, the quantity for the twenty-four hours remained about the same; a decided influence was exerted upon the cerebral functions. The patient felt giddy, stumbled, and upon one occasion almost fell in walking; and had dimness of sight, with occasional bright flashes before his eyes. He also experienced a feeling of sickness, but there was no actual retching or vomiting; and notwithstanding the feeling of sickness, he was able to take his food as usual.

On account of these symptoms, it was only for two days that the 100 grains of carbonate of ammonia were continued; on the third day, 90 grains were taken, and the next day it was taken off altogether, and aqua camphoræ given instead. The patient was also now placed upon a restricted diet, which, as is usual, brought down the quantity of urine and sugar in a very notable manner.

In ten days' time, the carbonate of ammonia was administered again. During the first day, 75 grains were taken, and then, as before, 100 grains. This time no particular inconvenience was complained of, and the patient was ordered to persevere with its employment. The first day, the urine was higher in quantity, and continued afterwards rather higher than it had been, although the sugar remained for awhile about the same. Then, whether from the effect of the restricted diet or carbonate of ammonia, the sugar disappeared altogether, and after it had been absent for about ten days, the carbonate of ammonia was again taken off, and camphor-water given instead. The urine immediately rather fell in quantity, and remained devoid of sugar. After a lapse of nine days, a little ordinary bread—at first two ounces, and then four ounces, *per diem*—was allowed, and still the urine continued for a time free from sugar. Later, however, sugar reappeared, but not to any great extent. Again the carbonate of ammonia was given, and again an increase in the quantity of urine was noticed. For a few days the amount of sugar passed underwent no material change; subsequently, however, it again disappeared.

Looking at the facts of this case, taken altogether, it would certainly seem that the carbonate of ammonia exerted a controlling influence over the disease. No immediate and decided effect, however, of the kind that is produced by the administration of opium was traceable.

CLINICAL MEMORANDA.

[Under this head, we shall publish from time to time, as materials accumulate, short records of remarkable cases in practice which are sufficiently rare, interesting, or instructive, to deserve record, but do not call for lengthened statement or comment. Brevity and point should be the valuable characteristics of cases forwarded for this column.]

IODIDE OF POTASSIUM IN SYPHILIS.

By Balmanno Squire, M.B.Lond.

I beg to add my testimony to that of Mr. W. Tyrrell and Mr. Langston Parker respecting the toleration by many individuals of large doses of iodide of potassium. My habit is, in cases of chronic disease, to increase gradually the dose of the remedy, on which I am depending, until I meet with some kind of indication that I have reached the maximum dose that can be tolerated without disadvantage, or, at the least, without inconvenience to the patient.

Acting on this principle, I am now giving a gentleman, aged 40, who has for the last five years been affected with extensive tertiary (tubercular) syphilitic skin-disease, as much as double the maximum daily quantity mentioned by Mr. Parker, and considerably more than Mr. Tyrrell's maximum. The gentleman referred to has been for the last fortnight taking a daily dose of two drachms of iodide of potassium. No symptom of any kind has presented itself to indicate that that dose is, in his case, an excessive one. He has none of the "coryza" which is the received indication of an over-dosing with this drug. His urine, which at first was increased in quantity by the medicine, soon subsided to its usual average amount. His appetite is unimpaired; and, so far as I am able to judge, he is all the better and none the worse for his medicine. He is now, after two months' treatment, almost completely well of his disease. At the beginning of this period, nearly the entire surface of his face, neck, arms, buttocks, thighs, and legs, was covered with large patches of tubercular syphilide, and he could only speak in a whisper, owing to similar disease of his larynx. The left half of his tongue was so swollen by a gummy tumour in it that he could eat only in distress. His voice is now merely rather rough, and he eats in comfort, his tongue being well. His face, neck, arms, and thighs, are quite clear of disease; and his legs and feet, which at first were so enormously swollen that he could not move about, are reduced to very nearly their natural size, so that whenever he wishes it he can run pretty fast.

It is fair to say that his medication was not confined to the use of large doses of iodide of potassium. He took also one drachm of iodide of iron, an ounce and a half of cod-liver oil, and six drachms of tincture of hops, in the day; and this internal treatment was backed up by an equally energetic administration of local remedies.

I believe that, had I been less bold with my physic, I should not have been able within the time I mention to give so favourable an account of my patient. Of this at all events I feel sure, that, if I have done him no good (and neither of us think that), I have at the least done him no harm by the unusual quantity of physic that I have caused him to swallow.

RETENTION OF URINE IN A FEMALE FROM A CALCULUS IMPACTED IN THE URETHRA.

By W. Draper, M.R.C.S., etc., Senior Resident Medical Officer to the York Dispensary, and late Resident Obstetric Officer to the Middlesex Hospital.

Some time back I was called late one evening to a female, aged 48, who was said to be suffering from retention of urine. On my arrival at the patient's house I found her in great distress, and on examination I discovered a large swelling dull on percussion, in the hypogastric region, evidently caused by a highly distended bladder. On attempting to pass a silver catheter, the instrument met with resistance from a hard body in the urethra; this induced me to make a vaginal examination of the parts, when I felt a hard substance of a rounded form at the neck of the bladder, which I took to be a stone, although the patient had exhibited no previous signs or symptoms of such. Having no instruments with me necessary for extraction, and as the patient was in great pain, I determined to push the body back into the bladder and to draw off the urine; this was effected without difficulty, and the patient relieved.

On my visit the following day, I discovered the obstruction exactly in the same position as on the former occasion. Having secured the substance *in situ* by passing two fingers into the vagina along the course of the urethra and well behind the obstruction, I gradually succeeded in well dilating the urethra, with first the little finger and then the index finger of the disengaged hand; then, by means of a long slender uterine forceps, I was enabled to grasp and extract a stone the size of a small chestnut. From the appearance of the calculus I was led to suppose that some fragments still remained in the bladder, so dilatation of the urethra was kept up by means of a sea-tangle tent. The tent was removed some hours afterwards. On the patient micturating, some small fragments of stone passed, and nothing more could be discovered in the bladder.

In the course of four or five days after the operation, the meatus urinarius had contracted to its normal dimensions, and the patient was able to retain her urine perfectly, which she continues to do. The calculus was composed chiefly of phosphate of lime.

REPORTS
OF
MEDICAL AND SURGICAL PRACTICE IN THE HOSPITALS OF GREAT BRITAIN.

HOSPITAL FOR THE EPILEPTIC AND PARALYSED.

EPILEPTIC OR EPILEPTIFORM SEIZURES OCCURRING WITH DISCHARGE FROM THE EAR.

(Cases under the care Dr. Hughlings Jackson.)

Epileptic or epileptiform seizures occur occasionally with discharge from one ear, and often enough to lead to the inference that there is some relation. It is well known that cerebral or cerebellar abscess follows on disease of the ear; and it therefore becomes, Dr. Hughlings Jackson thinks, legitimate to inquire if *minuter* changes in tracts of the brain may not also occasionally follow a disease of this apparatus, which changes may allow occasional discharge of nerve-force. After noting the concurrence of occasional seizures with disease of the ear, we have to find out the kind or kinds of these occasional seizures. To say that they are epileptic or epileptiform, is to make a remark far too general to give much satisfaction. But, unfortunately, these are the very seizures in which precise details as to the paroxysm are not forthcoming. A boy, aged 12, is now under care for seizures, which first appeared in August 1867. He had had scarlet fever a year before; discharge from the left ear followed, and in May 1867 he had, as seemed certain by his mother's report, palsy of the muscles supplied by the left portio dura nerve, from which he recovered. His seizures occur at night, and mostly about 5 A.M. "It wakes him up; he feels giddy; he loses his sight, and does not know what he is doing. He then goes into the fit, struggles and foams at the mouth; he does not bite his tongue; next day he is seemingly well." From such an account we learn only that there are now and then discharges by nervous matter partly on muscles; but there is next to no evidence to point to the whereabouts of the tract of nervous matter which now and then so discharges. The account contrasts strongly with the clear details given by some patients whose fits begin in one hand, affect one side first or chiefly, and depend on disease of the opposite cerebral hemisphere. Dr. Hughlings Jackson thinks that these last-mentioned seizures occur from changes in the region of the middle cerebral artery; and he is anxious to find out if there are special seizures dependent on minute changes in *venous* tracts, and if some of the seizures occurring with discharge from the ear are so dependent. There are, however, many difficulties in such an inquiry. In convulsions beginning unilaterally, we may compare and contrast the hemispasm with hemiplegia: in other words, we may compare the effects of discharge of, or through, the corpus striatum with the effects of destruction of the corpus striatum.

As we shall see, this kind of comparison is not to be made in "epilepsies" occurring with discharge from the ear. We do not know the cerebral region affected in these discharges; we may, however, speculate as to their locality.

It is believed that disease of the ear leads to brain abscess through infarction of veins, and the parts of the brain mostly affected are the "middle" lobe of the cerebrum and the cerebellum. Now *destruction* of these parts, or of much of them, need not lead to symptoms of any kind—of any localising kind. There may be headache and vomiting, but these symptoms do not tell us *where* the intracranial disease is; nor does optic neuritis. In brief, we do not know the functions of these parts, and we cannot say that any grouping of symptoms are signs of disease of them. Dr. Hughlings Jackson has recently had under his care a man who had no symptoms—certainly no motor symptoms—referable to the cerebellum, and yet in each lobe there was a tumour the size of a small walnut. It does not follow that, because *destruction* of a part of the nervous system leads to no symptoms, the part destroyed had no functions. The middle lobe of the cerebrum and the cerebellum of course have functions, and there must be symptoms where these parts discharge—where the nervous tissue is not destroyed, but is unstable. A man can do without a certain quantity of his cerebrum, cerebellum, or corpus striatum, just as he can do without a certain quantity of his lung or his liver. It is altogether a different thing when, instead of being destroyed, a quantity of his nervous system is unstable and discharges occasionally. Hence it comes to be a matter of importance to study, as a first step, with all the precision the subject admits of, the seizures which *occur with* discharge from the ear, especially when the offensiveness of the discharge implies diseased bone. When we have put the symptoms in groups—in some kind of order—we may cautiously speculate further, and see if there be plausibility in fixing the blame for their occurrence on instability of those regions of the brain in which disease of the ear sometimes leads to abscess.

It is much to be regretted that as regards all kinds of epilepsies, we have very few realistic accounts of the symptoms and of their order, the reason being that we very rarely have the chance of watching the convulsions.

DEVON AND EXETER HOSPITAL.

PRIMARY AMPUTATION AT THE ANKLE: SYME'S OPERATION MODIFIED.

(By P. C. De la Garde.)

The amputations of Syme and Pirogoff are comparatively rare. Last year a case of the latter, which had been under my charge, was reported in the Journal, and I now send an account of an operation which I am content to call "Syme's amputation modified."

Richard Bradford, aged 47, foreman of the masons at the great hospital for lunatics, building near Exeter, slipped off a scaffold (less than four feet from the ground), producing a compound dislocation and fracture of the left ankle. As he was some miles from his home, the workmen brought him into the Devon and Exeter Hospital.

The sole of his foot was twisted inward, the external malleolus and the articulating surface of the tibia standing out through a lacerated wound. The internal malleolus was detached; and the skin, caught in the fracture, was severely pinched. As the man was full-fed, sanguine, bilious, and gouty, it was determined to remove the foot: the patient also regarded that as his only chance.

On August 20, 1868, having raised an upper flap from the dorsum of the foot, I outlined a lower flap by cutting, obliquely forwards, across the sole from the outer to the inner ankle, and divided the plantar muscles up to the os calcis. The lacerated wound was included in these incisions. Then I opened the joint, and ascertained the extent of the fracture, and of the subtegumentary bruises. The internal malleolus formed the end of a flake of bone, about three inches long, split off lengthwise from the tibia. I had now the option of proceeding after the manner of Pirogoff or of Syme, or by a method which I recollected having used many years before. If I adopted Pirogoff's plan, I should make a resection, which is, virtually, a compound fracture; and I must either divide the tendo Achillis, or subject the lower flap to hazardous restraint. But I could not divide this tendon without damaging the anastomosis on the heel; and, regard being had to varicose veins, to an old cicatrix, and the bruised and lacerated skin on each side, I concluded that such further interference with the circulation would result in extensive, perhaps in total, mortification of the flap. If I followed Syme, I must dissect the os calcis out of the heel, destroying all but the superficial vessels, and forming, moreover, a flap, hollow and rigid, which would certainly collect and retain pus and sanies.

I therefore recurred to my own method, cutting the heel its whole length and depth as far as the transverse incision, reflecting the skin, and underlying textures right and left, from the os calcis; and then, detaching the tendo Achillis, I took off the foot. Thus I removed the bone entire, without injuring any intervening nerve, vein, or artery. The flake, with the inner malleolus, was drawn out, and the ends of the tibia and fibula were sawn off.

Four arteries were tied; and their ligatures, brought out at the heel, established a depending opening. The longitudinal incision was put together by three twisted sutures—the pins traversing the callous cuticle; then the posterior flap was lifted up, and connected with the anterior by interrupted sutures, except at the lacerated wound on the outer, and for an inch on the inner, side; my object in leaving these three open spaces being to prevent any detention of blood or pus. The stump was wrapped up in a bread-poultice.

Such a case brings its anxieties. As his pulse was feeble, and his spirits depressed, sherry was given freely. On August 23rd, the lacerated wound was sloughing, and his breathing was painful and oppressed. Brandy was added; turpentine stupes were applied to the chest; and the bowels cleared by an enema. He was relieved, but the next day these symptoms returned, aggravated by unceasing eructation. Turpentine was applied to the region of the heart, and tincture of opium to the epigastrium. A grain of calomel, with opium, was given for five successive hours. On August 25th, a bread-poultice with carbolic acid was laid on the sloughing surface. On August 27th, the patient was much relieved; but, erythema appearing on the leg, a spirituous Goulard's lotion was directed, with a yeast-poultice on the slough, and a grain of quinine, in the strong hospital ale, thrice a day. On the 29th, part of the outer flap had sloughed off; the bone was bare, but pink, and lymph was organising in several places. He looked better; pulse 92. The yeast was offensive to him, so the carbolic acid poultice was again put on. He was ordered to have a drachm of effervescent citrate of quinine and iron three times a day, in addition to the quinine. On August 30th, his stomach was much quieter. Common diet was ordered. Balsam of copaiba was applied under the poultice. On September 1, there was a gush of venous blood, which soon ceased. The man was better in all respects, except his pulse, which was 100 and upwards. An old ulcer, five inches above the wound, had reopened. On September 15th, I opened a sinus which connected the ulcer with the wound. This sinus occupied the rough surface of the tibia from which the malleolus internus and the flake of bone had been broken off. The wound was full of granulations, and the flaps were healthy and clean—a slough, of the size of a crown-piece, having separated. On the 13th, the sinus was well. On the 20th, the wine and brandy, which had been gradually reduced, were given up; but he still took a quart of strong ale daily. On October 1st, he got up, but had rigors afterwards. The granulations were profuse, requiring zinc lotion. On the 30th, the wound was nearly healed, but pus escaped where the longitudinal fell into the transverse incision. On November 10th, the stump was consolidating; he was allowed to go on the airing-ground, weather permitting. On December 2nd, he went home for change. On December 30th, there had been an abscess in the heel, and one or two exfoliations. On January 13th, the wound was healed, and the stump solid and firm, as it still continues.

NEWMARKET UNION HOSPITAL.

SINGULAR CASE OF CHOREA.

(Under the care of GEORGE B. MEAD, M.D., L.R.C.P., Lond.)

[Reported by ALFRED PRATT, Esq.]

James L., aged 50, a native of Brinkley, was admitted into the Infirmary about three years since. He was about five feet three inches high, of nervo-sanguineous temperament. The muscles of his limbs were rather shrunken; his pulse was natural; his tongue was rather dry, but he had no great thirst; the bowels were regular; appetite very good; consciousness and sensibility were perfect. When born, he was a very healthy child; but, at about two years of age, he had an attack of erysipelatous inflammation about the face and head, which left him very weak. When between four and five years of age, he had an attack of fever, since which time he had been suffering from chorea. The muscles of the extremities, as well as those of the face, the head, neck, and lower jaw, and of the trunk, had been both day and night in continual and violent motion. In sleep, the motion was continuous, but scarcely so violent as when awake; but at times it was scarcely possible to keep the bed-clothes on him. The movements appeared to begin (the patient being seated) by the forcible movement upwards of the chin, with a corresponding depression of the back of the head, till the chin formed the highest point of the body. Both the sterno-cleido-mastoid muscles then appeared to be affected, wriggling the head first on one side and then on the other; next, the spasm passed over the trunk and upper extremities, all the muscles being violently agitated. First one and then the other arm was twisted violently forwards, the palm of each hand being forced in a direct line in front of the patient; next, the spasm passed over the pelvic muscles, and those of the lower extremities, the soles of each foot being similarly protruded. No sooner had these involuntary actions passed through their course from the head to the feet than, without any perceptible pause, even before the feet had ceased to be distorted, the upper muscles, with a weary monotony, recommenced their morbid action. The patient occasionally walked a few yards, but his progress was very slow, the muscles keeping up their cycle of movement, but slightly influenced by the voluntary muscles being brought into play by the act of locomotion; and it seemed to the spectator that he must fall at every step he took. When being fed, he assisted in steadying his head with both arms; but he generally required a second person also to hold his head, while another stood in front watching a favourable moment to introduce food into his mouth. His usual posture during the day was sitting on a form, with an inclined back. He seemed very cheerful. When he was first noticed by a stranger, the muscular movements were slightly increased in violence, but soon dropped to their usual force. He was able to articulate most words, but they could only be understood by those well accustomed to him. The patient continued in much the same state till about six weeks since, when he had a severe attack of diarrhœa. This was soon checked, but continued to return at intervals; and, notwithstanding the liberal use of extra diet, brandy, and astringent medicines, his strength gradually failed, and he died March 18th, 1869.

Many cases of chronic chorea are recorded in the medical journals. In all these which had a fatal termination, the symptoms attending the final illness appear to have very much resembled those of the present case, death being probably due to exhaustion of the nervous centres, as indicated by the failure of the digestive powers, the diarrhœa being due to the inability to assimilate nutriment, food passing in a semi-digested condition. A similar case, in which, however, the patient did not live to attain manhood, is recorded by Dr. Keir, in a patient admitted into hospital at Moscow. In this case, at the *post mortem* examination, ascarides lumbricoides were found in the ileum, and there was considerable congestion, with softening of some portions of the spinal cord. Dr. Jeffrey of Liverpool records a case in which the patient had, from infancy, been subject to a slight nervous affection, which gradually but slowly increased in intensity; but from 54 to 81 the involuntary motions were unceasing, except during sleep, continuing as badly as ever even in the last hour of his life. In May 1835, a singular case was in St. Giles's Workhouse. The patient, a female, at the instant of its birth displayed the writhing motions of chorea, which had continued ever since. She was then thirty years of age, looking but an elderly child, thin and worn, the mind being hardly removed from complete idiotcy. She was continually twining and writhing herself about. The mother, who was also in the workhouse, stated that, having borne several children, she, in the fourth month of her pregnancy, had thrown on her bosom a frightfully disgusting object. She was for two months very ill from this cause, but recovered and went her full time. She remarked, however, that the child was extraordinary lively in the womb, so as at times to quite overcome her.

It may be added that the fellow-patients of James L. stated that he attributed his condition to a fright received by his mother during pregnancy, from the fall of a chimney, at the hearth of which she was seated, and said he had been so from birth; but, from careful inquiry in his native village, this appears to have been incorrect. The state of the patient had been for some months under the careful conderation of Dr. Mead; but, after consultation with several other gentlemen, it was decided not to attempt any active treatment, as the lengthened duration of the disease and condition of the patient completely negatived the idea of any amelioration of his deplorable condition resulting therefrom, especially as the poor fellow really appeared very cheerful and happy; and the movements, though most painful to witness, were unattended with the slightest apparent suffering.

WE shall feel indebted to correspondents who will forward us local papers containing reports of proceedings of Boards of Guardians and Boards of Health, Medical Appointments and Trials, Hospital and Society Meetings, important Inquests, or other matters of medical interest.

BRITISH MEDICAL JOURNAL.

SATURDAY, JUNE 26TH, 1869.

THE ANNUAL MEETING OF THE ASSOCIATION.

THE programme of the Annual Meeting of the Association in Leeds is gradually approaching completion. Our readers will see that several important additions have this week been made. It is scarcely necessary for us to do more than call special attention to the several requests conveyed in the programme for such information as may aid the Local Committee in their labours. We would also take this opportunity of reminding the profession that the Committee of Council have decided to admit members of the Association from the 1st of July at *a subscription of half a guinea* for the half-year; it being understood that each gentleman so joining the Association shall continue his membership during the whole of the year 1870 at least.

THE MEDICAL COUNCIL AND THE MEDICAL ACTS.

THE subjoined Memorial has been drawn up for presentation to the General Medical Council, with the view of urging the necessity of an Act of Parliament to amend the Medical Act of 1858, and the Amendment Acts subsequently passed.

"The Act of 1858 affirms that 'it is expedient that persons requiring medical aid should be enabled to distinguish qualified from unqualified practitioners.' The experience of the past ten years has proved that the Act is practically inoperative as a guide to the public in distinguishing legally qualified members of the medical profession. A large number of men are practising medicine and surgery in different parts of the country, not only without any legal qualification, but without having undergone any regular course of medical education. In some places, men are practising under fictitious names, assuming the title of doctor, and obtaining considerable sums of money from weak persons, by intimidation and extortion. The Medical Act of 1858 is practically inoperative in restraining these offenders.

"It is capable of proof that some legally qualified men have lent their names to persons without qualification, to enable them to practise medicine and surgery without incurring liability to prosecution. Such a proceeding is regarded as a fraud on the public and the profession; and it is suggested that in any future Bill greater powers be given to the General Medical Council to remove from the *Register*, and deprive of their professional rights, qualified men who shall aid and abet illegal practitioners.

"The present state of the law touching certificates of death, greatly favours the successful practice of secret poisoning and infanticide. It is suggested that the certificate of a legally qualified member of the medical profession, in the absence of a coroner's order, shall be indispensable as a preliminary to every burial.

"The Medical Act of 1858 purports to constitute the General Medical Council for the purpose of regulating medical education and registration throughout the United Kingdom; but composed as the Council is, mainly, of the members of the medical corporations who grant licences to practise, the control of the system of medical education has proved to be very imperfect.

"The undersigned are of opinion that the system of medical education should be revised, so as to insure the possession of a thoroughly scientific and practical acquaintance of medicine and surgery, on the part of persons applying for the legal qualification.

"To this end, it is held to be necessary to substitute for the present system of examination, and for the many forms of licence to practice now granted, one high and uniform standard of examination, and one legal qualification.

"The practical part of the course of professional study stands in special need of improvement, and the undersigned would gladly see the regulations made stringent, to insure the attendance of students on a thorough course of practical study in hospitals; but in the event of any student engaging in private practice on his own responsibility before he is legally qualified, it is suggested that he forfeit the loss of the year, or years, as a student during which he has so practised.

"It is respectfully, but very earnestly, submitted, that the influence and power for good, of the General Medical Council would be greatly extended, with the profession and the public, if provision were made in a new Act of Parliament for the representation on the Council of the general body of practitioners of medicine and surgery, who are now, for the most part, deprived of any professional franchise.

"In any future Act of Parliament, it is suggested that provision be made for instituting prosecutions under it by a public prosecutor or other public functionary, on behalf of the General Medical Council, instead of leaving the voluntary enforcement of the law to individuals.

"The undersigned desire to obtain no privileges for the profession, without giving the public commensurate advantages, and they submit that an Act of Parliament so framed as to raise the standard of professional efficiency, to protect life, and prevent the obtaining of money on false pretences, is an Act as much needed in the general interest of the community, as for the welfare and honour of the medical profession."

The printed copy of the memorial which lies before us has appended to it above 200 signatures, 90 of which are those of members of the profession in Birmingham, whence the document has emanated. Among the names are those of Mr. Alfred Baker, Mr. Samuel Berry, Mr. J. Birkett, Mr. John Clay, Dr. G. F. Evans, Dr. Fleming, Dr. Bell Fletcher, Dr. B. W. Foster, Mr. Gamgee, Dr. Heslop, Dr. A. Hill, Dr. George Johnson, Dr. R. C. R. Jordan, Mr. F. Jordan, Dr. Murchison, Mr. Langston Parker, Mr. O. Pemberton, Dr. J. Russell, Dr. Sieveking, Mr. J. V. Solomon, Dr. Wade, Mr. Watkin Williams, etc.

We most earnestly call attention to this important document. It is, we suppose, to be presented to the Medical Council during the approaching session, which will commence on Thursday next. It will be at once seen that the memorialists are in the main desirous of such amendments in medical legislation, as have been advocated by the Committees and Branches of the Association, and in the pages of this JOURNAL; to wit, the improvement of medical education, and the more complete and direct representation of the profession in the Medical Council.

There are also a few other points noticed in the memorial, which have hitherto attracted less attention. Among these is the fact—which we fear, from what the memorialists now state and from what we have previously heard, is but too much a fact—that some qualified members of the profession lend their names to shield those who practise without qualification. Surely such an abuse as this requires a prompt and decisive remedy.

Another suggestion—not a new one, indeed, but one which must sooner or later be considered—is that of having one efficient and uniform examination for entrance into the profession—a *staats-examen*—in place of the various diplomas and licences now granted.

We shall not here attempt to recapitulate the arguments which have been or may be adduced to prove the necessity of a thorough reform and remodelling of our legislation on the subject of medical education and registration. This necessity is becoming more and more apparent every year; and an united, well directed, and determined effort is demanded, so that the matter may be put right. It is useless for the profession to wait until the Medical Council can, *proprio motu*, introduce a Medical Acts Amendment Bill into Parliament. With a perseverance to which the highest praise is due, the Council—especially their President, Dr. Burrows—have been for the last three years at least endeavouring to prevail on the legislature to introduce a Bill for the amendment of the Medical Acts, but hitherto without success. What they want, and what would really increase their strength for good, is, that the profession should plainly make known to them what it desires, for the public good no less than for its own interest; and that, by memorials and all other required means, it should urge and encourage the Council to demand that the highest professional interests shall not be constantly postponed to all other matters which, however trivial, engage the attention of our legislators.

On the point of representation of the profession in the Council, the action which the Council took last year *primâ facie* would lead to the fear that this part of the desires of the memorialists may meet with little favour. But the Council, as reasonable men, must by this time have seen that which was, perhaps, not so apparent before—that the profession is in earnest in the wish to have a more direct and complete representation; and we can scarcely believe otherwise than that, if the proposal were well considered by a small joint committee appointed by the Council and by our Association, a satisfactory result might be arrived at. This being settled, the Council and the profession would work harmoniously together, so as to produce a perfect result much sooner than could be done by separate action.

The practical application of what we have been now saying is this: that the members of our Association through the country, who have paid any attention to the subject of medical legislation, and who perceive what is wanted, should without any delay prepare, for immediate presentation to the Medical Council, memorials similar to that which is given above. Even if some of the matters of detail be omitted, the main features of the memorial are such as must receive the support of the profession; and these, at least, should be at once pressed on the Council.

THE DUBLIN HOSPITALS.

DR. MAPOTHER deserves the support of the whole profession for the calm and delicate manner in which he handled the mode of appointing the medical officers in the Dublin hospitals at the Dublin Statistical Society on Tuesday evening. The subject is one of the greatest difficulty and importance; and, entwined as it is with many vested and other interests, we may fully expect great opposition to Dr. Mapother's proposal to supersede the present system and adopt the method followed elsewhere, of appointing the staff of the hospitals on the recommendation of the Medical Board. It has been over and over again the topic of much and often severe criticism in the medical world; and, now that Dr. Mapother has fairly brought the matter forward again, we trust that our Dublin brethren will consider well the advisability of sweeping away a system which is in itself, to say the least of it, commercial, and which opens the door to abuses that every one must wish to see abolished.

THE Royal Hospital for Incurables has received a donation of one hundred guineas from the Worshipful Company of Fishmongers.

DR. JOSEPH M. TONER of Washington is collecting materials for a *Biographical Dictionary of Deceased American Physicians*.

A Pharmaceutical Congress of all nations is to be held in Vienna in September.

AN Infirmary is about to be erected at Banbury, at the sole expense of Miss Horton, of Middleton Cheney. The building alone is to cost £5,748.

A Free Hospital for Sick Children has been established at Nottingham, and is to be opened on July 1st, for the reception of eight patients.

IT is intended to erect a monument to Luigi Sacco, the introducer of vaccination into Italy. A committee has been formed for the purpose of receiving subscriptions.

WE are happy to state that Mr. Hulke's lectures on the Anatomy of the Eye will be published in full, from the author's manuscript, with numerous illustrations, in the forthcoming volume of the JOURNAL, commencing next week. As we stated before, Mr. Le Gros Clark's lectures will also appear in this JOURNAL.

A COURSE of lectures on Mental Diseases has been commenced at Guy's Hospital by Dr. J. Thompson Dickson, Resident Medical Superintendent of St. Luke's Hospital. An opportunity is afforded to the members of the class of receiving also clinical instruction in the wards of St. Luke's Hospital.

THE action Eastlake *v.* Edmunds, arising out of certain proceedings in connection with the British Lying-in Hospital, the hearing of which was delayed from last year, was put down in the Court of Exchequer cause list on Wednesday last. There was, we understand, some expectation of a speedy settlement; but the case has again been made a *remanet*.

AN Infirmary for Sick Emigrants is about to be established in Liverpool. The annual expense is estimated at £300, and the current expense for food at 1s. 6d. per day for each inmate. Upon this basis, four firms have agreed to contribute £60 each during the first year, and 1s. 6d. per day for each patient sent by them. The management of the Infirmary is to be confided to the Select Vestry of the town.

THE WESTMINSTER HOSPITAL.

MR. BROOKE'S term of office as Surgeon to the Westminster Hospital expires at the end of this month. He will, we understand, be appointed Consulting-Surgeon, in recognition of his long and valuable services to the hospital.

THE OBSTETRICAL SOCIETY.

THE very unfortunate attitude taken up by the Obstetrical Society on Monday evening has been the subject of severe criticism. The extraordinary resolution, in which Pathology and Therapeutics, and the other proposed sections of the Royal Society of Medicine, are quietly shelved, shews a great want of judgment.

THE COUNCIL OF THE ROYAL COLLEGE OF SURGEONS.

THE following are the names of the eligible Fellows who are candidates for seats in the Council of this College at the ensuing election on Thursday, July 1st, at 2 P.M. 1. Samuel Solly, Savile Row; 2. John Adams, Finsbury Circus—both retiring from the Council in rotation; 3. W. J. Erasmus Wilson, Henrietta Street—nominated by John Wiblin, H. Haynes Walton, G. Critchett, Henry Smith, Edward Newton, and T. Carr Jackson; 4. John Gay, Finsbury Place South—nominated by Barnard W. Holt, H. Haynes Walton, George Lawson, William Adams, Henry Smith, W. S. Savory; 5. Henry Lee, Savile Row—nominated by William Bowman, G. D. Pollock, T. Holmes, John Wood, R. Partridge, and James Rouse; 6. John Eric Erichsen, Cavendish Place—nominated by John Marshall, Henry Thompson, John Wiblin, William Cadge, Henry Smith, and W. S. Savory. Looking back to the antecedents and the recent declarations of policy made by the four gentlemen who are candidates for admission into the College Council, we congratulate the Fellows on having such an excellent choice presented to them. Messrs. Wilson, Gay, Lee, and Erichsen are each and all pledged to promote reforms in the College Council; and, whatever may be the decision of the Fellows as to which of these shall this year enter the Council, it seems certain that the choice will in itself be a good one.

THE VOLUNTEER MEDICAL APPOINTMENT AT WIMBLEDON.

THE appointment of medical officer to the volunteers at Wimbledon is, as will be seen by the correspondence published in another column, again the subject of dispute between the Volunteer Medical Officers and the National Rifle Association. We think that the demand made by Dr. Murray, as the condition of his acceptance of the duties offered to him, was a proper and dignified course, and consistent with his position as Secretary of the Volunteer Medical Association. Why the Council of the National Rifle Association so persistently opposes the wishes of the volunteer medical officers, it is difficult to understand.

THE EAST LONDON HOSPITAL FOR CHILDREN.

We have received the Second Report of this admirable charity. Since its commencement in January last year, the number of in-patients treated has been 312, and of out-patients 4,624. Of these latter, a considerable number were cases of diseases of women, a dispensary for which has been established. The support which has been given to the hospital has enabled the committee to increase the number of beds from ten to forty; and they have it in view still further to enlarge its usefulness, immediately funds permit, by, in the first place, opening a ward for fever, so urgently needed in a frightfully crowded and miserably wretched locality, where scarlet fever has been, and continues to be, so rife and so fatal. There can be no doubt that the ravages of scarlet fever in this neighbourhood, so frequently remarked on by the Registrar-General, might be easily and greatly reduced by a few wards for the isolation and proper treatment of such cases; and we trust, therefore, that the committee may ere long be enabled to carry out their charitable intention.

ANOTHER CHARGE AGAINST VACCINATION.

At a recent meeting of the Croydon Board of Guardians, while the subject of the appointment of a public vaccinator was being discussed, Mr. Newman, one of the guardians, took occasion to oppose the proposal. He believed, he said, that it was a cruel and barbarous action to put poison into children; and he did not want a better proof of this than the number of children in the union-house that developed the itch soon after vaccination! In this statement he was supported by Mr. Coles, another guardian, who asserted, on the authority of the nurse, that there was the proof in the children themselves. Ultimately, it was agreed that Mr. Roper, the medical officer, be requested to attend a subsequent meeting of the Board; and that a public vaccinator for Croydon be advertised for, at a salary of £50 per annum. How can we expect the poor to recognise the benefits of vaccination, when their guardians give such proof of their utter ignorance of the subject as was exhibited by Mr. Newman?

MEDICAL BENEVOLENT FUND.

Three or four deaths having occurred amongst the annuitants since the last election, and an additional legacy or two having been invested, the Committee met on the 8th instant for the purpose of electing six fresh annuitants. It was found that three of those who had been placed on the list of candidates were dead; but there were still twenty names to select from, whose ages varied from sixty to eighty-five. After long deliberation, the following were elected—the members present expressing regret that the means at their disposal were not great enough to justify them in adding to the list. 1. The daughter (aged 63) of a M.R.C.S. and L.S.A., formerly in the navy, and afterwards in practice in Ireland. Has been in ill health for some years, and has frequently been assisted by the Fund. Recommended by Miss Fincham, E. Pye Smith and W. Holmes, Esqs., subscribers. Annuity, £10. 2. The widow (aged 60) of a M.R.C.S., L.S.A., who practised in Gloucestershire. She now occupies one of the houses at Chippenham kindly given by Mr. Bailey. Recommended by C. Bailey, Esq., and Dr. Rumsey, subscribers. Annuity, £10. 3. M.R.C.S. and L.S.A. (aged 75), who practised in the midland counties for many years. Health completely broken down, and is very deaf. Entirely dependent (with wife) on the contributions of friends. Strongly recommended by all the medical men in the town where he now resides. Annuity, £20. 4. M.D., M.R.C.S., aged 85. Practised in Oxfordshire. Disabled by old age, deafness, double hernia, and other ailments. Supported by two daughters, who have a limited school. Recommended by Dr. Acland, F.R.S., and J. T. Hester, Esq. Annuity, £20. 5. The daughter (aged 79) of a surgeon in Shropshire, in practice before 1815. She is the oldest of four sisters living together, who have but £6 per annum to depend upon. Assisted from the Fund once (£10), in July 1867. Recommended by J. Cordy Burrows, Esq., subscriber. Annuity, £20. 6. The widow (aged 73) of a late annuitant in Cambridgeshire. No income, solely dependent on charitable relief. Recommended by W. Carr, M.D., subscriber. Annuity, £20. The annuities of two widows, elected in 1867, were also increased from £10 to £20.

MEMORIAL TO FARADAY.

A public meeting was held on Thursday afternoon, in the theatre of the Royal Institution—His Royal Highness the Prince of Wales in the Chair—to consider what means should be taken to raise a monument to Faraday. There was a large and very distinguished attendance, including, amongst others, M. Dumas (who last week received the Faraday Medal of the Chemical Society), Sir John Lubbock, Mr. Graham, General Sabine, Sir Henry Holland, Dr. Lyon Playfair, M.P., Sir Benjamin Brodie, Dr. Bence Jones, Professor Owen, Professor Miller, Mr. Cæsar Hawkins, and Professor Frankland. His Royal Highness expressed the pleasure he felt in presiding over such a meeting. He referred to the unsuccessful attempt made to get Government to erect a national monument to Faraday, and the circumstances which led to the present meeting. Three resolutions were proposed and unanimously carried: That a public memorial be provided; that a committee be elected to take measures for the provision of the said public memorial (the names of the members of committee, most of them presidents of learned societies, were mentioned in the resolution); and that a subscription, not exceeding five guineas in amount from any one person, be made. We trust that the rumour is incorrect, that poor Faraday's memorial is to take the shape of a statue, and be stuck in some dingy corner in St. Paul's Cathedral. We should have thought that such a barbarous mode of treating a man like Faraday would have found little favour among scientific men.

AN ACT OF SELF-SACRIFICE.

The *Imparziale* of the 16th inst. writes as follows. On May 31, died at Turin the Surgeon Panizza, victim of a generous act which would have deserved a better fate. Being present at the fall of a house of five storeys, and perceiving that a female infant had not been removed, he rushed to save her, taking no care for himself. In a few moments, however, there was a violent crash, and the generous Panizza remained a victim under the ruins, from which he had in vain endeavoured to rescue the child. Twenty-six hours elapsed before his body could be removed. It was found embracing that of the child for whom he had sacrificed his life. His fellow-citizens and professional colleagues in Turin have undertaken to provide for his family, and to transmit his name to posterity in a manner worthy of so great an act of self-sacrifice.

INTELLIGENT GUARDIANS.

At a recent meeting of the Board of Guardians of the Holyhead Union, one of the relieving officers called attention to the case of a pauper who was said to have dislocated his shoulder five months ago, and asked the guardians to send the man for treatment to a bone-setter. It was thereon remarked by Mr. Walthew, a surgeon, one of the Board, that, if the case were one of dislocation, the man ought to be placed under the care of the medical officer; on which several of the guardians objected to this proposal, one especially asserting that medical men knew nothing of bones or their treatment. Mr. Walthew justly remarked, that the proposal to employ a bone-setter was an act of contempt and disrespect towards the medical officer, who, if incompetent, ought to be dismissed, and, if competent, should be respected and treated as a gentleman. In answer to a question from Mr. Walthew, the Chairman decided that the Board could not legally pay a bone-setter; on which a guardian proposed that a subscription should be raised for the purpose. Ultimately, however, it was determined that the medical officer should report on the case to the next meeting. The man was not produced; and there was no evidence that there was dislocation. A case came before the Board a fortnight previously, which was reported to be one of fracture badly treated, but which, on examination in the presence of the Board, Mr. Walthew showed to be a case of joint-inflammation, no fracture or dislocation having occurred. This narrative requires no comment. We may, however, congratulate the Holyhead guardians on having in the Board a professional man, who, like Mr. Walthew, can put them right when they are going astray in medical matters—about which they certainly have very crude notions.

THE DUBLIN HOSPITALS.

AT a meeting of the Statistical and Social Inquiry Society, held on Tuesday evening, the Right Hon. M. LONGFIELD in the Chair, Dr. Mapother read a paper entitled: "The Dublin Hospitals—their Grants and Governing Bodies," of which the following is an abstract.

After a few introductory remarks on the income and means of support of the Dublin hospitals, Dr. Mapother said:—In explaining the circumstances of each of the hospitals, I shall dwell on the election of medical officers—the most important item in the administration of a place devoted to the cure of the sick and the education of students. I most earnestly wish that the task of exposing these abuses had devolved upon others—the officers of those hospitals in which pure motives hold sway, for instance; but, as the question concerns the health, the limbs, and the lives of the poor, I, as a medical officer of the city, cannot shrink from such a duty. The members of this society, I know, will acquit me of any desire to censure the proceedings of my professional brethren. Many of the details I shall have to mention are necessarily dry, but their importance must be my excuse, and the lively discussion which will ensue will make amends. The special hospitals I will barely allude to. Of the Hospital for Incurables, the oldest and best of its kind in these kingdoms, I could only speak in terms of praise. At the Lock Hospital, the medical officers are appointed by the Governors, of whom there are ten, three being a quorum—a number too small for the prevention of pecuniary arrangements, such as that by which a surgeon was lately elected at the same meeting at which the vacancy was declared. Its founder, Lord Westmorland, ordained that the physicians should be elected by the President and Censors of the College of Physicians, and the surgeons by the President and Censors of the College of Surgeons, a plan very trustworthy. St. Mark's Eye and Ear Hospital receives £100 from Government, £100 from the Corporation, about £350 from pay-patients, and £225 from subscriptions. It is in every way deserving of support, for while in every hospital students should have means of studying diseases of the eye and ear, a metropolitan institution, for their treatment alone, is a necessity. The Cork-street Fever Hospital is a most admirably managed institution, but the distribution of fever cases among the general hospitals seems desirable. As it is adjacent to the South Workhouse it might be used as an auxiliary building, and in times of pestilence, which I confidently trust are far distant, might be converted into a temporary hospital. Separate fever buildings should be erected on the grounds of all hospitals which do not already possess them, for the admission of infectious diseases into general wards is most dangerous. At the Coombe Lying-in Hospital, a new charter creates a board of twenty-one who are to elect their successors and the medical officers on the recommendation of the existing staff, the assistants to be preferred for the office of master at the Rotundo. The election of master from those who have been assistants, secures the appointment of a highly qualified man. When the Right Hon. the Recorder exposed the system of making governors so as to secure their votes, it was defended on the plea that the charity was the gainer. But in several other hospitals in which places are sold, none of the price goes to their funds. The general hospitals in our city are ten, the Adelaide and Sir P. Dun's being wholly sustained by private funds. The governing board of the latter is most admirably chosen; namely, the visitors, President, and Censors of the College of Physicians, the Provost of Trinity College, and twelve others elected by the existing Board for life as vacancies occur. Many of the medical professors of the University are *ex officio* medical attendants of the hospital. St. Vincent's Hospital is wholly managed by Sisters of Charity, who select medical officers with the advice of the existing staff. To the Mater Misericordiæ the same remarks apply, and in neither has any money been ever expended to procure resignation or election. The City of Dublin Hospital was founded in 1832 by professors of the College of Surgeons, who proposed to make it their clinical school. The Corporation grants £300 yearly, and subscriptions to about three times that amount are collected. The medical officers elect to vacancies, large sums being usually paid to the retiring officer. Jervis Street Infirmary, being in the midst of a district fertile in accidents, has done immense service. The governors, according to the charter of Act 13, 1820, elect when a vacancy for physician or surgeon occurs, but usually follow the recommendation of the medical board, and the candidate must qualify by the payment of £500, £300 of which goes to the retiring officer, and £200 to the hospital, which gets the entire sum in case of a death vacancy. This is the least objectionable form of the purchase system; but most eligible candidates whose means did not allow of this investment might be excluded, although pupils' fees give a fair interest. Mercer's Hospital, established in 1734, was incorporated by 23 George II, c. 13. Its only funds from public sources are £44 from the Treasury, and £300 from the city, for which it makes a most ample return in treating great numbers of those who suffer accidents. A self-elective Board manages the affairs; but as the Act of 1749 declares "the physicians and surgeons, two-thirds of them at least consenting so long as they should continue to attend the said hospital without fee or reward, shall have power and authority, and are hereby authorised to increase their number, as they shall see fit," the medical officers conceive that they are thus empowered to elect the vacancies on their staff. In Sir P. Dun's Hospital two-thirds of the fees recompense the officers, one-third goes to help the hospital. It should not be forgotten that the legitimate profits from an hospital are professional eminence, public respect, and the gladdening conviction of having served the poor and friendless. Steevens's Hospital dates from 1710. Its governors are twenty-two, ten *ex officio*, and twelve elected by the Board from persons not necessarily subscribers. Nepotism has somewhat controlled the governors in the choice of officers, but no relative of a former physician or surgeon has been elected until he had acquired good standing, and the purchase system is unknown. The *ex officio* governors are high clerical and legal functionaries. The House of Industry Hospitals, Richmond, Whitworth, and Hardwicke, are wholly supported by the Parliamentary grant of £7,472, which in 1867 supported a daily average of 217 beds. The governors are twelve gentlemen appointed by the Lord Lieutenant, and they elect all officers. Nepotism has never prevailed, and those elected have been always of the very highest order. The surgeons of the Richmond Hospital have sunk about £3,000 in its splendid museum, and it is, therefore, just that the incoming officer should pay a fair sum for the use of this educational appliance. The Meath Hospital, founded in 1756, by medical men, upon their petition for public money, was constituted the County Dublin Infirmary in 1774. The average number of beds occupied throughout 1867 was 86, at a cost of £35 each. There are twenty-one governors elected annually from the subscribers, and the management of the funds, attention to the wants of the patients, and scrupulous respect for their religious belief, are deserving of the highest praise. The mode of electing medical officers is open to the most grave objections. The first clause of 13th and 14th George III, c. 43, constitutes the Meath Hospital the County Dublin Infirmary. The second clause gives power to the physicians and surgeons to elect and fill up their own vacancies. The case being, however, submitted to the Solicitor General, he gave the following opinion:—"I infer that since the passing of the 13th and 14th George III, c. 43, the power of electing to supply vacancies has been exercised without controversy or challenge; by not only the *original* physicians and surgeons, but by those whom they from time to time elected to supply vacancies, and that this power has continued to be exercised after all the original physicians and surgeons had died. There is certainly great difficulty in holding such to be the strict construction of the second section, but, on the whole, I think that view of the statute would be upheld by the court, and that there would certainly be a struggle to do so, unless, indeed, some very great abuse arising from the present system could be established." The electoral power of the medical officers is therefore at least doubtful, and if an officer was appointed at the next vacancy by the governors in the prescribed way, it could be readily tried before the Queen's Bench. I have no hope that so close a corporation will reform itself. The mode of election in the Meath was condemned by the Royal Commissioners in 1842, but they, however, believed that no abuse had arisen, a conclusion very probable, when the only medical witness examined was a gentleman whose family had enjoyed three hereditary surgeoncies. It was unanimously condemned by the Committee of 1824, of which Lord Mayo was the chairman, and by the Royal Commissioners of 1855. There is too great a temptation offered for the exclusion of those who may become successful rivals, although it should be regarded as a sacred trust for the selection of the best surgeon for the patients, and best teacher for the pupils. In the Meath Hospital, three unworthy motives seem to have actuated the electors—Sectarian prejudice, nepotism, and the purchase system. For eight of these vacancies, or two-fifths, have been filled by sons or nephews of previously appointed officers; and in 1854, when the Parliamentary Committee inquired into the matter, seven out of the eight officers were closely related to a colleague or colleagues. No relatives, however, was ever appointed who had not been assiduous pupils of the hospital, and had further proved themselves by distinctions publicly won, by study abroad, or by winning good professional positions. You will be surprised to hear that the buying of hospital places has defenders not merely "actuated by the rat-in-the-corner courage of detected jobbery", but who believe the system to be good. Foremost amongst such is the great leader of the profession, Sir D. Corrigan. Before the Medical Charities' Committee, in 1843, he urged that a young surgeon who thus invests his money will work earnestly to repay himself by winning eminence and public confidence; but surely there is no reason to suppose that the man, whom merit, not money, has qualified, will be less zealous. Have men born rich been the great ones of our profession? May not a rich, but incompetent, man buy an hospital through pride? for notwithstanding all that has occurred to depreciate it, a surgeoncy is an honoured post; or may he not covet ten or twelve per cent.—for such is the interest—of some hospital stock? Of course there are men above such sordid views: for instance, Sir D. Corrigan bought a hospital, as it was the only way he could get one. After twelve years' tenure, so far from having got good interest, he had paid £10 more in supporting beds than he had received in pupils' fees. He also urged that as skill is the result of hospital work, a surgeon entering cannot be qualified; but such is an argument for the establishment of assistant-surgeoncies, or promotion from the smaller to the larger hospitals, which I shall just now discuss. Sir Dominic's last reason is that there is no test of merit, and that the governors will be influenced by personal and political feelings. Such is an appeal for the Parisian *concours* system, or the London plan of election by a committee of governors, the Medical Board giving well-grounded recommendations. The purchase system has also been compared to that of the army; but in the latter no one can at once buy the highest grade, but must rise step by step from a position of the slightest responsibility. As the Government supplies more than half the funds which support the Dublin hospitals, it should share with the governors who subscribe the other half the election of officers; and no better electoral body could be constructed than the twelve members of the Dublin Hospital Board, with the addition of the committee of the hospital in which there was the vacancy, its medical staff commenting on the claims of the candidates, as at University College. The governors at large should never have the selection, for able men would not submit to the indignities of canvassing; personal and political feelings would outweigh merit, and "the making of governors", which means bribing them, would become habitual.

I have now ended this hasty paper, the main object of which was to urge that in the interests of the poor and of the profession, money shall not buy the places which learning, skill, and experience, should win. The exposure of abuses has been, indeed, a painful duty, and one which may gain for me the ill-will of the interested, but I have tried to perform it with fairness, and shall be fullly recompensed if amendment follows through the exertions of the zealous and highminded.

A discussion ensued, which was, however, adjourned to Tuesday evening. We shall give a report next week.

UNITED HOSPITALS' ATHLETIC SPORTS.

THE third annual meeting of the United Hospitals' Athletic Sports took place in the afternoon of Thursday, June 17th, at the Lillie Bridge Ground, West Brompton. Notwithstanding the unfortunate weather, there was a large attendance of ladies and students from the various hospitals. We give the final results.

100 Yards Race, for a challenge cup, value £21 (presented by N. Montefiore, Esq., F.R.C.S., Guy's Hospital)—Final heat: Watson, King's, first; Cross, second; Conolly, Guy's, third. Won by a foot. Time, 10 2-5 seconds.—Throwing the Hammer—H. Payne, Bartholomew's, first, at 78 feet 2 inches; J. E. Wilmot, St. Bartholomew's, second, at 74 feet 5 inches, defeating four.—440 Yards Hurdle Race, fifteen flights—C. Watson, King's, first; G. D. Leake, St. George's, second; C. J. Champney's, Charing Cross, third. Won by 12 yards. Time, 1 minute 7 1-5 seconds. Nine started.—Throwing the Cricket-ball—W. H. Latham, St. Bartholomew's, first, at 97 yards 6 inches; D. P. Turner, second, at 97 yards.—One Mile Race, for challenge cup (presented by Guy's Hospital)—G. A. Norman, St. George's, first; J. Carney, St. Thomas's, second; A. Taylor, St. George's, third. Time, 2 minutes 2 2-5 seconds.—High Jump—R. Williams, St. Bartholomew's, first, 5 feet 3 inches; A. Brickwall, Guy's, second, 5 feet 2 inches.—Half-mile—W. C. Head, St. Bartholomew's, first; T. Douglas, Guy's, second; three others did not finish. Time, 2 minutes 11 seconds.—Long Jump—Ivor Lewis, Guy's, first, 19 feet 1½ inch; G. D. Leake, St. George's, second, 19 feet.—440 Yards Race, for a cup, value 5 guineas (presented by H. Oldham, Esq., of Guy's)—F. R. Cross, King's, first; C. Hartley, Charing Cross, second; C. Hill, St. Bartholomew's, third. Time, 56 4-5 seconds.—Putting the Shot, for a cup, value 10 guineas (presented by T. J. Gittens, Esq., of Guy's); eight contended—D. P. Turner, University, 30 feet 9 inches, first; G. Coombe, Guy's, 29 feet 10 inches, second.—250 Yards Race—Final heat: Cross, King's, first; Kemp, St. George's, second; Connolly, Guy's, third. Time, 28 seconds.—Hurdle Race, 120 yards, ten flights, for a cup (presented by G. Owen Rees, M.D., F.R.S., Guy's)—Final heat: C. E. Watson, King's, first; W. E. Roch, University, second; E. A. Leake, St. George's, third. Time, 18 4-5 seconds, first.—Two Miles Race—G. A. Norman, St. George's, first; A. C. Horner, St. Bartholomew's, second. Won by 220 yards. Three others distanced. Time, 11 minutes 1 3-5 seconds.—Consolation Race, 300 yards—F. Thomas, Guy's, first; C. H. Hill, University, 2 yards' start, second. Time, 36 3-5 seconds. A Strangers' Race for 440 yards was also run.

The prizes were distributed by Mrs. Owen Rees, wife of Dr. Owen Rees, President of the Club.

The Swimming Races will be held at Teddington, on Friday, July 9th. The distances are, 50 yards, 440 yards, and 880 yards.

THE "ROYAL SOCIETY OF MEDICINE": MEETING OF THE OBSTETRICAL SOCIETY.

A SPECIAL general meeting of the Obstetrical Society, to consider the proposed formation of a Royal Society of Medicine, was held on June 21st; Graily Hewitt, M.D., President of the Society, in the chair.

The PRESIDENT said that the meeting was called to consider the resolutions adopted by the Royal Medical and Chirurgical Society as the basis of a scheme for amalgamating the various existing medical societies. The Council had carefully considered the matter, and had come to certain conclusions which would be brought before the Fellows. The Obstetrical Society had existed for ten years, and had succeeded far beyond their expectation; and they were now called upon to join with other departments of the profession. What was good for them was good for the profession at large. They wished to enter upon the discussion in the fairest possible spirit, desiring merely to maintain their own position and autonomy.

Dr. TYLER SMITH proposed the first resolution—"That in the opinion of this meeting, it is desirable to effect an amalgamation of the various medical societies in London, if a suitable plan can be adopted." This was seconded by Dr. HOLMAN, of Reigate, and carried unanimously.

The second resolution was proposed by Dr. BARNES—"That, in the opinion of this meeting, such amalgamation can only be effected by the recognition of the principle that obstetrics rank on terms of equality with medicine and surgery." It was seconded by Dr. TILT, and carried unanimously.

Dr. MEADOWS proposed the third resolution—"That, in order to carry out the foregoing resolutions, it would, in the opinion of this meeting, be desirable to form three sections only in the Royal Society of Medicine, representing the three great departments of medical practice, viz., one each for medicine, surgery, and obstetrics; and that the other proposed sections, relating as they do to subjects which are common to each of these, should be placed on a different footing."

Dr. BRUNTON seconded this motion.—A long discussion ensued, in which many Fellows took part, some considering that this resolution would tend to hinder the proposed amalgamation, and might give offence to other societies; while others regarded it as the logical sequence of the preceding resolutions, and as indicating the position which it was most desirable that obstetrics should take.—The PRESIDENT pointed out that, while in the two succeeding resolutions the word "essential" was used, in this the word "desirable" was the term adopted by the Council. Eventually the resolution was carried by a majority of 25 to 10.

The fourth resolution was proposed by Dr. PLAYFAIR—"That, in the opinion of this meeting, it is essential that the President of the Royal Society of Medicine be chosen annually in rotation from the past and present Presidents of the Sections of Medicine, Surgery, and Obstetrics." It was seconded by Dr. SEDGWICK, and carried *nem. con.*

The fifth resolution was proposed by Dr. BRAXTON HICKS—"That in the opinion of this meeting it is essential that the annual subscription of Fellows of the Obstetric Section shall not exceed their present annual subscription of one guinea, and that there be no entrance fee." This was seconded by Mr. DUNN, and carried *nem. con.*

Some discussion ensued on the question of the appointment of delegates. Ultimately Dr. Graily Hewitt, Dr. Tyler Smith, and Dr. Barnes, were selected. The meeting closed with a vote of thanks to the President.

ASSOCIATION INTELLIGENCE.

BRITISH MEDICAL ASSOCIATION: ANNUAL MEETING.

THE Thirty-seventh Annual Meeting of the British Medical Association will be held in Leeds, on Tuesday, Wednesday, Thursday, and Friday, the 27th, 28th, 29th, and 30th days of July next.

President—H. W. ACLAND, M.D., LL.D., F.R.S., Regius Professor of Medicine in the University of Oxford.

President-Elect—CHARLES CHADWICK, M.D., F.R.C.P., Senior Physician to the Leeds Infirmary.

An *Address in Medicine* will be delivered by Sir WILLIAM JENNER, Bart., M.D., F.R.S., Physician in Ordinary to Her Majesty, and Physician to University College Hospital.

An *Address in Surgery* will be delivered by THOMAS NUNNELEY, Esq., F.R.C.S., Surgeon to the Leeds Infirmary.

An *Address in Midwifery* will be delivered by T. E. BEATTY, B.A., M.D., Dublin.

The business of the meeting will be conducted under *five* sections:

Section A. MEDICINE.—*Presidents*, W. T. Gairdner, M.D. *Vice-Presidents*, J. T. Banks, M.D.; and J. D. Heaton, M.D. *Secretaries*, T. Clifford Allbutt, M.D.; and H. Charlton Bastian, M.D., F.R.S.

Section B. SURGERY.—*President*, William Hey, Esq. *Vice-Presidents*—George Southam, Esq.; and W. Stokes, jun., M.D. *Secretaries*, W. Fairlie Clarke, M.B.; and T. R. Jessop, Esq.

Section C. MIDWIFERY—*President*, Arthur Farre, M.D., F.R.S. *Vice-Presidents*, S. Berry, Esq.; and W. O. Priestley, M.D. *Secretaries*, G. H. Kidd, M.D.; and J. Thorburn, M.D.

Section D. PHYSIOLOGY—*President*, J. Hughes Bennett, M.D., F.R.S. *Vice-Presidents*, Lionel S. Beale, M.B., F.R.S.; and A. T. H. Waters, M.D. *Secretaries*, E. Chapman, Esq., M.A.; H. Power, M.B.

Section E. PUBLIC MEDICINE.—*President*, W. Farr, M.D., D.C.L., F.R.S. *Vice-Presidents*, E. D. Mapother, M.D.; and A. P. Stewart, M.D. *Secretaries*, G. H. Philipson, M.D.; and A. Wiltshire, M.D.

TUESDAY, *July 27th.*

1 P.M.—MEETING OF COMMITTEE OF COUNCIL—Town Hall.

3 P.M.—MEETING OF GENERAL COUNCIL—Town Hall.

8 P.M.—FIRST GENERAL MEETING—Lecture Room, Philosophical Hall.—The retiring President, Professor ACLAND, M.D., F.R.S., will resign his office.—The new President, Dr. CHADWICK, will deliver his Inaugural Address.—The Council's Report will be read, and discussion taken thereon.—Election of General Secretary.—Election of Auditors.—The Report of the Medical Benevolent Fund will be read.—Presentation of Hastings Medal.

WEDNESDAY, *July 28th.*

8.30 A.M.—PUBLIC BREAKFAST of the Association—Town Hall.

9.30 A.M.—MEETING OF NEW COUNCIL—Town Hall.—Special business: To elect new President of the Council.

11 A.M.—SECOND GENERAL MEETING—Lecture Room, Philosophical Hall.—Appoint Place of Meeting in 1870 and President-elect.

12 A.M.—Address in Medicine, by Sir W. JENNER, Bart., M.D.

2 P.M.—MEETINGS OF SECTIONS—Town Hall.—Adjourn at 5.30.

8.30 P.M.—President's *Soirée*—Victoria Hall, Town Hall.

THURSDAY, *July 29th.*

10 A.M.—THIRD GENERAL MEETING.—Town Hall.—Reports of Committees—Captain Galton's paper on Hospital Construction, with discussion.

2 P.M.—Address in Midwifery, by Dr. BEATTY—Lecture Room, Philosophical Hall.

3 P.M.—MEETING OF SECTIONS—Town Hall.—Adjourn at 5.30.

6 P.M.—PUBLIC DINNER of the Association—Victoria Hall, Town Hall.

FRIDAY, *July 30th.*

10 A.M.—FOURTH GENERAL MEETING.—Address in Surgery, by THOMAS NUNNELEY, Esq., F.R.C.S.—Lecture Room, Philosophical Hall.

11 A.M.—MEETINGS OF SECTIONS—Town Hall.

3.30 P.M.—CONCLUDING GENERAL MEETING—Town Hall.

Gentlemen desirous of reading papers, cases, or any other communications, are requested to give notice of the same to the General Secretary, at their earliest convenience.

Reception Room.—A room will be opened in the Philosophical Hall as a reception room on Tuesday, July 27th, at 10 A.M., and on the following days at 8 A.M., for the issue of tickets to members, and for supplying lists and prices of lodgings, and other information.

Members and others who require information with respect to the meeting are requested to make application in this room.

Places of Meeting.—All Council, General, and Sectional Meetings, will be held in the Town Hall, by the kind permission of the Mayor of Leeds.

The General Addresses will be delivered in the Lecture Theatre of the Philosophical Hall.

The Annual Public Dinner and the President's *soirée* will be held in the Victoria Hall, Town Hall.

The Annual Museum and the Annual Library, together with the Exhibition of Surgical Instruments, will be held in the Leeds School of Medicine, in Park Street, close to the Infirmary.

The General Post-office and the several Telegraph Offices are in Park Row, close to the reception room.

Gentlemen intending to visit Leeds during the Meeting are requested to send their names *without delay* to Dr. Eddison, Park Square, Leeds.

Annual Museum: Notice to Exhibitors.—Rooms will be provided at the School of Medicine for the Museum, in which it is intended to exhibit all new objects of interest to the profession, such as: 1. New Instruments and Appliances in Medicine and Surgery. 2. New Drugs and new Preparations. 3. New Books—English and Foreign. 4. Pathological Preparations. 5. Photographs, Drawings, Casts, and Models of Pathological Specimens. 6. Models of New Inventions relating to Public Health, etc. 7. New Preparations of Food. The Museum will be opened on Tuesday Morning the 27th, and will remain open until the Evening of Friday the 30th. All objects intended for exhibition must be addressed "*Care of Dr. Eddison, the School of Medicine, Leeds*:" and be delivered on or before Monday the 19th, and must be removed from the Museum on Saturday the 31st July, or not later than Monday the 2nd of August. No object can be exhibited unless it is accompanied by a written or printed description, and a short reference for insertion in the Catalogue. Intending Exhibitors are requested to apply to Dr. Eddison for any information they require, and to inform him as soon as possible what they intend to exhibit, and how much space they are likely to need. In case any members prefer bringing preparations with them, they are particularly requested to forward short descriptions beforehand, in order that they may appear in the Catalogue. Adequate space and the necessary fittings for properly exhibiting the objects sent will be provided; but all expenses connected with packing and carriage, and all risk from injury or loss, must be borne by the Exhibitors.

Notices of Motion.—The following notices have been given.

Dr. DAVEY: To alter Law VIII, by substituting the word "twenty" for "ten" members, to be elected members of the Committee of Council.

Mr. GAMGEE: That a Committee be appointed to inquire into the income and expenditure of the British Medical Association, with a view to ascertain if its resources admit of being more efficiently employed, than they now are, for the advancement of science and for the promotion of the material and social interests of the medical profession.

T. WATKIN WILLIAMS, *General Secretary.*

13, Newhall Street, Birmingham, June 24th, 1869.

SOUTH MIDLAND BRANCH.

THE thirteenth annual meeting of the above Branch will take place at the Northampton General Infirmary, on Tuesday, June 29th, at 1.30 P.M.: WILLIAM NEWMAN, M.D. (Stamford), President, in the Chair.

Dinner will be provided at 4 P.M., at the George Hotel, for all those who send answers stating their intention to be present: 6s. 6d. each, including dessert and waiters.

Gentlemen intending to read papers or cases, are requested to send the names or titles of the same, forthwith, to Dr. Bryan, Northampton.

J. M. BRYAN, M.D., Northampton } *Hon. Secs.*
G. P. GOLDSMITH, Esq., Bedford }

Northampton, May 1869.

WEST SOMERSET BRANCH.

THE annual meeting of the above Branch will be held at Meeten's London Hotel, Taunton, on Thursday, July 1st, at 2.30 P.M.; H. J. ALFORD, Esq., President-elect, will be in the Chair.

Gentlemen wishing to read papers, or to join the dinner at 5 o'clock, are requested to give early notice to the Honorary Secretary.

Taunton, June 1869. W. M. KELLY, M.D., *Hon. Sec.*

NORTHERN BRANCH.

THE annual meeting of the above Branch will be held in the Library of the Newcastle Infirmary, on Tuesday, June 29th, at 2 P.M. President for 1868-69, JOHN JOBSON, F.R.C.S.; President-elect for 1869-70, DENNIS EMBLETON, M.D., F.R.C.P.

Dinner at the Queen's Head Hotel, at 5 P.M.

Gentlemen intending to read papers or describe pathological specimens, are requested to communicate with the Secretary without delay.

G. H. PHILIPSON, M.D., *Honorary Secretary.*
Newcastle-upon-Tyne, June 1869.

NORTH WALES BRANCH.

THE annual meeting of the above Branch will be held at the Royal Hotel, Rhyl, on Tuesday, July 6th, at 1.16 P.M., under the presidency of W. MAUGHAM, M.D., Carnarvon.

Members of the Council of the Branch will meet at 12.30 P.M.

Dinner at 4 o'clock. Tickets, including wine, etc., 12s. each. To be had at the bar of the above hotel.

Gentlemen who purpose reading or communicating papers and cases, and who intend dining, will please to give an early intimation to

Beaumaris, June 1869. D. KENT JONES, *Hon. Sec.*

BATH AND BRISTOL BRANCH.

THE annual meeting of the above Branch will be held at the Philosophical Institution, Park Street, Bristol, on Thursday, July 8th, 1869, at 4.45 P.M.; when R. N. STONE, Esq., will resign the Chair to C. H. COLLINS, Esq., President-elect, who will deliver an address.

The dinner will be held at the Royal Hotel, College Green, Bristol, at 6.30 P.M. Dinner tickets, including ice and dessert, 7s. 6d. each. Wines at moderate charges.

It would help the arrangements at the Bristol Annual Meeting if those gentlemen who intend to be present at the Annual Meeting of the Association in Leeds would kindly inform the Secretaries.

The Bristol Secretary particularly requests that those members who intend to be present at the dinner, will send him their names before Monday, July 5th, in order that the necessary arrangements may be completed.

R. S. FOWLER,
CHARLES STEELE, } *Honorary Secretaries.*

MIDLAND BRANCH.

THE annual meeting of the above Branch will be held in the Board Room of the Leicester Infirmary, on Thursday, July 8th, at 2 o'clock; T. W. BENFIELD, Esq., President, in the Chair.

Dinner at the Bell Hotel at 5.30 P.M. Tickets 7s. 6d. each, exclusive of wine.

Gentlemen intending to read papers, are requested to communicate, without delay, with JOHN SLOANE, M.D.,
Leicester, June 1869. *Honorary Secretary.*

METROPOLITAN COUNTIES BRANCH.

THE seventeenth annual meeting of the above Branch will be held at the Star and Garter Hotel, Richmond, on Monday, July 12th, at 3 o'clock P.M.; JOHN E. ERICHSEN, Esq., in the Chair.

Dinner at the Hotel at 5.30 P.M. Tickets (exclusive of wine), 10s. 6d. each.

A. P. STEWART, M.D.
ALEXANDER HENRY, M.D. } *Honorary Secretaries.*
75, Grosvenor Street, June 1869.

READING BRANCH.

THE annual meeting of the above Branch will be held in the Town Hall, Reading, on Wednesday, July 14th, at 4.45 P.M.

GEORGE MAY, jun., *Honorary Secretary.*
Castle Street, Reading, June 1869.

EAST ANGLIAN AND CAMBRIDGE AND HUNTINGDON BRANCHES: ANNUAL MEETING.

THE annual meeting of the above Branches was held in the Hall of Gonville and Caius College, Cambridge, on Friday, June 18th; W. W. FISHER, M.D., Downing Professor of Medicine, in the chair. There were fifty-seven members of the Branches present, and a considerable number of visitors.

New Members.—The following gentlemen were unanimously elected members of their respective Branches:—R. Muriel, Esq., Ely; J. Buckenham, Esq., Cambridge; Herbert Lucas, Esq., Huntingdon; E. S. Wright, Esq., March; H. Ernest Trestrail, Esq., Harston; W. W. Andrew, M.B., Earl-Soham; A. Pearse, M.D., Botesdale.

Representatives in the General Council.—The following gentlemen were elected representatives of the Branches in the General Council of the Association: *East Anglian Branch*—W. Cadge, Esq.; E. Copeman, M.D.; R. Faircloth, Esq.; W. E. Image, Esq.; J. Kirkman, M.D. *Cambridge and Huntingdon Branch*—G. E. Paget, M.D.; W. Ward, M.D.

Secretaries.—The following were re-elected secretaries of the Branches: *Cambridge and Huntingdon*—P. W. Latham, M.D. *Norfolk*—J. B. Pitt, M.D. *Suffolk*—B. Chevallier, M.D.

Next Meeting.—It was proposed by Dr. DURRANT, seconded by Mr. CROSSE, and carried unanimously, "That the next meeting be held at Ipswich, and that Dr. Chevallier be President Elect."

Communications.—The following communications were then read, and provoked considerable discussion:—

1. Laryngeal Diphtheria. By P. Eade, M.D., Norwich. Dr. Smythe, Dr. Paget, Dr. Walker, Dr. Durrant, Dr. Elliston, Dr. Mead, and Mr. Balding, took part in the discussion.

2. Treatment of Rheumatism. By G. B. Mead, M.D., of Newmarket. The paper was discussed by Dr. Eade, Dr. Green, Dr. Durrant, and Dr. Fisher.

3. A case of Empyema successfully treated by a Drainage-tube. By W. Paley, M.D., Peterborough. The case was discussed by Mr. Muriel, Dr. Walker, Dr. Paget, and Dr. Humphry.

4. Report on a case of Excision of the Knee-joint, giving the condition six years after the operation. By J. W. Crosse, Esq., Norwich. Dr. Humphry made some remarks.

5. Treatment of certain forms of Idiocy and Epilepsy. By G. M. Bacon, M.D., Fulbourn Asylum. The paper was discussed by Dr. Chevallier and others.

6. The following question was brought forward by Dr. Lowe of Lynn:—"Is it proper that medical men should be compelled to divulge in courts of justice facts of a criminal nature which may have become known to them in answer to strictly professional questions?" After discussion by Dr. Mead, Dr. Green, Mr. Hodgson, Mr. Watson, Mr. Kendall, and Dr. Bateman, it was proposed by the PRESIDENT, seconded by Dr. PITT, and carried unanimously, "That in the opinion of this meeting, the question which Dr. Lowe has brought forward should be noticed at Leeds."

7. Two Calculi were exhibited by Dr. Humphry. One weighed thirty-two ounces. After being preserved many years in the library of Trinity College, it has lately been placed in the Anatomical Museum of the University. It was taken from the bladder of a woman after death, and was shown as a wonder to King Charles II on one of his visits to Newmarket. It is irregularly spherical, and is composed chiefly of very compact layers of lithic acid, with a central part of oxalate of lime. The other was a spherical stone, weighing more than ten pounds, taken from the bladder of a mare after death. The mare was at work till a few days before she died; and it was not known that there was any thing the matter with her. This large stone was surrounded by eight or ten smaller ones. It has only lately been presented to the University Museum, and a section has not yet been made. The composition is therefore unknown.

8. An extremely ingenious instrument was exhibited by Dr. Arthur Ransome of Manchester, for Measuring the Expansion of the Chest. By means of this instrument the forward, lateral, and vertical movements of any point of the chest can be *simultaneously* registered. The special merits of the instrument are, the great accuracy with which it records these three different movements, and the facility with which it can be employed.—A paper containing several important physiological facts was also laid before the meeting.

Dinner.—After the meeting, a party of forty, including the Vice-Chancellor of the University, the Mayor of Cambridge, and other distinguished guests, dined together in the Hall of Downing College. Professor Fisher presiding, and the honorary secretaries acting as vice-presidents.

DE-NICOTINISED TOBACCO.—Dr. T. Williams recommends smokers to place in the bowls of their pipes a little powdered tannin, or a sponge saturated with a solution of tannin. The smoke will thus be deprived of its characteristic aroma and all the vaporised nicotine, which is the intoxicating principle. At first the smoke will be entirely free from all taste and smell of tobacco, but as the sponge becomes charged with the nicotine the odour will reappear. By charging the sponge frequently, the smoker may indulge in his habit as immoderately as he pleases without injurious effect.—*Chicago Medical Journal.*

CORRESPONDENCE.

THE ELECTION AT THE ROYAL COLLEGE OF SURGEONS.

We have received the following correspondence for publication.

14, Weymouth Street, London, W., June 1869.

Dear Sir,—Mr. Erichsen will stand for election into the Council of the College of Surgeons on July 1st. His friends are anxious, both on public grounds and from personal regard, that he should be elected. His seniority among the Fellows and professional position would give him a just expectation of being elected, were not exertions being made to secure the election of other candidates; and Mr. Erichsen may thus be passed by, if his friends do not support him. With regard to his political opinions, I am sure I need not inform you that Mr. Erichsen is anxious to open the management of the College to all the Fellows, to remodel the Court of Examiners, and to introduce voting by proxy. Mr. Erichsen will put a full statement of his views into the medical journals. I shall be very glad if you can be present at the election on the 1st July, at 2 P.M.

Very faithfully yours,

Geo. D. Pollock, Esq. Berkeley Hill.

36, Grosvenor Street, 7th June, 1869.

Dear Sir,—I beg to acknowledge the receipt of your letter, in which you ask me to be present at the College of Surgeons on the 1st July, that I may support Mr. Erichsen, one of the candidates for the Council.

Though personally unacquainted with you, your letter is of so much importance, that I think it right, in the interests of the Council and of the profession, to reply to it; and I trust you will consider all I say in reference to its contents as arising simply from a sincere wish to uphold our professional status.

I greatly deplore the step you have taken—that you consider it requisite and right to canvass the Fellows of the College in behalf of Mr. Erichsen. Mr. Erichsen is well known to the profession. If his character and position are not of sufficient worth to ensure his election without the aid of canvassers seeking to send him there, he should not sit in the Council. If his character and position are such as I take them to be, the steps you have had recourse to are derogatory to his cause. He surely wants not your certificate of character to place him there: then it were better your letter had been left unwritten. I look upon it as lamentable, that any surgeon of his position should be compelled to submit to a condition such as your letter would indicate as necessary to secure his election to the Council. The sooner it is put an end to, the better; and it is with some hope that canvassing for the Council may be for ever denounced and stopped, that I have taken advantage of your letter to put forward my views on the subject—views which, I am satisfied, are largely entertained by the leading surgeons of the day. I think the whole proceeding wrong, unprofessional, and degrading.

Besides, I may observe that, in your writing to ask for my vote, you have entirely overlooked the fact that I am quite as able to judge as yourself whether Mr. Erichsen is the right man to take his seat in the Council. I have known him professionally longer than you can have done; and I cannot help thinking that you are quite wrong in supposing one of Mr. Erichsen's position in the profession requires the aid of your public solicitation of votes to secure his election.

I beg, in conclusion, to say that it is my intention to send this correspondence to the medical journals for publication.

I am, dear sir, yours faithfully,

To Berkeley Hill, Esq. George Pollock.

Sir,—As I observe that the British Medical Journal alone, of the medical weeklies, has not published Mr. George Pollock's letter in reply to Mr. Berkeley Hill, and as I am somehow or other thought to share the responsibility of its suppression, I wish to clear myself from all suspicion by a brief statement of facts.

On the 7th of June, Mr. Pollock showed me his letter, which I considered a very proper one, and asked me to secure its insertion in that week's Journal. I told him that that was beyond my power, but that I had no doubt a letter coming from him, and bearing on the most interesting medical topic of the day, would be inserted as a matter of course. I offered, however, to write that evening; and, if an opportunity presented itself, to make personal application for its immediate publication. I did both; and received, as I thought, an assurance that my wishes should be attended to. My surprise and annoyance were great at seeing that it had been deferred, as I imagined, till the following week. On the 14th, I made an earnest remonstrance against this apparent partiality, and again understood that it would appear in the forthcoming number. Now that it appears to have been altogether suppressed, I can only enter an emphatic protest against what appears to me an undeserved slight offered to a distinguished and deservedly esteemed member of the Association. I am, etc.,

June 21st, 1869. A. P. Stewart.

⁂ Dr. Stewart is quite correct in saying that the responsibility of inserting, or not inserting, Mr. Pollock's letter, does not lie with him. But he is wrong in supposing that we have wished to offer a slight to a distinguished and esteemed member of the Association. We purposely kept back Mr. Pollock's letter, in order that we might make it the text of some comments on the subject of canvassing—regarding which our opinion is very similar to that of Mr. Pollock. As, however, some disappointment seems to have been felt at the letter not having appeared, we insert it at once; and we shall probably return to the subject on an early occasion.

THE OBSTETRICAL SOCIETY AND THE ROYAL SOCIETY OF MEDICINE.

Sir,—The proceedings of the Obstetrical Society to-night will no doubt be the subject of severe comment at your hands; nevertheless, I venture to proffer the evidence of an eye-witness. The Fellows were summoned by circular to attend a Special General Meeting for the consideration of certain resolutions submitted by the Royal Medical and Chirurgical Society, as a step towards a general amalgamation. To the surprise, however, of all those not in the secret, these resolutions were unceremoniously ignored, and certain others introduced. The latter had been framed almost within a few hours previously, by the Council; and thus, without the least notice having been given as to the nature of these proposals, a matter of such vast moment was left in the hands of a very ordinary meeting of Fellows, in point of numbers—the majority, moreover, being unprepared to discuss what was placed before them. Every thing had been pre-arranged; the proposers and seconders were in their places to deliver their set speeches; and the resolutions were so cunningly dovetailed, that the lambs were led blindfold, until it was too late to retreat. The first merely declared the desirability of uniting with the other societies for the purpose of creating a Royal Society of Medicine, provided this could be arranged equitably. The second affirmed that the Section of Obstetrics should rank equally with Medicine and Surgery, all mention of the relative rank of the other sections being carefully avoided. So far, all was smooth sailing; but now came the proposal to place the remaining sections in a secondary category. In reply to objections, it was speciously argued that Pathology, Hygiene, Therapeutics, etc., were simply offshoots of Medicine and Surgery, and could not, therefore, be entitled to more than subordinate positions. By a parity of reasoning, Obstetrics could be reduced to their level; but the foregoing resolution had declared Obstetrics equal to the two former, and the meeting could not stultify itself by revoking that which it had first passed. The meeting could not be otherwise than morally certain that the other societies would reject such preposterous terms, but it was urged on by its shepherds. "Let us aim high in conducting these negociations", said one, forgetting there is such a thing as aiming too high, and meeting with humiliating repulse. "We must insist that our branch of the profession shall be placed on its proper footing", said another; especially as he believed an obsolete idea still existed in certain quarters to the effect that this branch was no branch at all. However this may be, constant self-assertion is hardly a sign of recognised *status*. Eventually the resolution was carried, Dr. Tyler Smith and Dr. Barnes, to their credit, being in the minority.

Having so far committed itself, the meeting proceeded to ordain that none but past or present presidents of the three major sections should be elected presidents of the Society of Medicine. I left this assemblage disputing over the payment of a guinea a year, and the settlement of various rights and privileges.

These proceedings lead one to infer that the Council of the Obstetrical Society never intended to adopt the scheme of amalgamation. In any case, their conduct in taking the Fellows by surprise is most reprehensible. The fair and generous offer of the Royal Medical and Chirurgical Society has been met in a narrow, selfish spirit; and a pretended inquiry has been a cloak for a predetermined rejection of the scheme. This selfishness was well illustrated by the argument that their representatives would, at the General Council, be in a minority of one to seven; and, although this applied to all of the sections, "*our interests*" were so overwhelming as to necessitate increased protection.

Should the Society prove incorrigible, there is nothing to prevent the Royal Society of Medicine from having an Obstetric Section of its own.

It may be that rival interests will prevent, in the end, the fulfilment of our hopes of creating the Royal Society of Medicine, but let us have an opportunity of arriving at an honest conclusion. As an humble member of the Obstetrical Society, I venture to affirm that I do not believe the resolutions of to-night to be the *bonâ fide* declaration of the majority; and it is the duty of each dissentient to enter his protest against such opposition to a scheme pregnant with universal benefit.

I am, etc., N. HECKFORD.

London, 21st June, 1869.

METROPOLITAN POOR-LAW DISPENSARIES.

SIR,—My attention having been drawn to an article in your JOURNAL of the 12th, and again of the 19th instant, referring to the establishment of dispensaries, etc., in the metropolis, I feel I ought not to allow it to pass unnoticed, but to state that, if the Council of the Poor-law Medical Officers' Association has mistaken the interpretation to be put on Mr. Goschen's remarks in moving the second reading of the Metropolitan Poor Act (1867) Amendment Bill, their misconception is shared with the members of the House of Commons who heard what was said, and some of whom have since applied to me to learn whether the assertion that "the difficulty in London had turned upon the question whether the sick poor should be attended to at the medical officer's surgery or in a dispensary, and that a great many medical officers said it was more convenient that the sick should attend at their surgeries; and, as the guardians of many unions had agreed with them, there was great resistance on the part of the guardians to the establishment of dispensaries"—was correct or not.

The Council of the Association entirely disclaims attributing to Mr. Goschen the inception of this assertion. They believe that the information on which this positive statement was based was communicated to him by some one whom he considered an authority, or he would not have made it; and this statement, my own sources of information assure me, was a very unjust representation of the true feelings of the great majority of the district medical officers.

Again, the Council of the Association has never doubted that Mr. Goschen is favourable to the establishment of dispensaries. The Council has too high an opinion of his intelligence to suppose that he has failed to perceive that the insufficiency of the means at the command of the district Poor-law medical officers is the principal explanation why our metropolitan workhouses have become so crowded with sick, and the neglect to see the relation of which, on the part of those who advised Mr. Hardy in drawing the clauses of the Metropolitan Poor Act, was the main reason that those clauses were made permissive only, and not obligatory; and also explains why the importance of those permissive clauses has not been pressed with sufficient earnestness on boards of guardians by those who have had charge of the Act. The attempt that has been made to throw the blame of the failure to establish dispensaries on the medical officers, and to attribute to them feelings which they do not entertain, is, to my thinking, a most unfair proceeding.

In conclusion, in reference to the suggested difficulty of meeting the opposite wishes of medical officers, it would indeed be a refreshing thing to learn that the Poor-law Board contemplated taking their views into consideration in any way. At any rate, their doing so in this instance would be a practical reversal of all their past policy in their official dealings with medical officers, and is only possible upon the supposition that Mr. Goschen is determined to be the master in his office, as well as the President of the Poor-law Board.

I am, etc.,

33, Dean Street, June 21st, 1869. JOSEPH ROGERS.

IMMUNITY FROM PHTHISIS.

SIR,—*Apropos* of a recent reference in the pages of the JOURNAL to Dr. McNab's pamphlet on this subject, permit me to say a few words. Among the possible agents in warding off phthisis from the inhabitants of the west coast of Scotland, Dr. Morgan (*Med.-Chir. Rev.*, vol. xxvi) enumerates—out-of-door habits; nature of the diet; prevalence of ozone; distinction of race; and, lastly, the use of peat for fuel. Dr. McNab, it seems, believes that the protective agent is the oxygen generated by a copious growth of algæ. You have already pointed out why this is an untenable theory. With the exception of the presence of peat-smoke, Dr. Morgan shews that all the conditions which he mentions exist in other places where phthisis is prevalent; and, therefore, that they have no special protective value. I wish to point out a fact which has apparently been overlooked by Drs. Morgan and McNab; viz., the great length of time that has elapsed since the absence of phthisis from those places where peat was used as fuel was first noticed. Two centuries ago the celebrated Thomas Willis wrote as follows:—"Communis observatio est, regiones istas, sive in Angliâ sive in Belgio, ubi cespite ignes nutriuntur et odorem valde sulphureum spirant, Tabem rarius infestare; quinimo loca ista phthisi obnoxiis, aut ea laborantibus maxime salubria, et non raro sanativa existere" (*De Med. Operat.*, sect. I, cap. VI). Though his explanation of the fact was wrong on chemical grounds, and though we may find it difficult to put forth a perfectly satisfactory theory of how peat-smoke acts, a consideration of the great antiquity of this observation, and of the physical characteristics of the two countries where it was acknowledged, enables us at once, I think, to eliminate all the other suggested protective influences from the question—What causes immunity from phthisis in the Hebrides? We cannot believe that in those days the people in the peat-burning districts of England and Belgium chanced to have a greater share of oxygen and ozone, or lived on a more oleaginous diet, or kept more out of doors, or enjoyed a more equable climate, than their neighbours who used other kinds of fuel; and we are thus, I think, compelled to confine ourselves to the solitary long recorded fact, that, where peat-smoke was, there phthisis was not prevalent. In fact, it seems to me that, *of all the conditions suggested as protective*, the presence of peat-smoke is the only one which is at all likely to have gone hand in hand with immunity from phthisis, in certain districts of England and Belgium, in the days of Willis, and to be doing so in the Hebrides to-day. But if I have endeavoured to point out the obviousness of this fact, I am not, I confess, prepared with a conclusive explanation of it; nor, on the other hand, do I suggest that we have only to send our consumptive patients to a Highland bothie instead of to Hyères or Mentone. I think it probable that the peat-smoke has a protective effect in several ways; these have been already explained by Dr. Morgan in the article referred to, and I need not repeat them. Dr. McNab's arguments to shew that no hygienic effect results from the use of peat-fuel, I consider far from conclusive, for reasons upon which I cannot enter here; moreover, my only wish is to aid, if I may, in the right solution of this interesting question, by pointing out the remarkable support given to Dr. Morgan's suggestions by this unnoticed testimony of Willis.

I am, etc.,

Hull, May 1864. GEO. F. ELLIOTT, M.D.

THE WIMBLEDON VOLUNTEER MEDICAL APPOINTMENT AND THE NATIONAL RIFLE ASSOCIATION.

SIR,—The enclosed is the reply to a letter I received from Surgeon-Major Wyatt, in charge of the medical arrangements at Wimbledon, in which he asked me to assist him as Volunteer surgeon at Wimbledon. Although the camp commences on Thursday July 1st, and ample time has been given for the Council to consider the proposal in my letter, I have received no official reply; I am therefore forced to the conclusion that the Council still decline to place the Volunteer medical officer on any other footing than that of assistant to the army medical officer, a position which, whatever others may do in the matter, I at least decline to occupy. As this is the last opportunity of ventilating the matter before the camp commences, and a Volunteer medical officer be appointed, it seems to me desirable that Volunteer surgeons should know that the National Rifle Association is as determined as ever, notwithstanding our long protest, to keep the Volunteer Medical Officer at Wimbledon in as subordinate a position as they think he will submit to occupy.

I am, etc.

JOHN MURRAY, M.D., Hon. Sec. Vol. Med. Asssociation.

London, June 19th, 1869.

Dear Sir,—I had the pleasure of receiving your kind note this morning relative to the Volunteer medical appointment at Wimbledon, which you offer, at the suggestion of Lord Elcho, for my acceptance. Perhaps you are not aware that I am Honorary Secretary to the Volunteer Medical Association, which was organised with the view of improving the position of Volunteer medical officers, and that one of the points which was warmly taken up by the Association was the present unsatisfactory position in which the Volunteer medical officer at Wimbledon was placed. They argued that it was anomalous, that he was appointed to represent the Volunteers as their medical officer, but that he in reality only occupied that position nominally, as he was entirely under the orders of the Army surgeon, and thus placed in every way in a subordinate position. They therefore proposed that he should have undivided charge of his own hospital, and the Volunteers who placed themselves under his care, fully believing that if any difficulty arose, he would be only too glad to avail himself of the assistance of the other medical officers, a practice which has been at all times fully recognised and acted upon in the profession. They at the same time recognised the necessity of one responsible head for the *general* medical arrangements of the camp, who would, under the present regulations, be the Army Surgeon in charge, and to whom all returns should be sent; but they were unable to see why he should be considered responsible for the treatment of patients of the volunteer medical officer, especially as that officer was expressly understood to be there for the purpose of giving medical aid to the volunteers. I supported the position which the Association took up, and am as confident as ever that it is the right one, and that no other arrangement will serve to regain for the volunteer movement the support and sympathy of more especially the influential members of the profession. If the Council will concede to the Volunteer medical officer charge of his own hospital, and the volunteers who may put themselves under his care, leaving it to him to solicit the assistance of the other medical officers when he feels the necessity, I shall be happy to undertake the duties, otherwise I shall with regret be compelled to decline the honour of the appointment.

I remain, dear sir, yours faithfully,

JOHN MURRAY, M.D., Assist.-Surg. Lond. Scott. Volunteers.

To John Wyatt, Esq., Surgeon-Major Coldstream Guards.

P.S.—As the general body of volunteer surgeons are interested in the subject, I have it in view, if desirable, to publish the correspondence between us.

UNIVERSITY INTELLIGENCE.

UNIVERSITY OF CAMBRIDGE.

NON-COLLEGIATE STUDENTS.—The following information has just been issued by a Board appointed to admit and superintend the non-collegiate students.—Students may be admitted members of the University without being members of any college or hostel. Such students will keep terms by residing in Cambridge with their parents or in lodgings duly licensed, and will be entitled to be matriculated, examined, and admitted to degrees in the same manner and with the same *status* and privileges as students who are members of colleges. They will be under the jurisdiction of the Vice-Chancellor and proctors, and will be required to pay due obedience to all academical regulations. They will be under the supervision of the censor, the Rev. R. B. Somerset, to whom they may apply for advice and direction, and by whom their daily residence in the University will be registered. They are to report themselves to him on their arrival in Cambridge, and at the end of each term's residence to obtain leave from him to go down. During residence they are to call on him, and write their names in a book to be kept for the purpose, at times to be indicated by him. Each is to make a written report, when required by the censor, for the information of the Board, as to the place of religious worship he attends, and as to the studies he is pursuing, and the lectures he is attending, or the instruction he is receiving. The fees payable will be the following:—To the Board, *per annum*, £5 : 5; capitation tax, *per annum*, 17s.; matriculation fee, 15s.; previous examination fee, £2 : 10. The fee for the B.A. degree is £7; for the M.B. degree, £8. Non-collegiate students will be admitted to the University library and museums and to the professor's lectures under the same regulations as the other students; and it is already known that several college lectures will be open to them. Further information on this subject will be issued as soon as possible after the commencement of the Michaelmas term. They will be able to compete for University scholarships in the same manner as other students.—All applications for admission and other communications are to be addressed to the censor, the Rev. R. B. Somerset, Trumpington Road, Cambridge.

MEDICO-PARLIAMENTARY.

HOUSE OF COMMONS.—Friday, June 18th.

ROSCOMMON AND GALWAY LUNATIC ASYLUM.—In reply to Colonel French, Mr. C. Fortescue said that the Act which rendered it impossible for lunatics to be sent to prisons had led to the overcrowding of this asylum, which the governors therefore determined to enlarge; but as to the Lord-Lieutenant having sanctioned the issue of money for the purpose, the question had not come before the Government in any shape.

Tuesday, June 22nd.

CRIMINAL LUNATICS.—Mr. Knatchbull-Hugessen obtained leave to bring in a bill to amend the law relating to criminal lunatics.—Mr. Sclater-Booth hoped that a clause would be inserted to retain dangerous lunatics in the asylum of Broadmoor, the cost being defrayed by the counties who had sent them there.

MORTALITY AT BARKING.—Mr. Eastwick gave notice that on Thursday he would ask the Home Secretary whether it was not desirable that the medical officer of the Privy Council and a chemist of eminence should be associated with the civil engineer sent down to inquire into the state of Barking, in order that authoritative information may be obtained as to the causes of the mortality at Barking, and as to the chemical state of the water in the adjoining creek; and whether the counsel from the Home-office should not also be associated with the Commission as assessor, the subject being one of too great importance or a merely partial inquiry

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Wednesday, June 23rd.

MEDICAL OFFICERS' SUPERANNUATION (IRELAND) BILL.—Dr. Brady moved the second reading of this bill; and his motion was seconded by Mr. Peel-Dawson. Mr. W. H. Gregory, Mr. Synan, and Sir John Gray, also supported the Bill, the last named honourable member making some severe and apparently incorrect remarks on medical education.—Mr. Chichester Fortescue would support the Bill, only on the understanding that it should be a simple extension to the medical officers of unions of the Irish Poor-law Superannuation Act of 1865. He agreed that the well-being of the poor required some such measure as this, or otherwise there would be a natural tendency on the part of the guardians of unions to retain the services of old and disabled practitioners who were not able to give to the poor the requisite attention. He was willing to consent to some power being given to Boards of Guardians to grant superannuations under strict regulations, and on the conditions of Act of 1865, according to which no officer was entitled to such allowances, on the ground of retirement, who was under sixty years of age, and who had not served as an union officer for twenty years. With these observations he assented to the second reading of the Bill.—After some remarks from Mr. Downing, Lord Claude Hamilton, and Mr. Ayrton, the Bill was read a second time.

MEDICAL NEWS.

APOTHECARIES' HALL.—Names of gentlemen who passed their examination in the science and practice of medicine, and received certificates to practise, on Thursday, June 17th, 1869.

Collet, Augustus Henry, Worthing
Grant, Frederick, Kibworth, Leicestershire
Orme, Campbell, Avenue Road, N.W.

At the same Court, the following passed the first examination.

Leadman, Alexander D. H., Leeds School of Medicine
Lee, Edward Samuel. St. George's Hospital
Slater, John Samuel, St. Thomas's Hospital

As Assistants in compounding and dispensing medicines.

Howlett, Henry John, Southsea
Jeckell, Edward, Ipswich
Ritson, John, Sunderland

UNIVERSITY OF DURHAM (Easter Term, 1869).—The following gentlemen have passed the undermentioned examinations:—Final for M.D. Degree.

Newcombe, Frederick William

Second for Licence in Medicine and Degree of Master in Surgery.

Higgs, Frederick J.
Murray, James D.

MEDICAL VACANCIES.

THE following vacancies are declared:—

BELFAST UNION—A Medical Officer for the Belfast Dispensary District (£75 per annum).
BIRMINGHAM AND MIDLAND EYE HOSPITAL—House-Surgeon (£80 per annum, apartments, board, and attendance).
BIRMINGHAM AND MIDLAND FREE HOSPITAL FOR SICK CHILDREN—Dispenser (£50 per annum).
BRIXTON, STREATHAM HILL, AND HERNE HILL DISPENSARY—Resident Medical Officer.
CLAREMORRIS UNION, co. Mayo—Medical Officer for the Claremorris Dispensary District (£75 per annum, and Registration and Vaccination Fees); Medical Officer for the Workhouse (£50 per annum).
CRANBROOK UNION, Kent—Medical Officer for the Parish of Frittenden (£25 per annum, and extra fees).
DOVER HOSPITAL AND DISPENSARY– Resident Medical Officer (£80 per annum, with furnished apartments, coal, candles, and attendance).
GLASGOW EYE INFIRMARY—Surgeon.
HAY UNION, Brecknockshire—Medical Officer for the Radnorshire District (£45 per annum, and extra fees, which amounted last year to £37 : 15).
KING AND QUEEN'S COLLEGE OF PHYSICIANS IN IRELAND—King's Professor of the Institutes of Medicine.
KINGTON UNION, Herefordshire—Medical Officer and Public Vaccinator for the New Radnor District (£80 per annum, and extra fees).
LINCOLN COUNTY HOSPITAL—Physician.
LONDON FEVER HOSPITAL—Assistant-Physician.

NEW ABBEY, Dumfries—Parochial Medical Officer (£40 per annum, and Government Grant).
NORTHAMPTON GENERAL INFIRMARY—Assistant to the House-Surgeon (£30 per annum, with Board, Lodging, and Washing).
NORTH STAFFORDSHIRE INFIRMARY, Etruria—Surgeon.
NORTHWICH PROVIDENT DISPENSARY—Surgeon.
ROYAL COLLEGE OF SURGEONS, IRELAND—Examiner of Candidates for the Diploma in Midwifery.
ROYAL ISLE OF WIGHT INFIRMARY, Rydé—Medical Officer.
ROYAL SOUTH LONDON OPHTHALMIC HOSPITAL—Surgeon.
ST. GEORGE DISPENSARY, Mount Street, Grosvenor Square—Physician.
ST. MARY'S HOSPITAL AND DISPENSARY FOR WOMEN AND CHILDREN, Manchester—Honorary Physician.
UNIVERSITY COLLEGE HOSPITAL—Resident Medical Officer.
UNIVERSITY OF GLASGOW—Waltonian Lecturer on the Eye.
YORK DISPENSARY—Resident Medical Officer (£100 per annum, furnished apartment, coal, gas, and allowance for servant).

MEDICAL APPOINTMENTS.

Names marked with an asterisk are those of Members of the Association.

*Fox, Charles James, Esq., appointed Dental Surgeon to the Dental Hospital of London, Soho Square, *vice* G. A. Ibbetson, Esq., resigned.

*Maconchy, John K., M.B., appointed Visiting Medical Attendant of the County Down Lunatic Asylum.

BIRTHS.

Chester.—On June 13th, at Penally, Pembrokeshire, the wife of A. Chester, Esq., Assistant-Surgeon, of a son.

Hooper.—On June 16th, at Aylesbury, the wife of *Charles Hooper, Esq., Surgeon, of a son.

Houghton.—On June 18th, at Mount Street, Grosvenor Square, the wife of Henry G. Houghton, M.D., of a son.

McClement.—On June 11th, at Bray, Ireland, the wife of Richard Carr McClement, Esq., Surgeon Royal Navy, of a son.

Nash.—On June 18th, at Ladbroke Grove, Kensington Park, the wife of Edmund Nash, M.D., of a daughter.

Roberts.—On June 10th, at Manchester, the wife of *John Roberts, M.D., of a daughter.

Savage.—On June 9th, at Nent Head, Cumberland, the wife of *G. H. Savage, M.D., of a daughter.

MARRIAGES.

Dickson, Lindsay F., M.D., Bengal Army, to Charlotte, youngest daughter of John Kirkpatrick, Esq., of Edinburgh, on June 15th.

Francis, the Rev. Herbert O., to Mary Broadley, youngest daughter of George Symes, M.D., of Bridport, Dorset, on June 17th.

Garlike, Edward W. B., Esq., Surgeon, Cheshunt, to Annie Gordon, eldest daughter of Charles Farlow, Esq., of St. Edmund's Terrace, Regent's Park, on June 17th.

Thurston, Edward W., Esq., Surgeon, of Ashford, Kent, to Mary Anne, eldest daughter of Charles H. Rule, Esq., of Tollington Park, Hornsey, on June 16th.

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Admission of Medicine into France.—The French Government has permitted the sale of Dinneford's Fluid Magnesia in the empire.

Bequests.—Mr. Thomas Coventry, late of Tavistock Square, has left £1,000 each to the Middlesex, University College, Consumption, and Royal Free Hospitals.—The late Charles Risk, formerly manufacturer in Glasgow, has bequeathed to the Glasgow Royal Infirmary, £348 : 19 : 6, and to the Glasgow Eye Infirmary, £150.

Proposed Conjoint Examining Board.—We hear that Mr. Spencer Smith has a notice of motion for next meeting of Council of the Royal College of Surgeons, which has for its object a Conjoint Board of Examination, composed of members of the present examining boards in London, for the purpose of granting licenses to practise. The proposal is one which commends itself to favour.

Vital Statistics.—The three latest years for which European official statistics are complete present the following results:—In 1865, the births in England were 35.64 per thousand of (estimated) population; in France, 26.54; in Austria, 39.12; in Italy, 38.30; in Spain, 37.87. In 1866, the births in England were 35.54 per thousand; in France, 26.12; in Austria, 44.18; in Italy, 38.67; in Spain, 37.33. In 1867, the births in England were 35.85 per thousand; in France, 26.24; in Austria, 34.74; in Italy, 36.51; in Spain, 37.34. The chief of the Statistical Department of Italy is inclined to attribute the reduced birthrate in 1867 to dearness of provisions caused by a bad harvest in many parts of Europe. The deaths in 1865 were 23.39 per thousand of population in England, 24.31 in France (cholera), 30.99 in Austria, 29.75 in Italy, 37.29 in Spain. Cholera prevailed more extensively in 1866, and the death-rates were 23.61 in England, 23.26 in France, 33.32 in Austria (cholera and war), 28.93 in Italy, 27.96 in Spain. 1867 was a healthy year in the north of Europe; the deaths were 21.98 per thousand in England, 22.68 in France, 28.13 in Austria, 29.14 in Spain, 34.12 in Italy, in which last country about 117,000 persons died of cholera in 1867. The deaths of Frenchmen abroad are registered in the commune of their last domicile.

OPERATION DAYS AT THE HOSPITALS.

MONDAY ......Metropolitan Free, 2 P.M.—St. Mark's, 9 A.M. and 1.30 P.M.—Royal London Ophthalmic, 11 A.M.

TUESDAY......Guy's, 1.30 P.M.—Westminster, 2 P.M.—Royal London Ophthalmic, 11 A.M.—National Orthopædic Hospital, 2 P.M.

WEDNESDAY..St. Mary's, 1.15 P.M.—Middlesex, 1 P.M.—University College, 2 P.M.—London, 2 P.M.—Royal London Ophthalmic, 11 A.M.—St. Bartholomew's, 1.30 P.M.—St. Thomas's, 1.30 P.M.—Samaritan Free Hospital for Women and Children, 2.30 P.M.—Great Northern, 2 P.M.

THURSDAY....St. George's, 1 P.M.—Central London Ophthalmic, 1 P.M.—Royal Orthopædic, 2 P.M.—Royal London Ophthalmic, 11 A.M.—Hospital for Diseases of the Throat, 2 P.M.

FRIDAY........Westminster Ophthalmic, 1.30 P.M.—Royal London Ophthalmic, 11 A.M.—Central London Ophthalmic, 2 P.M.

SATURDAY....St. Thomas's, 9.30 A.M.—St. Bartholomew's, 1.30 P.M.—King's College, 1.30 P.M.—Charing Cross, 2 P.M.—Lock (Clinical Demonstrations and Operations), 1 P.M.—Royal London Ophthalmic, 11 A.M.—Royal Free, 1.30 P.M.—East London Hospital for Children, 2 P.M.

MEETINGS OF SOCIETIES DURING THE NEXT WEEK.

MONDAY.—Social Science Association (Adam Street, Adelphi), 8 P.M. Sixth Annual Report of the Coroner for the Central District of Middlesex, by Edwin Lankester, M.D., F.R.S.

SATURDAY.—Association Medical Officers of Health.

NOTICES TO CORRESPONDENTS.

All Letters and Communications for the Journal, *to be addressed to the* Editor, 37, *Great Queen Street, Lincoln's Inn Fields, W.C.*

We cannot undertake to return Manuscripts not used.

Correspondents not answered are requested to look to the Notices to Correspondents of the following week.

To Purchasers.—To insure attention, it is requested that all orders sent to the Office for extra copies of the Journal, be accompanied with stamps for the amount.

Correspondents, who wish notice to be taken of their communications, should authenticate them with their names—of course, not necessarily for publication.

Dr. Squarey was erroneously mentioned last week as a candidate for the vacant appointment at the Endell Street Hospital.

Poor-Law Appointments.

Sir,—I have sent many dozens of applications to be appointed medical officer for advertised vacancies in Poor-law Unions throughout England, Ireland, and Scotland, but never got any answer whatever, except one of an indefinite nature. This seems to me strange, when I see guardians have sometimes to re-advertise, for want of an applicant. Could you offer any solution of the seeming mystery?

June 1869. I am, etc., L. F. P. S. G.

The Treatment of Syphilis.

Sir,—Will you allow me a corner in your valuable Journal, to thank Dr. Drysdale for his polite though tardy attention to my queries, in the British Medical Journal of November last.

Dr. Drysdale has given us several "*typical** cases" of that "extremely common and *grave* disease", syphilis, cured perfectly and in an incredibly short space of time by five grains of chlorate of potash and five minims of dilute hydrochloric acid, administered thrice a day in an ounce of peppermint-water. Let us take Case v, as a fair illustration. "Kitty C., aged 23, had an indurated sore on the umbilicus, hoarseness, alopecia, and roseola. She was treated from October 8th to November 10th with chlorate of potash mixture three times a day. She was pregnant. In June 1867, she brought a child suffering from snuffles and dry eruption of the buttocks. The child recovered, after taking two grains of chlorate of potash in water thrice a day, in about a month. The mother has had no symptoms since."

Now, sir, I hold a grave disease to be one which is either little amenable to treatment, or is cured with difficulty. Under Dr. Drysdale's hands, syphilis is removed from either of these categories; nay, it is reduced to the very simplest of diseases; and must in future be considered *vox et præterea nihil.*

But there is another side to the question, *Quot homines, tot sententiæ.* At the Royal General Dispensary, I see a great deal of syphilis. I have given every treatment a fair and unprejudiced trial, and put every drug to the most crucial test. Without going into particulars, which would occupy too much of your valuable space, I will simply give the conclusions to which facts have driven me—conclusions, I believe, to which every rational man, who can trust the evidence of his senses, must come.

Chlorate of potash is absolutely useless in syphilis. I have never seen a case benefited by it in the slightest degree; and I have given it for months together to *hundreds* of patients, including infants.

Iodide of potassium is seldom of use in the early outbreaks of constitutional syphilis; in the later, it is invaluable.

Mercury can seldom be dispensed with in any case of syphilis. In the earlier stages, its curative effects are remarkable; in the later, it will often succeed, when iodide of potassium has failed; and I have never seen any ill effects from its use, where that use has been judicious.

I am, etc.

Maida Hill, April 1869. R. Sisson, M.D.

⁂ The insertion of Dr. Drysdale's reply was long delayed by the pressure on our space.

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* The italics are my own.

Notice to Advertisers.—Advertisements should be forwarded direct to the Printing-Office, 37, Great Queen Street, W.C., addressed to Mr. Richards, not later than *Thursday*, twelve o'clock.

We are most reluctantly compelled, from great press of space, to leave out our Scotch and Irish news, and much other important matter.

Dr. Carruthers (General Infirmary, Northampton) presents his compliments to the Editor of the British Medical Journal, and would feel obliged if he would inform him what Blind Asylums there are in England?

⁂ Will any of our readers kindly give us the information desired?

The Case of Mr. R. Summers.

Sir,—Adverse as I am either to run into print or trespass upon the columns of your Journal, I would deem myself culpable to the reticent, after reading the above case, without making a few commentaries upon it. Medical men are well aware how harshly they are generally treated in courts of justice, and how tardy are their ordinary rights ever meted out to them; but this case far exceeds anything ever recorded in our professional annals of our experience of the bar. In my twenty-five years' practice, I never heard of such an outrage upon our profession. A gentleman is called out of his bed of a wet winter night, and obliged to ride five miles to visit a patient, for which he makes the miserable charge of 10s., and 3s. 6d. for the requisite medicine; and being compelled in his own defence to bring the matter before a court, to try and recover this wretched stipend, the presiding functionary declares the charge exorbitant, and reduces it to 5s.; and then, forsooth, because our injured brother makes a faint remark of expostulation, the judge commits him to prison for "contempt of court!"

This case teaches us the necessity of being more united and banded together to resist the aggressive spirit of the public against our rights and privileges. It should teach us to practise fraternal charity, and never to undervalue our brother professional to the public by our unguarded comments. It should teach us not to allow the public to rob us, the labourer in their behalf, of our just hire, and to refuse, in all cases similar to the one in question, to go without our fee being paid beforehand, or a certain guarantee to that effect. In fine, it shews us that there is no profession, clerkship, or business, so unfairly dealt with or paid so badly as the science we profess and practise. Alas! that it should be so; but I fear we have brought the punishment upon ourselves by submitting to it so long.

I deeply regret, and I am certain many of our profession will agree with me, that Mr. Summers should have apologised, where such an acknowledgment was totally uncalled for, as no jury could possibly find him guilty of contempt of court for his mild response to the unjust sentence passed upon him.

I am, etc., John Francis M'Veagh, M.D., L.K.Q.C.P.I., etc.
24, Frederick Street, Rutland Square, Dublin, June 1869.

We are indebted to correspondents for the following periodicals, containing news reports and other matters of medical interest:—The Wiltshire County Mirror, June 23rd; The New York Medical Gazette, June 5th; The Parochial Critic, June 16th; The Boston Medical and Surgical Journal, June 3rd; The Melbourne Leader, April 17th; The Lincoln Journal, June 22nd; The Aberdeen Free Press, June 14th; The Western Daily Press, June 22nd.

COMMUNICATIONS, LETTERS, etc., have been received from:—

Dr. E. Mackey, Birmingham; Mr. F. Workman, Reading; Mr. C. R. Thompson, Westerham; Mr. W. H. Warren, Lancaster; Mr. Neil McGreevy, Drogheda; Mr. Henry Lee, London; Dr. Day-Goss, London; Mr. J. Bird, London; Dr. T. Bishop, Paris; Mr. T. Jones, Oswestry; Mr. W. Tay, London; Dr. Carruthers, Northampton; Mr. A. W. Moore, London; Dr. A. W. Edis, London; Dr. J. F. Anderson, London; Mr. T. Nunneley, Leeds; Mr. F. Le Gros Clark, London; Dr. Mapother, London; Dr. J. Wallace, Liverpool; Mr. T. Magor, London; Mr. O. Penfold, London; Mr. W. T. Black, London.

LETTERS, etc. (with enclosures) from:—

Dr. Blanc, London; Dr. G. H. Philipson, Newcastle-upon-Tyne; Mr. T. Watkin Williams, Birmingham; Dr. Pavy, London; Dr. T. W. Grimshaw, Dublin; Mr. W. St. John Coleman, Wavelands; Dr. J. F. McVeagh, Dublin; Mrs. Baines, London; Mr. E. Lund, Manchester; Dr. W. J. Smith, London; The Honorary Secretary of the Western Medical and Surgical Society; Dr. Paul, London; The Secretary of Apothecaries' Hall; The Registrar-General of Ireland; The Registrar-General of England; Mr. T. M. Stone, London; Dr. Treutler, Kew; The Registrar of the Medical Society of London; Mr. St. George Mivart, London; Dr. Lomas, London; Dr. J. Rogers, London; Dr. G. B. Mead, Newmarket; Dr. Latham, Cambridge; Dr. Hughlings Jackson, London; Mr. George May, jun., Reading; Dr. Felce, London; Mr. C. J. Fox, London; Dr. J. G. Wilson, Glasgow: Dr. T. Partridge, Birmingham; Mr. E. Trimmer, London; Mr. Heckford, London; Mr. Creighton, Aberdeen; Dr. J. Thompson Dickson, London; Dr. Gervis, London; Mr. C. G. Wheelhouse, Leeds; Dr. W. Bruce, Aberdeen.

BOOKS, ETC., RECEIVED.

General Hospitals; their Uses and Abuses. By J. E. Wilkinson. London: 1869.
Spectrum Analysis: Six Lectures, delivered before the Society of Apothecaries of London. By Henry E. Roscoe, B.A., Ph.D., F.R.S. London: 1869.
The Bahamas: a Sketch. By Surgeon-Major Bacot. London: 1869.
The Rules of the Plymouth Provident Dispensary. Plymouth: 1869.
Bible Animals. By the Rev. J. G. Wood. Part XVIII. London: 1869.
The Superintendent's Report of the Littlemore Asylum for 1868.
British and Asiatic Cholera: the Fungoid Theory and Castor Oil Treatment.
The Climatic Treatment of Consumption and Chronic Lung-Diseases. By J. C. Thorowgood, M.D.Lond. London: 1868.
Influence of the Vagus upon the Vascular System. By William Rutherford, M.D. Edinburgh: 1869.
On the Identity of the Vital and Cosmical Principle. By Robert Lewins, M.D. Lewes: 1869.
The Tenth Annual Report of the Sussex County Lunatic Asylum, Hayward's Heath, for the year 1868. Lewes: 1869.
The Thirty-fourth Annual Report of the Glasgow Maternity or Lying-in Hospital and Dispensary. Glasgow: 1869.
Auscultation of the Heart. By F. Churchill, M.B. London: 1869.
The Claims of Classical Studies. By a Scotch Graduate. Aberdeen: 1869.

Results of Meteorological Observations, for the week ending Saturday, June 19th, 1869.

NAMES OF STATIONS AND OBSERVERS.	BAROMETER. Reduced to 32 deg. F. & mean sea lev.		MEAN TEMPERATURE.			Mean degree of Humidity (sat. -100)	SELF-REGISTERING THERMOMETERS.							Mean amount of Clouds (0-10).	Mean amount of Ozone (0-10).	WIND.										RAIN.	
																Number of days it blew in certain directions.											
	Mean.	Range.	Of Air in Shade.	Of Evaporation.	Of Dew-point.		Maximum.	Minimum.	Range.	Mean of all Maxima.	Mean of all Minima.	Black bulb Maxm. in Sun.	Minimum exposed on grass.			N.	N.E.	E.	S.E.	S.	S.W.	W.	N.W.	Calm, etc.	Mean Force 0-12.	Number of days it fell.	Amount in inches.
Bath Dr. Barter, F.M.S.	29.921	0.867	54.1	52.3	50.5	87	68.5	45.2	23.3	62.8	47.1	108.7	..	6.9	5.5	..	..	..	..	0.4	1	1	1.6	3	2.5	6	1.20
Bournemouth Dr. Compton, F.M.S.	29.963	0.840	52.6	49.5	46.4	80	63.4	43.4	20.0	60.6	47.1	153.0	39.0	4.2	4	0.3	..	..	..	..	3	2.3	1	0.3	2.2	7	1.23
Dublin Dr. J. W. Moore.	29.992	0.745	52.4	49.6	45.5	78	58.8	38.3	20.5	57.0	46.5	..	30.6	6.9	..	0.6	..	1	..	..	1.2	..	3.9	0.3	2.4	6	0.42
Kew Dr. Treutler, F.L.S., etc.	29.913	0.863	51.0	48.7	46.3	84	67.7	40.5	27.2	59.2	44.3	129.1	34.1	7.1	6.3	0.3	0.7	..	..	..	1.3	2.3	1.7	0.7	3.0	6	1.09
Llandudno Drs. Nicol and Dalton.	29.926	0.766	50.6	47.8	44.9	81	62.7	44.4	18.3	60.7	46.4	..	..	6.3	..	2.3	0.3	..	..	..	..	1.3	3	..	1.5	?	0.56
Malvern Messrs. W. and J. Burrow.	29.899	0.825	51.4	47.6	43.7	76	67.2	43.2	24.0	62.4	45.2	137.0	38.7	5.8	5.4	..	..	..	..	..	1	1.3	3.3	1.3	1	5	1.12
Scarborough Dr. C. Fox, M.R.C.P., etc.	29.850	0.895	52.2	48.5	44.7	76	67.2	42.3	24.9	60.2	45.8	128.8	35.9	7	2.1	3.7	1	..	..	..	1.3	0.7	0	0.3	4	4	0.92
Sidmouth Dr. Mackenzie, F.M.S.	29.969	0.810	53.5	49.1	44.8	72	68.0	43.5	24.5	60.6	46.5	..	..	2.6	5.4	4	..	..	..	..	1	1	1	0	1.4	5	0.38
Worthing W. J. Harris, Esq., M.R.C.S.E.	29.910	0.889	53.4	49.4	45.4	74	63.1	41.3	21.8	61.3	46.5	..	39.1	6.8	3.8	0.3	0.3	..	..	..	1.7	1	1	2.7	1.8	6	1.17

REMARKS.—There has been a general decrease in atmospheric pressure during the week, while the range has been more extended. Temperature has generally diminished considerably, and has been much below the average; its range has been less. The degree of humidity has been above that of the previous week, though not in itself high. Winds have been variable, blowing chiefly from points between S.W. and N.E. by the North, and with slightly increased though moderate force. Rain has fallen at all stations; at some in considerable quantities,—the largest amount was collected at Bournemouth. The amount of clouds has been much greater; ozone has been fairly abundant. On the whole the weather of the week has been cold and damp, the sky mostly covered with dense clouds, with continuous though not heavy rain; the winds, though in many cases South-Westerly, were yet chilly. In and about Dublin the temperature fell to 1.4° below the freezing point on the night of the 13th, and on the 15th a fresh gale (=9) blew from the N.W., accompanied by heavy showers of hail. Hail fell at Scarborough also on the 15th. The public health generally reported as good.

Plants first seen in flower at Kew and in its vicinity during the week.—Centaurea Cyanus; Ligustrum vulgare; Cephalanthera grandiflora; Gymnadenia conopsea; Listera ovata; Onobrychis sativa; Reseda lutea; Poa rigida; Helianthemum vulgare; Melica uniflora; Silene inflata; Convolvulus arvensis; Linum catharticum; Parietaria officinalis; Poterium Sanguisorba; Plantago major; Sanicula europæa: Monotropa Hypopitys; Galinsoga parviflora.

Kew, June 23rd, 1869.

W. J Treutler.

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